The Big Plan

2009 to 2012

Jobs and Learning  Your Health  Your Rights  Your Life

Sabrina Thormille  Noreddine El-Alaoui  Habib Ali  Stephen Band
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We are delighted to welcome you to our second Big Plan for people with learning disabilities and family carers in Westminster.

Since we launched our first Big Plan in 2005 we have worked hard together on our eight big ideas to make *Valuing People* real for people with learning disabilities and family carers. And because of everyone’s commitment and hard work we have had made real progress: more people are living their lives the way they want to, more people are living here in Westminster, and more people are having a voice and being listened to.

But we are only too aware that there is still much more to do. This Big Plan sets out what it is we still need to do in a refreshed vision for Westminster.

As you will see, the Big Plan is about respect for people’s rights – a right to equal access to services and a right to be included in the local community.

We invite everyone in Westminster to work with us to ensure that people with learning disabilities get the same rights as everyone else and have the opportunity to live as full members of their communities.

Cath Attlee  
Co-chair  
Westminster Learning Disability Partnership Board

Stephen Band  
Co-chair  
Westminster Learning Disability Partnership Board
In partnership
with and for people with learning disabilities and family carers

This strategy is a statement of our commitment to work together with the Westminster Learning Disability Partnership Board to make real improvements in the lives of people with learning disabilities and family carers.

“We will only have achieved our vision for Westminster as the best place to live and work in when we have achieved the vision of the Big Plan. The Council and our partners will be working with the Learning Disability Partnership Board to make sure this vision becomes a reality.”

Mike More
Chief Executive, Westminster City Council

“We will work with the Partnership Board to make sure that all local health services work better for people with learning disabilities and family carers so that they can have greater control over their health and well-being.”

Michael Scott
Chief Executive, NHS Westminster

“We will support people to do the things they want to do during the day, in the evenings and at weekends. We will help people with learning disabilities to be full and active members of their communities and give them choice and control over the services they use.”

Marian Harrington
Strategic Director for Adults and Community Services, Westminster City Council

“People with learning disabilities have a right to the same housing options as other people. We will work in partnership to ensure that people with learning disabilities have the same opportunities and choices as everyone else.”

Rosemary Westbrook
Director of Housing, Westminster City Council

“We are committed to working with the Learning Disability Partnership Board and partner agencies to ensure that transition planning follows a person-centred approach, so that parents and young learning disabled people are included and supported to achieve the same things in life as other people.”

Michael O’Connor
Strategic Director for Children and Young People

“People with learning disabilities need to be able to use public transport to get out and about just like everyone else. We will try hard to make transport better for everyone in Westminster. We have improved transport providers’ awareness of how people find it hard when journeys are changed without them knowing.”

Martin Low
Director of Transportation, Westminster City Council

“We take disability hate crime and unfairness very seriously and we will work in partnership to make Westminster a safer place to live for everyone.”

Dean Ingledew
Director of Community Protection, Westminster City Council
1 An introduction to our second Big Plan

Welcome to Westminster Learning Disability Partnership's second Big Plan for adults with learning disabilities. Westminster Learning Disability Partnership (WLDP) through the Westminster Learning Disability Partnership Board is responsible for overseeing the strategic development of services to improve the life chances and opportunities for people with learning disabilities in Westminster.

When we launched our first Big Plan in 2005, we set out our eight big ideas for improving the lives of adults with learning disabilities and their family carers for whom statutory agencies had responsibility, for the three year period from 2005 to 2008. Our eight big ideas were based on the four principles which underpin Valuing People:

- a recognition of people’s rights as citizens
- social inclusion in their local communities
- choice in their daily lives
- real opportunities to be independent

It covered those areas of life which are fundamental to everyone not just people with learning disabilities, from having choice and control over decisions through better housing and better health to leading full lives.

Over this time we have had some real successes – more people with learning disabilities are now living independently in the community, fewer people are having to live outside Westminster due to a lack of appropriate services locally, more people through their person-centred plans are doing what they want to do, more people are using Direct Payments to change their lives, and more people have a voice and are being listened to. This has been possible only as a result of strong partnership working within and across specialist and mainstream services.

Despite these successes we are keenly aware as a partnership that there is still much more to achieve before we can say that people with learning disabilities and their family carers would recognise these four principles as being reflected fully in their day to day lives.

A refreshed vision and plan

Our second Big Plan sets out just what it is that we still need to do. It covers the three year period from 2009 to 2012 and sets out:

- how we want things to be better for people with learning disabilities and their family carers by 2012
- what we are going to do to make this vision a reality
- what this will mean for how we spend our money
- how we will know how well we are doing at turning our vision into a reality

We have set out our overall vision for 2012 in Section 4 on page 12. Importantly this vision is for all people with learning disabilities and their family carers, not just for people who are eligible for specialist learning disability services. It is made up of eight distinct outcomes:

- Including everyone
- Having real choice and control in our lives
- Having a home I can call my own
- What people do during the day, evenings and weekends
- Better health
- Making transition a positive experience
- Being part of my community
- Working in partnership with families

In Sections 5 to 12 we take each outcome in turn and in each case consider the challenges we face in achieving it, the progress we have made so far, and what we are going to do to make sure we achieve it.

Underpinning our vision are three overarching objectives. These focus on supporting people with learning disabilities to have greater choice and control in their lives, working with
mainstream services so that people with learning disabilities are treated as equal citizens, and putting in place the range of structures necessary to ensure that our vision becomes a reality. We have set out these overarching objectives in full in Box 1.1.

Like our first Big Plan, our vision, overarching objectives and action plan are rooted in the four principles which underpin Valuing People. Central to each is what people with learning disabilities, their family carers and the staff that support them have told us are important and needs to change.

**A new national and local picture**

Our refreshed vision and plan are much more than a restatement of our original vision and plan. Since we published our first Big Plan there have been major developments in national policy and legislation which have important implications for the way services for people with learning disabilities are arranged and delivered, and for the way in which statutory agencies and local organisations work in partnership, plan for their local areas, and are inspected and assessed by the independent public service inspectorates.

**Our health, our care, our say.** One key development was the publication, in 2006, the year after we launched the Big Plan, of the White Paper *Our health, our care, our say: a new direction for community services*. This set a new strategic direction for all the health, care and support services that people use in their communities. One of its key aims was to put people more in control of their own health and care through among other things the use of Direct Payments and Individual Budgets, so that their own actions and choices would become the drivers of service improvements. The White Paper identified seven broad outcomes for people:

- Improved health and emotional well-being
- Improved quality of life
- Making a positive contribution in the community
- Exercising choice and control
- Freedom from discrimination and harassment

**Box 1.1  Our overarching objectives**

- To support people with learning disabilities to have greater choice and control over their lives so that they are able to have a fulfilling life as full members of their communities, one that includes opportunities to study, work, have a home, enjoy social and leisure activities, and have personal relationships
- To work with mainstream services, people with learning disabilities and their families so that people with learning disabilities are treated as equal citizens and have the same access to mainstream services - for health, housing, learning, work, and leisure - as everyone else
- To put in place the appropriate delivery structures with regard to partnership working, commissioning, and workforce development, which will ensure that the vision set out in this strategy becomes a reality

- Economic well-being, and
- Personal dignity

**Putting People First.** A second, related major development was the publication in 2007 of *Putting People First: Transforming Adult Social Care*. Building on the White Paper, this set out the Government’s programme for transforming the traditional model of social care to a more personalised system – one in which people have high quality services that are personal to them, have more control over the decisions that affect them, get the support that is right for them, and where they are treated with dignity and respect.

In response statutory organisations and local communities are in the process of changing fundamentally the way they work together to support people. In doing so they are focusing on four interlinked service areas:

- general (or universal) services such as transport, leisure, education, health, housing, community safety, and access to information and advice
- the support available to assist people who need a little more help at an early stage to stay independent for as long as possible, notably early intervention and prevention services
• self-directed support – so people can choose who provides the support, and control when and where it is provided, so that they feel they have a life rather than a set of services
• opportunities for everyone – regardless of level of disability - to be part of a community and experience the support and care that can come from families, friends and neighbours.

Each of these four areas has clear resonances with the four principles which underpin Valuing People - rights, inclusion, choice and independence.

Valuing People. A third major development was the publication, also in 2007, of Valuing People Now: From Progress to Transformation. Published by the Government in recognition of the need to reinvigorate the Valuing People agenda, this set out, for consultation, the national priorities for services for people with learning disabilities for the period 2008-2011. It focuses on four priorities in particular:
• personalisation - so people have real choice and control over their lives and services
• what people do during the day – supporting people to be full members of their communities, with a focus on real jobs
• better access to housing – so people have more choice and control over where they live and who they live with, with a focus on secure tenancies and home ownership
• better health – making sure that mainstream health services provide full and equal access to good quality health care.

Each of these priorities corresponds closely with the four themes of Putting People First and the seven outcomes of Our health, or care, our say.

Healthcare for All. A fourth major development was the publication in 2008 of the report of an independent inquiry into access to healthcare among people with learning disabilities. The report, Healthcare for All, found clear evidence that people with learning disabilities had higher levels of unmet need yet received less effective treatment than others. It maintained that new laws were not needed to improve healthcare for people with learning disabilities but rather that existing laws, in particular the Disability Discrimination Act, needed to be used more effectively. It made ten essential recommendations for change:
• more effective leadership
• development of more appropriate, proactive ‘reasonably adjusted’ health services for people with learning disabilities (such as health checks and staff to support access)
• reflection of the requirement to make ‘reasonable adjustments’ in the NHS Core Standards for Better Health
• strengthening of the inspection and regulation systems so they included assessment of the provision of health services for people with learning disabilities
• establishment of a Public Health Observatory to provide essential information at national and local levels
• improvement of information systems so that all healthcare organisations can identify people with learning disabilities
• better training on learning disabilities throughout the NHS including compulsory training for medical students
• better partnership working between local services and people with learning disabilities and family carers to plan care
• better partnership working between local services and people with learning disabilities and family carers to provide care
• demonstration by Trust Boards that they have effective ‘reasonably adjusted’ services in place.

Following the consultation on Valuing People Now, these recommendations will be addressed in the new national strategy for people with learning disabilities which is due to be launched in 2009.

It is in this new and challenging national and local context that we have developed our second Big Plan. In Section 2 we trace the sequence of developments which have led to the launch of Valuing People Now and the Big Plan in more detail and look at what these developments mean for services providing
support to people with learning disabilities and their family carers.

**How we developed our second Big Plan**

This second Big Plan has been prepared by members of Westminster Learning Disability Partnership with the involvement of lots of people: people with learning disabilities, their family carers, the staff that support them, and managers across partner organisations. This involvement has sometimes been as part of on-going planning structures, on other occasions as planned events run specifically to inform the development of our strategy. We have described the different stages involved in developing the plan in Appendix A.

A key feature of the development of this plan has been the start of a rolling programme of needs assessment. We have put all the information we collected through this process in a supporting document called the Westminster learning disability joint strategic needs assessment. In each of the sections on our eight big priorities (Sections 5 to 12) we have included the key findings and messages from this work. This includes a summary of what people told us at consultation workshops held specifically to shape our priorities and next steps. At the end of each of these sections we have included a reference to the full needs assessment for further information.

As part of our needs assessment, we looked carefully at whether our plans for improving the life chances of people with learning disabilities and their family carers would be fair to everyone and would not impact negatively on some groups. In particular we looked at whether the plans would be fair in terms of people’s gender, their age, their ethnicity, their level of disability, their faith, and their sexual orientation. Known as an Equalities Impact Assessment (EIA), we have included our findings and our plans for addressing potential negative impacts in a separate section called Treating Everyone Fairly (Section 14). We have put a copy of the EIA itself together with links to the main needs assessment information on our website at: [www.westminster.gov.uk/wldp](http://www.westminster.gov.uk/wldp)

The information we collected as part of the learning disability needs assessment feeds into a much larger Westminster-wide needs assessment known as a Joint Strategic Needs Assessment (JSNA). We say more about this in the next section but you can find links to this wider needs assessment at our website.

**Making it happen**

The Big Plan sets out the big next steps that we will be taking to achieve our vision for people with learning disabilities and family carers. Where possible and where consistent with our priorities and statutory duties, these take full account of what people told us as part of our needs assessment.

We have set out our next steps and targets in more detail in a separate action plan, *The Big Plan Action Plan 2009 to 2012*. If we are going to turn our vision into a reality, it is essential that we do what we say we are going to do. In Section 13 we consider some of the factors that will be critical to the success of the Big Plan. One of these will be a more performance and outcome focused role for the Westminster Learning Disability Partnership Board. This will include monitoring our progress against eight big performance targets – one for each big priority – and in delivering the Big Plan as a whole (see page 13).

As will become clear from our Big Plan much of our success will depend on our being able to influence decisions and plans about the delivery of local mainstream services through our links with the key strategic partnerships in Westminster.

**People First**

When we refer to people with learning disabilities in the Big Plan in most cases we have used the word ‘people’, rather than the phrase ‘people with learning disabilities’, as in the report *The Story So Far*. This is partly because the whole of the Big Plan is about people with learning disabilities but more importantly because it is about people with learning disabilities being equal citizens first and having the same rights as everyone else in Westminster.
2 The Big Plan in the bigger picture

Like our first Big Plan our second Big Plan is part of a bigger picture. Part of this bigger picture is about what has been happening at a national level in terms of policy and legislation since we published our first Big Plan, some of which we touched on in Section 1. Another part is about what has been happening locally within Westminster during this period, not just in terms of services for people with learning disabilities but as importantly in terms of what has been happening for all residents of the City.

Together these national and local elements provide the context within which we have to ensure our vision becomes a reality. Our success will depend on our overcoming the challenges they involve, which in turn will depend in part on our understanding of the opportunities they present. To help set our vision in context this section looks at the place of the Big Plan first in the national picture and then in the local picture.

The Big Plan in the national picture

At a national level the Big Plan is linked to six major sets of plans, reports and legislation:
• Plans and reports specifically about people with learning disabilities and family carers, leading up to the launch of Valuing People Now.
• Plans and reports about all disabled people and all carers
• Changes in legislation, notably the Disability Discrimination Amendment Act 2005 and the Mental Capacity Act 2005 (which came into full effect in 2007)
• Plans about the way in which health and social care services are arranged and delivered, notably Our health, our care, our say, Putting People First, and Healthcare for All
• Plans about changes in the role and responsibilities of local authorities and partner agencies regarding the resident population
• Plans about how the independent public service inspectorates will work and what they will look at.

We have set out in Box 2.1, in date order, the main developments which have occurred since the publication of Valuing People in 2001. The plans and reports listed in the left-hand column relate specifically to people with learning disabilities and family carers. The plans, reports and legislation referred to in the right-hand column relate to the wider population, not just people with learning disabilities. Together these trace the sequence of events and initiatives which have led to the publication of Valuing People Now and our second Big Plan.

The story of Valuing People. In terms of Valuing People, the story has been one of qualified success. Since the publication of Valuing People a series of reports has examined the progress that has been made nationally in meeting its objectives. In 2005 the national director for Valuing People published his assessment of the progress that had been made in The Story So Far. On the one hand Valuing People was, he felt, starting to make a real difference to people’s lives: more people were getting more choice and control in their lives, being listened to more, and playing a more important role in their communities. On the other hand, however, things, he concluded, were not getting better for everyone, in particular for people with complex support needs and people from minority ethnic communities.

In the following two years a series of reports and investigations highlighted serious failings in health services in meeting the needs of people with learning disabilities. In response to one of the reports, Death by Indifference, the government set up an independent inquiry. As we saw in Section 1, the report of the inquiry, Healthcare for All, published in 2008, concluded that there was convincing evidence that people with learning disabilities had higher levels of unmet need yet received less effective treatment. It made ten principal recommendations to achieve an effective, fair system of general health for people with learning disabilities (see page 3).
<table>
<thead>
<tr>
<th>Year</th>
<th>Event Description</th>
<th>Other Key Plans</th>
</tr>
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<tbody>
<tr>
<td>2009</td>
<td>Government to launch <em>Valuing People Now – a new three-year strategy for people with learning disabilities</em></td>
<td>Public services inspectorates (including new Care Quality Commission) to undertake, jointly, <em>Comprehensive Area Assessments</em> to assess whether councils and partners through joint working are achieving the goals for their areas, as agreed in the local area agreements and community strategies, and whether the quality of people’s lives has improved.</td>
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<td>2008</td>
<td>Government publishes NHS operating Framework for 2009-10 saying PCTs should respond to recommendations in <em>Healthcare for All</em>, in particular ensure that general health services make ‘reasonable adjustments’ for people with learning disabilities, ensure effective partnership working between primary care and other healthcare providers. Independent inquiry publishes <em>Healthcare for All</em>, a response to <em>Death by Indifference</em>; finds convincing evidence that people with learning disabilities have higher levels of unmet need yet receive less effective treatment; makes ten recommendations to achieve a fair system of general health care for people with learning disabilities. Joint Committee on Human Rights publishes <em>A life like any other?</em> saying what more needs to happen to ensure people with learning disabilities get their human rights including more easy to understand information, more advocates trained in human rights, more support to be part of the community, and greater awareness among everyone about people’s human rights and the Disability Equality Duty.</td>
<td>Government publishes national strategy for carers, <em>Carers at the heart of 21st-century families and communities</em>, sets out vision for how by 2018 carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role and have a life outside caring whilst enabling the person they support to be a full and equal citizen. Government launches <em>Local Involvement Networks (LINks)</em> (made up of independent networks of local groups and individuals) to give communities a stronger voice in how their health and social care services are delivered. <em>Health and Social Care Act 2008</em> establishes the Care Quality Commission as the new independent regulator of the quality of health and adult social care, bringing together the Commission for Social Care Inspection, the Healthcare Commission and the Mental Health Commission (in effect from April 2009). Government publishes <em>The Independent Living Strategy</em> setting out how it will enable more people to have more choice and control over the support they receive, remove barriers to independent living, and improve access to services.</td>
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<td>2007</td>
<td>Government publishes <em>NHS Operating Framework for 2008-09</em> saying PCTs should address as a local priority those failings in learning disability services identified in the reports by the inspection agencies, Disability Rights Commission, and Mencap and work with local authorities to implement <em>Valuing People Now</em>. Government launches, for consultation, <em>Valuing People Now</em>, setting out what it wants to happen with Valuing People for the next three years. Health Care Commission publishes report on the failings of services for people with learning disabilities provided by Sutton and Merton PCT. Mencap launches <em>Death by Indifference</em>, highlighting the avoidable death of people with learning disabilities in NHS care.</td>
<td>Government publishes <em>Putting People First</em> setting out a shared vision for more personalised adult social care centred on four main themes: services available to everyone, early intervention and preventive services, choice and control for people receiving services and their carers, and community life. <em>Local Government and Public Involvement in Health Act</em> places a duty on primary care trusts and local authorities to undertake a joint strategic needs assessment (JSNA) of the health and well-being of their local community to inform the priorities of the Local Area Agreement (the delivery agreement for the community strategy) and commissioning priorities to improve health outcomes and reduce health inequalities.</td>
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<td>2006</td>
<td>Disability Rights Commission publishes <em>Equal Treatment: closing the gap</em> highlighting health inequalities experienced by people with learning disabilities and showing how primary health care services are failing people with learning disabilities. Inspection agencies (HCC and CSCI) publish joint report on the failings of services for people with learning disabilities in Cornwall Partnership NHS Trust. Government publishes <em>Better Services for People with Autistic Spectrum Disorders</em> to clarify existing policy and encourage development of local agendas.</td>
<td>Government publishes <em>Our health, our care, our say</em> setting out its vision for more personalised health and social care services, focused on better prevention and early intervention, tackling inequalities and improved access to services. It identifies seven key outcomes for people: improved health and emotional well-being, improved quality of life, making a positive contribution to the community, exercising choice and control, freedom from discrimination and harassment, economic well-being, and personal dignity.</td>
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<tr>
<td>Year</td>
<td>The story of Valuing People</td>
<td>Other key plans in the story</td>
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<td>2005</td>
<td>National Director for Valuing People publishes <em>The Story So Far</em> outlining progress made nationally in meeting Valuing People objectives and what still needs to happen. Maintains that in many ways Valuing People has been a success – people’s lives were beginning to change - but that ‘most people’s lives are still not what a non-disabled person would say was OK for themselves.’ Two groups in particular were at risk of missing out: people with the most complex support needs and people from BME communities. Proposes priorities for the next five years based on original Valuing People objectives. Government publishes <em>Adults with Learning Difficulties in England 2003-04</em> setting out the findings of first national survey of people with learning disabilities, undertaken as one of the commitments in Valuing People, and saying what more needs to be done if people with learning disabilities are to be more included and have a better life.</td>
<td><em>Mental Capacity Act</em> (in force in 2007) says everyone should be treated as being able to make their own decisions until it is shown they can’t; people should be enabled to make their own decisions for as long as they are capable of doing so; decisions should be made in the best interests of the person when they cannot make a decision for themselves. <em>Disability Discrimination Amendment Act (2005)</em> amends 1995 Act and introduces a general duty (in force from December 2006) on all public sector organisations to promote equality of opportunity for disabled people; as part of the duty they should consider the impact of their work on disabled people and take action to tackle disability equality. Government publishes <em>Improving the Life Chances of Disabled People</em>, setting out its vision for how by 2025 disabled people will be respected as equal members of society; includes commitments to increasing the voice of disabled people, getting more people into jobs, and all disabled people having individualised budgets.</td>
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<td>2004</td>
<td>Inspection agency (CSCI) publishes <em>Much achieved, more to do</em> saying much work needs to be done to make all the services for people with learning disabilities as good as the best ones. Mencap publishes <em>Treat Me Right</em> showing that many people with learning disabilities do not get the health services they need and saying what needs to happen to change this situation.</td>
<td>Government publishes <em>Choosing Health</em> setting out principles for supporting everyone to make more informed healthier choices including providing more accessible information and support for people who have difficulty in reading and writing. Government publishes <em>National Service Framework for Children, Young People and Maternity Services</em> saying that young people in transition to adults services should have a person centred transition plan and that a multi-agency transition group should be in place with a transition champion from the Learning Disability Partnership Board.</td>
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<td>2003</td>
<td>Government publishes <em>Making Change Happen</em> outlining what it has done to make things better for people with learning disabilities and their families, in response to <em>Making Things Happen</em>, the first report from the Valuing People Task Force. Social Services Inspectorate publishes <em>Fulfilling Lives</em> saying there needs to be changes in the quality of services for people with learning disabilities to meet Valuing People objectives, on the basis of what nine councils are doing.</td>
<td>Government publishes <em>Building on the Best: choice, responsiveness and equity in the NHS</em> setting out how it will make the NHS more responsive to all patients and improve patient and user experience. Government publishes <em>Making the Connections: Final Report on Transport and Social Exclusion</em> about the links between social exclusion transport and location of services, particularly with regard to work, learning and healthcare.</td>
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<td>2002</td>
<td>Partnership Boards in England submit their <em>Joint Investment Plans</em> to Government saying how they are planning to make things better for people with learning disabilities and their families.</td>
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<td>2001</td>
<td>Government launches <em>Valuing People</em>, the first national strategy for people with learning disabilities in 30 years; based on four principles - rights, inclusion, choice and independence.</td>
<td><em>Special Needs and Disability Act</em> extends 1995 Disability Discrimination Act to providers of education, making it unlawful for them to treat disabled people less favourably because of their disability and requiring them to make ‘reasonable adjustments’ to ensure that disabled people in education do not suffer a substantial disadvantage in comparison to people who are not disadvantaged.</td>
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Box 2.2  What national plans mean for different agencies locally

**Partnership Boards.** All Partnership Boards should refresh their strategies to take account of *Valuing People Now*, which sets out the national priorities for services for people with learning disabilities for 2008-2011, based on the principle of equal citizenship.

**Primary Care Trusts.** All primary care trusts, in line with the recommendations of *Healthcare for All*, should secure general health services which make ‘reasonable adjustments’ for people with learning disabilities; offer GP practices the opportunity to provide ‘Directed Enhanced Services’ including annual health checks for adults with learning disabilities; ensure effective partnership working between primary care and other health care providers to improve overall quality of health care for people with learning disabilities; and work in partnership with local authorities and partner agencies as described below.

**Health providers.** GPs and hospitals should keep records of people with learning disabilities, provide better information, involve carers as expert partners in care, and consult with Partnership Boards.

**Local Authorities.** Councils must transform their traditional ways of working to create a more personalised system where people get ‘self-directed support’ and family carers are treated as expert partners in care. They must play a stronger role in leading their communities, shaping their local areas and with other agencies in innovating in response to local needs. They are required to prepare a local area agreement with partner agencies. This should reflect the priorities and outcomes that matter to people and should be underpinned by a Joint Strategic Needs Assessment undertaken with the PCT. These new partnership arrangements are underpinned by a new performance framework comprising just under 200 national indicators, two of which relate specifically to people with learning disabilities – one on people’s employment status and one on their accommodation status.

**Public service bodies.** Since 1999, under the Disability Discrimination Act, public service providers have been required to make changes (or ‘reasonable adjustments’) to their services (such as providing information in large print) if they are difficult for disabled people to use; and since 2006, under the Disability Equality Duty, to treat people differently, when needed, to achieve equal outcomes.

**Inspection agencies.** Reflecting these new partnership arrangements, from 1 April 2009 the Care Quality Commission, together with other inspection agencies, will make a joint Comprehensive Area Assessment of how local partnerships are delivering their areas’ priorities, as agreed in the Local Area Agreement and sustainable community strategies, and how the quality of people’s lives has improved. A central part of this assessment will focus on the reduction of inequalities and elimination of discriminatory outcomes for all members of the community.

In the same year the Joint Human Rights Committee concluded in *A Life Like Any Other?* that much more needed to be done to support the human rights of people with learning disabilities. At present, it argued, there was a wide gap between what Valuing People said and what actually happened in people’s lives, for example with regard to having privacy, being shown respect and being treated with dignity.

At the same time that the Valuing People story has been unfolding there have been other major developments which have not been specific to people with learning disabilities but which have supported the objectives of Valuing People. These include the amendment to the 1995 Disability Discrimination Act, the Mental Capacity Act, the publication in 2005 of *Improving the Life Chances of Disabled People*, and in 2008 the publication of *The Independent Living Strategy* and a new national strategy for carers. (Box 2.1)

Other important developments have been a new duty on local authorities and primary care trusts to undertake a Joint Strategic Needs Assessment of the health and well-being of the local community as part of plans to improve health outcomes; the creation of a new independent inspectorate for health and social care, the Care Quality Commission; and the creation of a new process by which areas will be assessed by the inspectorates, the Comprehensive Area Assessment (CAA).

All these developments have important implications for statutory organisations and their partner agencies in the way they arrange and deliver services and in the way they work together. We have summarised some of the main ones for each partner agency in Box 2.2.
The Big Plan in the wider planning framework in Westminster

Westminster City Partnership
Key strategic partnership in Westminster. Comprises representatives from public, private, voluntary and community sectors. Responsible for delivering actions and targets in Westminster’s City Plan, Local Area Agreement and Neighbourhood Renewal Strategy.

City Plan 2006-2016
(Westminster’s community strategy)

The Local Area Agreement 2008-11

Westminster Neighbourhood Renewal Strategy

Westminster City Council
One City 2006-11
Adults and Community Services
Business Plan 2009-10

NHS Westminster
Strategic Plan 2008-13
Operating Framework

Other Networks
Other thematic networks in the City Partnership:
- Vulnerable children and young people, Safer Westminster
- Housing and Environment, Learning and Employment, Business and Enterprise, Liveability, Community

Health and Care Network Board
One of eight thematic networks in the City Partnership.
Responsible for providing strategic leadership for the joint commissioning of health and care services and ensuring the delivery of the health element of the Local Area Agreement.

Westminster Learning Disability Partnership Board

The Big Plan 2009-2012

The Big Plan JSNA

Joint Strategic Needs Assessment (JSNA)
Steering Group
Responsible for the development and delivery of the Westminster JSNA and its underpinning of commissioning processes.

Family carers' forums

Have a Say Group

Westminster Local Involvement Network (LINK)
Independent network of local groups and people (see p.6)

Comprehensive Area Assessment (CAA)
From April 2009 public service inspectorates (including the Care Quality Commission) will make a joint assessment of the outcomes for people in Westminster, as set out in the LAA and community strategy, and the prospect of sustainable improvement.

Westminster City Partnership plans
1. **The City Plan 2006-16.** As Westminster’s community strategy, this sets out the shared vision for Westminster - to build strong communities and improve the quality of life and well-being of Westminster residents, visitors and businesses. It is based on four themes: an improving city environment; better life chances for all citizens; strong, united and engaged communities; and customer tailored services.

2. **Local Area Agreement 2008-11.** Westminster’s second Local Area Agreement, this sets out the priorities and targets for delivering the City Plan, as agreed between the Council, the City Partnership and central government. It includes 19 priorities based on the new National Indicator Set. Two of these targets relate directly to priorities in the Big Plan: increasing the number of people receiving self-directed support; and increasing the number of carers receiving a needs assessment and a carer’s specific service or advice and information.

3. **Westminster Neighbourhood Renewal Strategy.** This sets out the priorities, actions and targets that Westminster City Partnership has set for improving the quality of life for Westminster’s poorer communities. It focuses on five priority groups (vulnerable young people, vulnerable families, older people in need, recent arrivals in need, and the city street community) in five areas: Queen’s Park, Westbourne, Harrow Road, Church Street, South Westminster.
The Big Plan in the local picture

The diagram on page 9 shows how these national developments are reflected in Westminster and how the Big Plan fits into this wider planning framework. The Westminster Learning Disability Partnership Board, through the Westminster Learning Disability Partnership, forms part of the Health and Care Network, one of eight thematic networks within the City Partnership, the key overarching strategic partnership in Westminster.

Within this structure the Big Plan is linked to the following sets of strategic plans:

- The City Plan 2006-16 (Westminster’s community strategy) which sets out the City Partnership’s shared vision for Westminster
- The Local Area Agreement (the plan for delivering the City Plan)
- Westminster Neighbourhood Renewal Strategy (targeted at the poorer neighbourhoods in Westminster)
- Plans of the other thematic networks within the City Partnership such as the Housing Strategy 2003-08 and the Crime and Disorder Reduction Strategy
- Plans of the other partnerships in the Health and Care Network such as the Mental Health Partnership Strategy 2006-09, Our Plans for Older People 2005-08, the Mental Health Strategy for Older People 2005-08 and Our Plans for Carers 2006-09
- Other plans of the WLDP such as the Housing and support strategy for people with a learning disability 2007-2010

In seeking to improve the life chances of people with learning disabilities and their families, the Big Plan supports the priorities of the City Plan and the Local Area Agreement. The vision of the City Plan is based on four themes each of which is reflected in the Big Plan:

**An improving environment** - including making the city safer and more accessible

**Better life chances** – including encouraging people to take an active role in improving their health and helping disadvantaged residents get employment

**Strong communities** – including tackling discrimination and barriers to equality and giving local people a greater voice in decision making and services

**Customer tailored services** – including improving access to health and care services and promoting the use of self-directed support

Underpinning the Big Plan is an assessment of the needs of people with learning disabilities and family carers and how these might change over time. As well as informing the priorities of the Big Plan this forms part of a wider Joint Strategic Needs Assessment of the health and well-being of residents in Westminster. In this way it is helping to inform the priorities of the Local Area Agreement and other strategic plans.

As we saw in Section 1 a key priority for all agencies during the life of the Big Plan will be the transformation of the traditional model of

---

**Box 2.3 Models of support compared**

<table>
<thead>
<tr>
<th>Traditional</th>
<th>Self-Directed Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Money managed by Local Authority</td>
<td>Money managed by individual, or nominated person or organisation</td>
</tr>
<tr>
<td>Services commissioned by Local Authority</td>
<td>Services commissioned by individual</td>
</tr>
<tr>
<td>One-off planning process, with yearly review</td>
<td>Reflexive process, support plan constantly reviewed and learned from</td>
</tr>
<tr>
<td>Assessment by professionals</td>
<td>Early self-assessment</td>
</tr>
<tr>
<td>Complex budget allocation process; budget decided at end</td>
<td>Transparency in resource allocation; budget decided at start</td>
</tr>
<tr>
<td>Care plan developed by professionals</td>
<td>Support plan designed by individual with people or professional of choice</td>
</tr>
<tr>
<td>No flexibility in spending</td>
<td>Flexibility in spending</td>
</tr>
<tr>
<td>Responsibility for risk lies with local authority</td>
<td>Responsibility for risk lies with the individual and the local authority</td>
</tr>
<tr>
<td>Individual receives services from the state – has no incentive to be innovative</td>
<td>Individual designs and commissions own services – has opportunity to be creative and innovative</td>
</tr>
<tr>
<td>Individual seen as part of public service system</td>
<td>Individual seen as empowered community member</td>
</tr>
</tbody>
</table>

Source: Adapted from 'The Future Agenda for Adult Social Care', J Owen, Annual Quality Conference 2008, Essex County Council
social care to a more personalised system in which people are able to choose how to spend the money allocated to them and live their lives the way they want. Just how much of a transformation this will be is shown in Box 2.3. As we will see, this theme of giving people with learning disabilities more choice and control over their lives and the support they receive is central to the Big Plan and to ensuring that they get their human rights and are treated more fairly.
3 Equal and active citizenship in Westminster

At the heart of our Big Plan is a respect for human rights – an understanding that all people with learning disabilities should have the same choices and control in their lives that most other people take for granted. As equal citizens they should be able to access mainstream services – for health, housing, education, employment and leisure – just like everybody else.

This principle is fundamental to our vision for people with learning disabilities and family carers. As we saw in the previous section it is also central to the City Plan in its vision for strong communities in Westminster.

We have set out our vision for 2009 to 2012 in the next section. To help put this vision in context, we consider in this section what it means to be an equal citizen in Westminster by comparing the experiences of people with learning disabilities with those of the general population with respect to five characteristics by which citizenship might be partly defined.

Westminster as a place
As the City Plan makes clear Westminster is not a typical local authority. As London’s shop window it is “. . . the home of Government and the monarchy, great buildings, famous streets and squares [but also] an area where rich and poor live side-by-side and a first home for many migrants.” Some of this contrast is captured in the map in Box 3.1. This shows how the level of deprivation varies across areas within Westminster according to the Index of Multiple Deprivation 2007. The areas shaded darkest are classified as the most deprived and include the areas covered by the Local Area Renewal Partnerships, namely Church Street, Queen’s Park, Harrow Road, Westbourne, and parts of South Westminster including parts of the West End.

Drawing on data on the population of Westminster and on the findings of the first national survey of people with learning disabilities, the table in Box 3.2 compares the situations and experiences of people with learning disabilities with those of the general population with respect to five characteristics from living arrangements through having a job to getting out and about to voting in elections.

In each case it can be seen that people with learning disabilities differ significantly from the general population, to the extent that they are one of the most excluded groups in Westminster. The Big Plan is about changing...
Box 3.2 Characteristics of citizenship: a comparison between adults with learning disabilities and the general population

<table>
<thead>
<tr>
<th></th>
<th>General population (adults)</th>
<th>Adults with learning disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living on own as a single person household</td>
<td>29%¹</td>
<td>2%²</td>
</tr>
<tr>
<td>Living as a couple (married / living with partner)</td>
<td>32%¹</td>
<td>6%²</td>
</tr>
<tr>
<td>Living in one of the four wards in North Westminster covered by the Local Area Renewal Partnerships</td>
<td>25%³</td>
<td>56%⁴</td>
</tr>
<tr>
<td>In full-time / part time employment</td>
<td>Men - 67%⁵</td>
<td>11%⁶</td>
</tr>
<tr>
<td></td>
<td>Women – 53%⁵</td>
<td></td>
</tr>
<tr>
<td>Responsible for deciding how much money will spend each week</td>
<td>No data</td>
<td>45%⁷</td>
</tr>
<tr>
<td>Does not find it easy to use public transport</td>
<td>No data</td>
<td>36%⁷</td>
</tr>
<tr>
<td>Someone had been rude or offensive because they had a learning disability</td>
<td>n/a</td>
<td>32%⁷</td>
</tr>
<tr>
<td>Voted in the 2001 general election</td>
<td>72%⁷</td>
<td>35%⁷</td>
</tr>
</tbody>
</table>

¹Adults aged 18 to 64 in Westminster (2001 Census)
¹aPeople aged 16 and over in Westminster married or remarried (2001 Census)
²Adults with learning disabilities aged 18+ known to the WLDP, 2008 (estimate)
³Adults aged 18+ based on Office for National Statistics population estimates
⁴Adults with learning disabilities aged 18+ known to WLDP, 2008
⁵Men and women of working age (NOMIS)
⁶Adults with learning disabilities of working age known to the WLDP in paid work in 2007-08
⁷As reported in Adults with Learning Difficulties in England 2003/04. This study was based on a national survey of just under 3,000 people aged 16 and over with learning disabilities and was undertaken as one of the commitments in Valuing People. Across all of the activities covered by the survey the figures were very much lower for people with profound and multiple disabilities.

this situation. But it is clear that this will only be possible by working closely with other agencies in the strategic partnerships, from those in the other thematic networks to the Local Area Renewal Partnerships (LARPS) in whose neighbourhoods the majority of people with learning disabilities resident in Westminster live. Of all the people with learning disabilities known to the WLDP who are resident in Westminster, nearly six out of ten live in Queen’s Park, Westbourne, Harrow Road, or Church Street – four of the most deprived wards targeted by the Westminster LARPS.
4 Our vision for 2012

The Big Plan is about improving the life chances and opportunities for people with learning disabilities in Westminster.

Below we have set out our vision of how we want people’s lives to be different at the end of our three year plan. Our vision is based around eight distinct but interlocking outcomes rooted in Valuing People Now. At its centre is including everyone and everyone having real choice and control in their lives. Around these are six additional outcomes - about housing, meaningful activity, health, moving to adult services, being part of the local community and working in partnership with families, each of which corresponds to one or more of the seven outcomes in the White Paper Our health, our care, our say (see p.2).

In the following eight sections we look in turn at each outcome and consider:

- the challenges we face in making it a reality
- the progress we have made so far
- the key findings from our needs assessment including what people told us
- the steps we will be taking to make it a reality

Making it happen

The Partnership Board will work with partners in mainstream services to make our vision a reality for people with learning disabilities and family carers in their daily lives and check on our progress.

A home I can call my own

More people will have tenancies, be living in Westminster, own their home and be living active lives in their local communities.

What people do during the day

More people will have real, paid jobs, be doing a college course of choice that leads to a job, and be supported to do the things they want to do in the day.

Including everyone

People most at risk of being left out, like people with complex needs or people with lower level support needs, will be at the centre of service developments.

Making transition a positive experience

Every young person will have a person-centred plan, receive services through self-directed support and more young people will go to college and get a job.

Better health

People will have improved access to mainstream health services and health promotion by receiving an annual health check and a health action plan.

Having real choice and control in our lives

People will have the maximum amount of control over how they live their lives through person-centred plans, self-directed support and advocacy.

Being part of my community

People with learning disabilities will be enabled to be active citizens to live and work in their communities in the same way as non-disabled residents.

Partnership with families

Family carers will be expert partners in care, have a strong voice, and be better supported as carers and as individuals.
How we will measure our progress
So that we will know how much progress we are making in turning our vision into a reality, we have set ourselves a specific target for each outcome. In each case this is the proportion of people with learning disabilities known to the WLDP, or the proportion of family carers, who have a given characteristic that is consistent with the outcome being achieved. We have listed these targets in the table below. Together these make up our eight big performance targets.

The WLDP Partnership Board will monitor our performance against these and other targets on a regular basis. It will publicise our progress through the WLDP website, newsletters and other media at regular intervals so that everyone can check how well we are doing.

Our eight Big Plan outcomes and eight Big Plan performance targets

<table>
<thead>
<tr>
<th>Our health, our care, our say outcome</th>
<th>Big Plan outcome</th>
<th>Indicator</th>
<th>2009</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making a positive contribution</td>
<td>Including everyone (Section 5)</td>
<td>Percentage of people who live outside Westminster</td>
<td>28%</td>
<td>15%</td>
</tr>
<tr>
<td>Choice and control</td>
<td>Real choice and control (Section 6)</td>
<td>Percentage of people known to WLDP living in 'settled' accommodation with a form of self-directed support</td>
<td>9%</td>
<td>95%</td>
</tr>
<tr>
<td>Quality of life</td>
<td>Better housing (Section 7)</td>
<td>Percentage of people known to WLDP who live in 'settled' accommodation</td>
<td>57%</td>
<td>75%</td>
</tr>
<tr>
<td>Economic well-being / Making a positive contribution</td>
<td>What people do during the day (Section 8)</td>
<td>Percentage of people of working age known to WLDP in paid full-time or part time employment during the year</td>
<td>10%</td>
<td>18%</td>
</tr>
<tr>
<td>Improved health and emotional well-being</td>
<td>Better health (Section 9)</td>
<td>Percentage of people known to WLDP offered a health action plan and an annual health check</td>
<td>54%</td>
<td>100%</td>
</tr>
<tr>
<td>Quality of life</td>
<td>Making transition a positive experience (Section 10)</td>
<td>Percentage of young people who have a person-centred plan which includes plans about work and a health action plan</td>
<td>(-)</td>
<td>100%</td>
</tr>
<tr>
<td>Quality of life</td>
<td>Being part of my community (Section 11)</td>
<td>Percentage of people replying positively to questions about social inclusion in first national Putting People First survey</td>
<td>Baseline survey in 2010</td>
<td>Follow-up survey in 2012</td>
</tr>
<tr>
<td>Quality of life</td>
<td>Partnership with families (Section 12)</td>
<td>Percentage of carers known to WLDP who are supported with a specific carers’ service</td>
<td>69%</td>
<td>80%</td>
</tr>
</tbody>
</table>
5 Including everyone

Our vision for 2012
At the end our three year plan, those groups most at risk of exclusion will be benefiting equally from our plans:
- people with complex support needs will be receiving local, individualised services through self-directed support based on their person centred plans;
- people from minority ethnic communities will be receiving culturally appropriate services and will be using services at a rate comparable to that of the general population;
- there will be clear pathways for services and support for people with autistic spectrum disorders and their family carers;
- more staff in mainstream services will be knowledgeable and skilled in learning disability; and
- more people who do not meet the eligibility criteria for specialist learning disability services will be benefiting from our plans.

Our challenges
An underpinning principle of the Big Plan is that every person with a learning disability should be able to access the same life opportunities as everyone else, regardless of their support needs, whether low, moderate or complex. While the Big Plan focuses on people who meet the eligibility criteria for specialist learning disability services, it nevertheless seeks to ensure that all people with learning disabilities will benefit.

Valuing People Now identifies three groups at particular risk of not benefiting: people with complex support needs (including people whose behaviour challenges and people with complex health needs), people from BME communities, and people with autistic spectrum disorders who also have a learning disability, who may fall across service boundaries.

Another group at risk of not benefiting is people with less severe disabilities who may not meet the eligibility criteria for specialist services but who may nevertheless experience the same inequalities as those with more complex needs. This group may include people who are the subject of the criminal justice system.

Our challenge is to ensure that everyone benefits from our plans for improving access to those opportunities that most other people take for granted. This will involve working with mainstream services (such as housing, health and leisure) to improve access for all people with learning disabilities and also developing local, individualised services which can meet highly individual needs.

Box 5.1 This table shows (a) how many adults aged 18+ years with learning disabilities are known to the WLDP and (b) how many people with learning disabilities we would expect there to be in Westminster in 2008 and over the next seven years, on the basis of national prevalence rates and population forecasts

<table>
<thead>
<tr>
<th></th>
<th>Number known to WLDP 2008</th>
<th>Number on GP registers1 2008</th>
<th>Number we would expect on the basis of national rates and population forecasts2 2008</th>
<th>2010</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with learning disabilities (all levels of disability)</td>
<td>572</td>
<td>416</td>
<td>4,400</td>
<td>4,500</td>
<td>4,600</td>
</tr>
<tr>
<td>People with moderate/severe learning disabilities</td>
<td>-</td>
<td>-</td>
<td>900</td>
<td>925</td>
<td>950</td>
</tr>
<tr>
<td>People with dementia (Psychiatry caseload)3</td>
<td>7</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>People who challenge services (Flexible Response Service)3</td>
<td>27</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>People with a dual diagnosis (Psychology caseload)3</td>
<td>34</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

1Known to WLDP. 2Expected numbers are based on prevalence figures from three sources - Emerson and Hatton (2004), Projecting Adult Needs and Service Information System (www.pansi.org.uk) and Projecting Older People Population Information (www.poppi.org.uk) and on population projections produced by the Greater London Authority. Total number of people with learning disabilities refers to people aged 15+ years. Number of people with moderate/severe learning disabilities refers to people aged 20+ years. 3Based on numbers of people on caseloads of WLDP specialist services.
Our progress so far
At 31 March 2008 the WLDP was supporting just over 570 adults with learning disabilities, or about 2.5 people per 1,000 people aged 18 and over in the population, a slightly lower rate than for other inner London authorities. (Box 5.1)

Because of a lack of appropriate services and supports for people with complex needs within Westminster, just over a quarter (26%) of the people supported live outside the borough, mostly in residential placements.

Of those who live in Westminster, a significant minority, most with complex support needs, are supported at any one time by specialist teams within the WLDP: the psychiatry service, the Flexible Response Service, and the psychology service. An analysis of the caseloads of these specialist teams in 2007-2008 showed that just over a 100 people (including just under 30 with autism) were being supported by the psychiatry service (with just over 30 on enhanced CPA); just under 30 by the Flexible Response Service, and just under 80 by the psychology service, of whom just under a half had a dual diagnosis of a learning disability and a mental health problem (including dementia). (Box 5.2)

Since we published our first Big Plan in 2005 we have taken a number of steps to ensure that people with complex needs can benefit from our plans. We have:

- produced a separate housing and support strategy and action plan, the central aim of which is to reduce the number of people who live outside Westminster and increase the number of people who live in supported living or independent housing within Westminster (see Section 7)
- set up an innovative person-centred Flexible Response Service to provide support to people whose behaviour challenges; in an evaluation of this service the service was assessed as green on 50% of clinical standards
- redesigned the day service support we provide for people with complex or challenging needs so that it is now linked to the Flexible Support Service
- reviewed our short break services to better meet the needs of people with challenging behaviour and people in crisis
- continued to provide training on a regular basis to agencies across Westminster on challenging needs, communication (Makaton), dual diagnosis and autistic spectrum disorder
- joined the North West London Learning Disability Project. A collaborative initiative involving the eight North West London joint commissioners for learning disability, this project seeks to develop local infrastructure to support people with complex needs, reduce

Box 5.2 These charts give a breakdown of people receiving support from the WLDP psychiatry and psychology services according to diagnosis and reason for referral respectively

<table>
<thead>
<tr>
<th>Psychiatry – diagnosis, including dual diagnosis (n=12) (2008)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol / Substance misuse</td>
</tr>
<tr>
<td>Personality Disorder</td>
</tr>
<tr>
<td>Dementia</td>
</tr>
<tr>
<td>Autism / Autistic Spectrum Disorder</td>
</tr>
<tr>
<td>Obsessive Compulsive Disorder</td>
</tr>
<tr>
<td>Depression</td>
</tr>
<tr>
<td>Anxiety Disorder</td>
</tr>
<tr>
<td>Bipolar-affective disorder</td>
</tr>
<tr>
<td>Schizo-affective disorder</td>
</tr>
<tr>
<td>Psychotic illness / Schizophrenia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychology - referral reason (11/2007)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forensic issues</td>
</tr>
<tr>
<td>Bereavement</td>
</tr>
<tr>
<td>ASD assessment</td>
</tr>
<tr>
<td>Parenting issues</td>
</tr>
<tr>
<td>Mild challenging behaviour</td>
</tr>
<tr>
<td>Transition issues</td>
</tr>
<tr>
<td>Formal assessment of capacity</td>
</tr>
<tr>
<td>Anger management / identity issues</td>
</tr>
<tr>
<td>Substance misuse</td>
</tr>
<tr>
<td>Family Therapy</td>
</tr>
<tr>
<td>Sexuality &amp; relationships</td>
</tr>
<tr>
<td>Dementia (intervention)</td>
</tr>
<tr>
<td>Mental health problems</td>
</tr>
</tbody>
</table>

0 5 10 15 20 25 30 35 Number of people (n=107)
Box 5.3 This table shows how the profile of people in contact with the WLDP has changed over the three years from 2005 to 2008*

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people known to WLDP at 31 March</td>
<td>517</td>
<td>533</td>
<td>554</td>
<td>572</td>
</tr>
<tr>
<td>% aged 45 to 54</td>
<td>17</td>
<td>18</td>
<td>20</td>
<td>22</td>
</tr>
<tr>
<td>% aged 55 to 64</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>% from BME communities</td>
<td>32</td>
<td>35</td>
<td>37</td>
<td>38</td>
</tr>
<tr>
<td>% in 18 to 44 age group from BME communities</td>
<td>45</td>
<td>49</td>
<td>53</td>
<td>54</td>
</tr>
<tr>
<td>% living outside Westminster</td>
<td>32</td>
<td>30</td>
<td>27</td>
<td>26</td>
</tr>
<tr>
<td>% living in North Westminster</td>
<td>53</td>
<td>55</td>
<td>58</td>
<td>58</td>
</tr>
<tr>
<td>% living in South Westminster from BME communities</td>
<td>23</td>
<td>24</td>
<td>31</td>
<td>32</td>
</tr>
</tbody>
</table>

*In this table the term ‘BME communities’ refers to people from non-white communities.

the cost of out of area placements for people with learning disabilities and significant challenging behaviour, and attract expertise in supporting people with complex needs into North West London

- undertaken an Equalities Impact Assessment of our plans to ensure that they will be fair to people regardless of their level of need for support, their gender, age, ethnicity, religion, or sexual orientation; we have summarised the main outcomes of this assessment in Section 14.

Our needs assessment

In the consultation workshops (see Appendix A) people highlighted the lack of capacity locally to meet the needs of people with complex needs and also people with autism. They said that the Big Plan would only work for everyone if local providers were able to deliver more person-centred services and if self-directed support worked effectively for people with complex support needs. (Box 5.4)

Other information we collected showed that the number of people with learning disabilities known to the WLDP (572) accounted for just under two-thirds of the number of people with moderate or severe learning disabilities that would be expected on the basis of national prevalence rates (900) and for as little as 13% of the total number of people with learning disabilities that would be expected on this basis. These trends are consistent with those found for other London authorities but suggest that there are large numbers of people - many with moderate or severe learning disabilities - who are not known to specialist learning disability services and who may not be benefiting from Valuing People objectives.

In Westminster, over the next seven years - from 2008 to 2015 - the total number of people with severe or moderate learning disabilities is projected to increase by about 50 people, an increase of about 7 people per year, on average. (Box 5.1)

Over the last three years (from 2005 to 2008), the number of people with learning disabilities known to the WLDP has increased by about 3.5% each year, an average of 16 people per year. Over this period there have been a number of distinct trends (Box 5.3):
  o an increase in the proportion of people aged 45 to 64 years, from 27% to 34%
  o an increase in the proportion of people from BME communities, from 32% to 38%, with people from BME communities now making up over half (54%) of those aged 18 to 44
  o a decrease in the proportion of people living outside Westminster, from 32% to 26%

As we saw in Section 4, nearly six out of ten people known to WLDP live in the north of the borough.
Our next steps

- We will ensure person-centred planning and self-directed support are at the centre of everything we do so that everyone including people with the most complex needs can benefit from individualised services and supports including if appropriate a named health facilitator and appropriate support for family carers.

- We will develop local housing for people with complex needs as outlined in our housing and support strategy (see section 7).

- We will work with providers to develop a local unified approach to working with people who challenge, one based on good practice including self-assessment.

- We will review the knowledge and skills of the health and social care team to ensure they are able to support people with complex needs and people with autistic spectrum disorders.

- We will develop with mental health partners a strategy for people with autistic spectrum disorder (including people with Asperger syndrome) who do not meet the eligibility criteria for specialist services; as part of this work we will undertake a needs assessment which will include the needs of people who are the subject of the criminal justice system.

- We will work with mental health partners to improve care pathways for people who have a learning disability and a mental health problem.

- We will carry out a survey among people who are on CPA to find out their views and experiences of CPA and make recommendations for improvements.

- We will implement our Equalities Impact Assessment action plan and review progress to ensure that we are achieving equality of opportunity and outcomes for people from minority ethnic groups and other equality groups (see p.36).

- We will ensure that the needs of the above groups are taken into account in our related strategies, for example our housing, employment and transport strategies.

Box 5.4 What you told us

People felt there was insufficient capacity locally to support people with complex needs and people with autism especially people with Asperger syndrome. As a result too many people had to be supported outside Westminster.

They felt that mainstream services were not geared up to work with people who challenge services or who have autism. Some people felt that services were not flexible enough to meet different cultural needs and that block contracts acted as a barrier to achieving the flexibility required.

For everyone to be included in the Big Plan, a number of things needed to happen:

- self-directed support needed to work for people with complex needs (including with accessing work opportunities)
- local providers needed to have the capacity to support people with complex needs and to be able to deliver a wide range of person centred services
- staff across disciplines and agencies needed to have the appropriate level of knowledge, skill and competence and work together better
- the Partnership Board needed to have a greater representation of people with complex needs and people from minority ethnic communities.

Source: Big Plan consultation workshops 2008

Where to find out more

Useful publications / websites
Big Plan Action Plan 2009 to 2012, Section 1.
www.westminster.gov.uk/wldp
Westminster Learning Disability JSNA (see p. 9)
http://westminstercitypartnership.org.uk/Partnerships/

Contact:
Janet Lang, Westminster Learning Disability Partnership. Tel: 020 7641 7400. Email: jlang@westminster.gov.uk
6 Having real choice and control in our lives

Our vision for 2012
At the end of our three-year plan, more people with learning disabilities in Westminster will have more control over how they want to live and what they want to do. They will achieve this through saying what they want and need in their own person-centred plans, through having Personal Budgets, Individual Budgets, or Direct Payments to buy or control their own services and supports, and through having support from advocates and family carers.

Our challenges
People with learning disabilities often have little control over aspects of their lives that other people take for granted – from how they spend their money to where they live or who they live with.

The first step to having more control is people saying what they want and need in their lives through their person-centred plans, the centre of the planning process. A second step is having a budget – a Personal Budget, an Individual Budget or Direct Payment – so that they themselves can decide how their own services and supports should be tailored to their own needs and goals.

As we saw in Section 2 these forms of self-directed support will become the standard way in which people are supported with social care. In Westminster we have set ourselves the target of 95% of people with learning disabilities living in 'settled' accommodation having some form of self-directed support by 2012. This target presents everyone with big challenges: how people will get the services they need, how we balance responsibilities against risks, how staff support people, and how we cope with change.

Our progress so far
We have already taken important steps in supporting people to have more choice and control in their lives. We have:
- run joint person-centred planning and health action planning courses across Westminster,
- hosted provider network meetings to support

Box 6.1 Number of people with learning disabilities in receipt of Direct Payments

<table>
<thead>
<tr>
<th>Year - at 31 March</th>
<th>Inner London average</th>
<th>Westminster</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Box 6.2 These charts show how the take-up of Direct Payments varies according to where people live, with people living in the more deprived wards being least likely to have Direct Payments

- a) Locality
- b) Wards grouped according to deprivation ranking
the development of person-centred planning and self-directed support, and identified through contract monitoring opportunities for people with learning disabilities and family carers to have a stronger voice in staff training and staff recruitment

- supported more people to take-up Direct Payments with just over 50 people being on Direct Payments at 31 March 2008, accounting for about 10% of people known to the WLDP, considerably above the average for inner London authorities (Box 6.1)
- run a pilot to support ten people with learning disabilities to have a personal budget based on self-assessment; run training for staff on personal budgets, support planning and being a broker; and produced and circulated information about the new system
- started to roll out the pilot so that more people can have personal budgets and made links with a user-led Choice and Control Board so that people with learning disabilities will have a strong voice in developing the new contract models needed to support the new system

Our needs assessment
In the consultation workshops people stressed the need for good, accessible information about personal budgets, an approach which promotes independence and risk-taking (rather than risk avoidance), and adequate safeguards against the potential risks involved (Box 6.3).

Other information we collected showed that we lacked information on how well organisations were doing person-centred planning. We also found that the take-up of Direct Payments tended to vary according to where people lived with those living in the least deprived wards being most likely to have Direct Payments (Box 6.2).

Our next steps
- We will develop a new service specification for the joint health and social care team so it is able to support more people to have a form of Self-Directed Support, regardless of where they live - 70% of those living in 'settled' accommodation by the end of the first year, and 95% by the end of the third year
- We will develop a training strategy for person-centred planning so that everyone has a proper person-centred plan which identifies PCP and HAP facilitators and which is reviewed at least once a year; as part of this work we will produce accessible materials to support person-centred planning
- We will increase the influence that people with learning disabilities have through greater involvement in staff recruitment and contract monitoring and representation on the Choice and Control Board
- We will explore further the association between the take-up of Direct Payments and where people live.

Where to find out more
Useful publications / websites
Big Plan Action Plan 2009 to 2012, Section 2. www.westminster.gov.uk/wldp
Westminster Learning Disability JSNA (see p.9) http://westminstercitypartnership.org.uk/Partnerships/
Contact:
Janet Lang, Westminster Learning Disability Partnership. Tel: 020 7641 7400. Email: jlang@westminster.gov.uk

Box 6.3 What you told us
People could see how self-directed support could help people to have a better quality of life.
Some said that information on person-centred planning and self-directed support needed to be accessible to everyone, and emphasised the importance of the right people being involved in planning, and the need for all support workers to be person-centred planning facilitators.
At the same time, people said they had concerns about the new system especially given the fast pace of change; these centred on balancing risk-taking with adequate safeguarding, financial risks, changing job roles, and raising people's expectations unrealistically.
People emphasised the need for appropriate training, a change in attitudes and culture within organisations, an understanding what people wanted, stimulating the local market to provide it, and the importance of people being able to access mainstream services.
Everyone including family carers would need to promote people's independence, be more prepared to take risks and be willing to 'let go'.
Some people wondered whether the changes would actually result in people having more control.
Source: Big Plan consultation workshops 2008
7 Having a home I can call my own

Our vision for 2012
At the end of our three-year plan, more people with learning disabilities in Westminster will live in rented accommodation with a secure tenancy.

Fewer people will live outside Westminster and nobody will live in NHS accommodation.

We will have good information about people’s housing status and housing needs and be using this in our plans.

Staff that support people with learning disabilities will be helping people to have full and active lives in their communities.

Our challenges
Nationally, only a small proportion of people with learning disabilities (about 15%) own their own home or live in accommodation with a secure, long-term tenancy.

In Westminster nearly three out of ten people live with their families. Of those who do so, the majority are of an age when most people have left home, with nearly two-thirds (62%) being aged 25 years or older.

Many of those who do not live with their families live in residential care, NHS accommodation, or in a form of supported housing with other people with whom they may not necessarily have chosen to live with in an area over which they may have had little choice. As we saw in Section 5, a large proportion of people (26%) actually live in another borough because of the lack of suitable housing in Westminster, especially for people with high support needs.

Overall, just under six out of ten people with learning disabilities live in what is referred to as ‘settled’ accommodation in that they live in accommodation with a secure tenure – although for those living with their families this is the tenure of their parents’ accommodation. This proportion varies greatly according to where people live, from 11% of those who live outside Westminster to 72% of those who live in North Westminster and to 90% of those who live in South Westminster. (Box 7.1)

Our challenge is to change this situation so that people with learning disabilities have much more opportunity to access the kind of housing in Westminster they want and need – homes with secure tenancies or homes they can own – so they have more choice and control over where they live and who they live with.

Our progress so far
Because of the cross-cutting nature of these challenges we have written a separate strategy and action plan specifically designed to help more people to live in Westminster in supported

Box 7.1 This chart shows the proportion of people with learning disabilities who live in ‘settled’ and ‘non-settled’ accommodation

The Government has included the accommodation status of people with learning disabilities in the set of national indicators.

In Westminster our target for 2012 is to increase the proportion of people living in settled accommodation from 57% to 75%.

(See our big performance targets on page 15)
and independent housing (or settled accommodation) and reduce the number of people, notably people with high support needs, who live outside Westminster in residential care (or non-settled accommodation).

The plan seeks to achieve this through a combination of approaches which together will provide an accommodation pathway to more independent housing: a remodelling of about 20 in borough registered care units to supported housing models; development of approximately 50 new supported housing units in borough; and greater use of the independent housing sector, namely people accessing nominations for general needs housing (six per year) and take-up of private sector leasing opportunities and shared ownership models.

As a result of this strategy there has already been an increase in the number of people moving from non-settled to settled accommodation with 13 people moving or planning to move in the first six months of 2008.

Our needs assessment
In the consultation workshops people said that we needed to promote a culture of independent living among families and organisations, ensure that housing was included in people’s person-centred plans, consider private tenancies as an option (and not think solely in terms of social housing) and ensure that people were supported properly to live independently (Box 7.2).

Other information, collected for our housing strategy, highlighted additional issues: an increase in the number of young people in transition who will require level access specialist supported housing schemes; a concern among some at the move from a registered care model to a supported living one; and a problem of affordability in the case of special needs shared ownership models which may require two-bedroom properties to accommodate live-in carers.

Our next steps
• We will implement our housing and support strategy so that by 2012 the percentage of people living in ‘settled’ accommodation will have increased from 57% to 75%, while the percentage of people living outside Westminster will have fallen from 26% to 15%

• We will work with family carers and providers to support people who are ready to move on to more independent housing and also identify opportunities to take up shared ownership and private sector leasing.

Where to find out more
Useful publications / websites
Big Plan Action Plan 2009 to 2012, Section 3 www.westminster.gov.uk/wldp
Housing and support strategy for people with a learning disability 2007-2010, www.westminster.gov.uk/wldp
Westminster Learning Disability JSNA (see p.9) http://westminstercitypartnership.org.uk/Partnerships/

Contact:
Cindy Fletcher, Accommodation Manager, Housing Partnerships, Westminster City Council. Tel: 020 7641 3320. Email: cfletcher@westminster.gov.uk
8 What people do during the day

**Our vision for 2012**

At the end of our three-year plan, more people with learning disabilities in Westminster will have better lives in their communities based on their person-centred plans.

More people will have a real, paid job; more people will be at college doing a course they want to do and which will help them get a real job; and more people will be doing things during the day, evenings and at weekends that they want to do.

**Our challenges**

Most people, when they become adults at sixteen or eighteen, go on to study at college and get a paid job. They move away from the family home, become independent and spend their leisure time as they want to, often with friends or in a relationship.

As we saw in Section 3 this is rarely the case for people with learning disabilities. When adults with learning disabilities go to college the courses they take are often not geared to helping people move into work. Often they end up taking the same course year after year. In recent years this has partly been because colleges have had to give priority to young people and achieving Level 2 qualifications. Adults with learning disabilities, like everyone else, have a right to work. And when asked most people with learning disabilities who are not working but able to work say they would like a job. Despite this only a small minority (about one in ten) have a paid job. (Box 8.1)

Our main challenge is to support more people - especially more people with higher support needs - to get a paid job and have better lives in their local communities based on their person-centred plans.

**Our progress so far**

Since we published our first Big Plan we have modernised our day services and employment service to become Community Access Westminster and Westminster Employment respectively. We have:

**Box 8.1** This chart shows the employment status of people of working age receiving support from WLDP in 2007-08

As with accommodation status, the employment status of people with learning disabilities is one of the indicators in the new set of national indicators.

In Westminster, in 2007-08, 11% of people with learning disabilities of working age had been in paid work at some time.

Our target for 2012 is for 18% of people with learning disabilities to have been in paid work during the year.

(See our big performance targets on page 15.)
• supported, over the last three years, an above average number of people into paid work, forty people in 2007-08, and the same number into voluntary work (Box 8.2)
• developed paid consultancy opportunities for people with learning disabilities, for over thirty people as recruitment consultants and a further ten as staff trainers – on disability, bullying, hate crime and safeguarding issues
• developed with Westminster City Council a more accessible recruitment process
• changed the focus of the day service so that more activities take place in the community (41% of sessions in the first quarter of 2008-09, compared with 31% in 2005-06).

Our needs assessment
In the consultation workshops people said that we needed to raise everyone’s expectations about work and ensure that work aspirations were included in people’s centred plans (Box 8.3).

Other information we collected showed that no person with high support needs had been in paid work, and that of those who had been supported into paid work, only a minority (less than 10%) had worked for more than 4 hours per week.

Our next steps
• We will work with Connexions, local colleges and Westminster City Council to develop more opportunities for paid jobs, apprenticeships, and work-based learning; as part of this work we will develop ‘job carving’, set up a co-worker support programme, and explore the feasibility of transforming existing initiatives into small businesses
• We will develop a new service specification for day opportunity services so that people will be able to use their personal budgets or individual service funds to get individualised packages of support
• We will work with partner agencies to develop and implement a life-long learning strategy
• We will work with partners to develop and implement a leisure strategy to create more opportunities for people to do the things they want to do, especially in the evenings and at weekends.

Where to find out more
Useful publications / websites
Big Plan Action Plan 2009 to 2012, Section 4
www.westminster.gov.uk/wldp
Westminster Learning Disability JSNA (see p.9)
http://westminstercitypartnership.org.uk/Partnerships/
Contact:
Helen Banham, Westminster Learning Disability Partnership. Tel: 020 7641 4196. Email: hbanham@westminster.gov.uk

Box 8.3 What you told us
Employment
There was a recognition across the workshops that people with learning disabilities would like to work in paid jobs but also a recognition that they faced significant barriers: their own and others' expectations, the concerns and attitudes of employers, and the impact of work on eligibility for benefits.

To overcome these barriers, there needed to be:
- higher expectations among everyone – especially in schools and at transition
- more support for colleges regarding autism
- inclusion of work aspirations in people’s person-centred plans
- more appropriate courses (e.g. preparation for work, courses of interest) including for people with high support needs
- help with the issue of fees for some courses
- more opportunities for voluntary work and work experience
- more joint working with employers, especially statutory bodies like Westminster City Council

There was also a recognition that not everybody wanted to work.

Other activities
People felt there should be a way of letting everyone know about the different things going on – such as a website or newsletter
Some people said they wanted more choice and control about how they used the day service to fit in more with how they felt on the day; some said they would like the day service to take more account of weather conditions so that people would always have somewhere to go when the weather was bad.
Our vision for 2012
At the end of our three-year plan, more people with learning disabilities in Westminster will have a health facilitator, a health action plan, and an annual health check, regardless of whether they live in or outside Westminster. Local GPs, hospitals and community health services will have good information about the health needs of people with learning disabilities; our local primary care trust, NHS Westminster, will be planning health services for people with learning disabilities through the Partnership Board and making sure that people’s experiences of them are positive by, for example, ensuring they provide accessible advice and information.

Our challenges
Compared with the rest of the population, people with learning disabilities tend to have poorer health. They are more likely to be overweight, to have high blood pressure, both risk factors for a range of conditions, and to experience mental health problems. They are also more likely to die at a younger age, being 58 times more likely to die before the age of fifty. In the national survey of people with learning disabilities, people who said their health was not good tended to be more disadvantaged in other ways, for example in terms of their accommodation, friendships, experience of bullying, and feelings of confidence.

Despite this, people with learning disabilities tend to experience poorer access to acute and preventive health services. This is due in part to a lack of training among health professionals but also to negative attitudes which can compromise patient dignity, safety and welfare. In Section 2, we saw that three major reports have highlighted ways in which health services have signally failed people with learning disabilities, identifying instances of abuse, undiagnosed illness and avoidable death.

Our challenge is to improve health outcomes and experiences for people with learning disabilities whether they live within Westminster or in another borough.

Our progress so far
Since we published our first Big Plan in 2005 we have established a range of initiatives to address these health inequalities.

- In 2005-06 we established a ‘locally enhanced scheme’ (LES) among just over half (27) of the GP practices in Westminster. Under this scheme participating practices receive a payment for maintaining a register of people known to the WLDP and offering each person an annual health check (covering blood pressure and weight), identifying a health facilitator, and developing a health action plan. An innovative scheme, it was cited in the report of the independent inquiry, Healthcare for All, as an example of good practice.
- At 31 March 2008 everyone known to the WLDP and resident in Westminster was registered on a GP learning disability register (including of practices not in the LES). Of these (n=416), 80% had had an annual health check, an increase from under 30% in 2006 (Box 9.1).
- In 2007 we launched two separate projects: one aimed at reducing the proportion of people on GP learning disability registers who were classified as obese; the second targeted...
at improving people’s sexual health through the provision of education and support work and improving access to screening services (breast screening and cervical smear)

- In 2008 we established a care pathway for dental services to ensure that people are appropriately referred and supported and that dental services receive training on the needs of people with learning disabilities.

Our needs assessment
On reviewing these initiatives we identified a number of areas which need to be addressed.

While many people have benefited from a health check and a health action plan, there are three distinct groups who have not: people who are eligible for a check but who have not had one (about 20% of those eligible); people with learning disabilities who are not known to WLDP (and therefore not eligible) but may nevertheless experience the same health inequalities; and people known to the WLDP but who live outside Westminster.

To date there has been little evidence of an improvement in the weight profile of those covered by the weight loss project with nearly two-thirds (64%) being classified as overweight or obese in both 2007 and 2008, considerably higher proportions than would be expected in the general population.

There was some evidence that perceived mental health needs were not being recognised in primary care in that the proportion of people on the GP registers recorded as having a mental health problem (16%) was found to be considerably below the proportion of people who in a baseline survey said they had a mental health problem (31%).

Our next steps
- We will work with organisations inside and outside Westminster to make sure that each year everyone known to the WLDP is offered a health check and a health action plan
- We will work with GP practices to support them to identify people with learning disabilities who are not known to the WLDP
- We will run an Expert Patient Programme for people with learning disabilities who also have a long-term condition to support people to take more control of their health and well-being
- We will set up a health inequalities group; the group will focus on actions needed to reduce health inequalities among people with learning disabilities and make recommendations to the Partnership Board and a multi-agency health inequality strategy group
- We will support people with learning disabilities and family carers to become involved in training staff in mainstream health services (Box 9.2).

Where to find out more

Useful publications / websites
Big Plan Action Plan 2009 to 2012, Section 5
www.westminster.gov.uk/wldp
Westminster Learning Disability JSNA (see p.9)
http://westminstercitypartnership.org.uk/Partnerships/

Contact:
Stephan Brusch, Service Development Manager, NHS Westminster. Tel: 020 7150 8046. Email: Stephan.Brusch@westminster-pct.nhs.uk
Making transition a positive experience

Our vision for 2012
At the end of our three-year plan, every young person in transition will have a person-centred plan. This plan will be based on good, accessible information and be used to plan their services. Every young person will get a personal budget, an individual budget or direct payment and more young people, when they leave school, will go to college or get a paid job.

Our challenges
The transition from adolescence to adulthood can be a difficult time for every young person, as it is a time when they make big decisions about their futures - about going to college, getting a job, finding somewhere to live, forming new relationships, making new friends, and living independently in the local community. For young people with learning disabilities and their families this can be an especially difficult time as it can seem that these decisions are taken out of their hands. As a result they can feel caught up in events over which they have little choice or control.

Nationally, there have been two distinct trends among young people in transition: a growing number of children and young people with complex and multiple disabilities who now survive into adulthood; and a sharp rise in the numbers of school age children with autistic spectrum disorders, some of whom have learning disabilities.

Our challenge is to ensure that every young person with a learning disability in Westminster is supported to make informed decisions and choices about their future and helped to achieve the same things as other young people. If we meet this challenge for young people in transition, we are well placed to meet it for every person with learning disabilities, regardless of their age.

Our progress so far
We have:
- established two joint transition groups: a joint children’s and adults services transition strategy group to plan for the transition of young disabled people to adult services; and an operational transition group to identify young disabled people in transition and make sure they have person-centred transition plans
- established with partner agencies a Westminster transition pathway governing the transition arrangements for young disabled people who meet the eligibility criteria for adults services (the intensive pathway) and those who do not (the universal pathway) (Box 10.1)
- continued to support a multi-media project to facilitate the development of accessible transition plans.

Box 10.1 This chart shows the number of young disabled people in transition at August 2008 according to whether they were following the universal or intensive pathway, or whether their pathway had not yet been identified

This chart shows a marked increase in the total number of young disabled people in transition from Year 14 to Year 11 (from 61 to 88).
It also shows a marked increase in the number of young disabled people following the intensive pathway from Year 14 to Year 12 (from 14 to 26). Depending on which pathway people in Year 11 follow, this trend may continue into Year 11.
**Our needs assessment**

In the consultation workshops family carers stressed the need for good quality information about what opportunities were available and for good quality communication with staff. There was a strong view that there needed to be better joint working between agencies and that transition planning should start from an earlier age – at 14 years of age. (Box 10.2)

Other information we collected identified additional issues:
- an increase in the numbers of young people with complex support needs
- a difficulty in planning for some groups of young disabled people, in particular young people who are placed on an emergency basis or through the criminal justice system without any involvement of the transition group, young people who do not meet the eligibility criteria for adults services, and young people who are not known to any of the children’s agencies
- limitations of the transition planning database for strategic planning purposes (for example with regard to costs and recording of ethnicity)

**Our next steps**

- We will develop a transition information and communication strategy for young people with learning disabilities, their families and professional staff across different agencies; we will produce a DVD and run information sessions about self-directed support and about the choices and opportunities available
- We will work with schools and colleges to ensure that every young person moving to adults services has a person centred transition plan which is based on good, accessible information and which includes plans about their work aspirations and health
- We will ensure that every young person who moves to adult services is offered a personal budget or other form of self-directed support
- We will work with Connexions to ensure that there are more opportunities for young people to have paid jobs or to go on apprenticeship schemes

**Box 10.2 What you told us**

Family carers in particular identified a number of things that they felt would help to make transition to adults’ services a more positive experience for young people and their families:
- being seen by staff and services as unique, with unique concerns and unique aspirations
- being able to discuss all aspects of transition (such as college courses, day time activities, housing and health) at an earlier stage
- being able to discuss and share information with staff and other family carers on a regular basis; this could be facilitated, possibly, by a family link worker (see Box 12.3)
- having support and advocacy where people do not use speech to communicate
- being able to go to open evenings run by services
- hearing more about people’s positive experiences of transition

People said that transition planning should start at an earlier age, from 14 years of age (i.e. Year 10) There was a strong feeling that there needed to be better joint working especially between children’s services and adults services to help children realise their wishes

Source: Big Plan consultation workshops 2008

- We will improve our systems for recording information on young people in transition so that they can be used to support strategic planning better
- We will develop with children’s services a joint commissioning strategy for young people in transition; this will include arrangements for managing joint cases.

**Where to find out more**

**Useful publications / websites**

Big Plan Action Plan 2009 to 2012, Section 6
www.westminster.gov.uk/wdp
Westminster Learning Disability JSNA (see p.9)
http://westminstercitypartnership.org.uk/Partnerships/

**Contact:**

Janet Lang, Westminster Learning Disability Partnership. Tel: 020 7641 7400. Email: jlang@westminster.gov.uk
11 Being part of my community

Our vision for 2012
At the end of our three-year plan, more people will live in their local communities in the way non-disabled people take for granted.

They will have more relationships with people with and without a learning disability, find it easier to use public transport, feel safer when outside and have less experience of hate crime. Parents with a learning disability and their children will be supported as a family.

Our challenges
Most non-disabled people live as full and active citizens in their local communities in a way that most learning disabled people are unable to do. This is because many of the things which define citizenship can be barriers for people with learning disabilities.

These barriers can touch all aspects of their day to day lives from being aware of national and local events and issues and being able to vote on these in elections through being able to use public transport to forming friendships and feeling safe when outside in their community (see Section 3).

A particular concern is people’s experience of abuse due solely to their disability. This can range from name calling to physical assault. There has been a reluctance among people with learning disabilities and their families to report such abuse and, when they have reported it, a reluctance among the police to take it seriously, but such abuse is a breach of human rights and as such a crime, or ‘hate crime’ as it is known.

Our challenge is to make it possible for people with learning disabilities to do the things that non-disabled people often take for granted as members of their local communities. A first step for us in Westminster is to ensure that everyone can live in their local community and not have to move away.

Our progress so far
• We have increased our expenditure on advocacy services year on year (Box 11.1), with planned spend per head of the population in 2008-09 being nearly double the actual spend in 2005-06 (£1.12p per head, compared with 58p per head)

• We have used some of this money to fund Our Choice Advocacy Service to support people with learning disabilities to make decisions about their lives and influence and shape local services. In 2007-08 Our Choice supported people to be representatives on the Partnership Board and facilitated all our consultation events; they also supported groups to complete a travel training programme, provide training on learning disability to the police, and carry out a mystery shopping exercise on the WLDP which resulted in changes to the way in which the WLDP handles telephone calls

• We have produced with Our Choice and the Community Safety Unit a booklet on bullying called Action Against Bullying. The booklet covers a range of issues including people’s rights (for example the right to be safe) what bullying is, where it can happen, and what to do if it does happen

• We have set up friendship groups including one for people with high support needs.
Our needs assessment
In the consultation workshops people said that we needed to support people with complex needs better, improve access to transport, help people to stay safe, and support people who were parents better (Box 11.2).

From other information we collected we found that people with learning disabilities account for a disproportionately high number of safeguarding vulnerable adult referrals; in 2007-08 they accounted for 23% of all alerts despite accounting for only about 13% of adults supported with social care.

Our next steps
- We will work with advocacy services to increase the amount and quality of advocacy services available and develop a user-controlled organisation
- We will improve the WLDP website so that people can find out what's going on through videos and also link up with people who like to do the same things
- We will develop a local transport plan to make it easier for people to get about especially in the evenings and at weekends; we will review our travel training project, work with Transport for London, and work with Westminster City Council to increase the number of changing places in the City
- We will develop a community safety strategy to help people stay safe and feel safe when out in their community; as part of this work we will produce a ‘keep safe’ pack, make a DVD about bullying, set up places where people can go to report a hate crime, and work with the police and community safety
- We will set up an access team made up of people with learning disabilities to provide training to mainstream services to make these services work better for people with learning disabilities
- We will ensure that staff take full account of the importance of personal relationships in people’s lives when discussing plans and that they support people in this respect.

Box 11.2 What you told us
Rights and advocacy
People felt that advocacy in Westminster was a positive feature but that there were still many barriers to people with learning disabilities, especially people with complex needs, having the same voice or access to mainstream opportunities as non-disabled people. One problem was poor access to buildings and toilets.

A range of things could help: training on advocacy, self-advocacy groups, advocates visiting people in familiar places, better quality advocacy, tailored college courses, for example on citizenship and assertiveness, more communication between organisations to facilitate access, an ‘inclusion team’ of people with learning disabilities to work directly with mainstream community services, and others being able to speak on their behalf.

Transport
There was general recognition that public transport was not accessible to people with learning disabilities, due to a range of factors including poor sign-posting and a lack of awareness or training among staff (for example on the TfL helpline) on working with people with learning disabilities. They felt the issue needed to be raised with Transport for London. A particular problem was a lack of transport in the evenings and at weekends.

Friends and relationships
People felt that there were still prejudices against people with learning disabilities having sexual relationships and that the support for parents with learning disabilities was poor. They felt there needed to be better joint working between WLDP and children’s services and a support group for people with learning disabilities who were parents.

Hate crime
There were concerns about people with learning disabilities being safe when outside in the community. Things that could help were better partnership working with community organisations like the police, City Guardians, and the crime and disorder team, more training among their staff, and having an accessible information pack on community safety.

Source: Big Plan consultation workshops 2008

Where to find out more
Useful publications / websites
Big Plan Action Plan 2009 to 2012, Section 7
www.westminster.gov.uk/wldp
Westminster Learning Disability JSNA (see p. 9)
http://westminstercitypartnership.org.uk/Partnerships/
Contact:
Ann Weekes, Service Development Officer, Westminster Learning Disability Partnership. Tel: 020 7641 7401.
Email: aweekes@westminster.gov.uk
12 In partnership with families

Our vision for 2012
At the end of our three-year plan, more family carers will have a strong voice in decisions that affect them, be treated as expert partners in care and feel themselves to be treated as such.

More carers will be receiving more flexible and more responsive support to help them in their caring role and help them have a life of their own and be healthy.

Our challenges
Family carers need to have the right support to help them in their caring role, especially at times of transition in their own and their families’ lives, and to have a life of their own away from their caring responsibilities.

They will only achieve this if they have good quality information about the help and support available, proper assessment of their needs, and good access to support services such as short-breaks which are responsive to their needs and the needs of the person for whom they care.

Our challenge is to ensure that family carers are treated as expert partners in care by all agencies at all levels and also as individuals in their own right with a life of their own apart from their caring responsibilities.

Our progress so far
We have been working to support carers better in a number of ways. We have:

- carried out an audit of carers of people known to the WLDP to improve our information on carers and now have information on over 200 family carers
- increased the number of carers who have an annual assessment of their needs (from 126 in 2005-06 to 164 in 2007-08)
- continued to support an above average number of carers and their families with short-breaks in their care plan per 1,000 of the population aged 18 to 64

Box 12.1 Number of people with planned short-breaks in their care plan per 1,000 of the population aged 18 to 64

<table>
<thead>
<tr>
<th>Year</th>
<th>Inner London</th>
<th>Westminster</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-07</td>
<td>0.2</td>
<td>0.3</td>
</tr>
<tr>
<td>2007-08</td>
<td>0.4</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Box 12.2 These charts show (a) the age profile of carers caring for people living in the family home; and (b) the ethnic composition of people living in the family home compared with everyone known to the WLDP

(a) Age profile of carers (family home) (2008)

(b) Ethnic composition of service users (2008)
breaks, compared with other inner London authorities (Box 12.1)

- run separate discussion groups for carers and people with learning disabilities targeted specifically at transition issues, for example about leaving home and the changing needs and concerns of family carers
- supported thirty older carers to develop their own shadow care plan, setting out what they would like to happen when they are no longer able to care
- supported carers to have a strong voice through representation on the Partnership Board and through providing training to staff
- run, in partnership with Carers Network Westminster, an innovative training programme for carers and staff called Building dialogue with carers; short-listed for the Skills for Care Accolade, this sought to help carers and staff talk about issues they often avoid, maintain dialogue, and learn from each other.

**Our needs assessment**

In our consultation workshops family carers emphasised the need for good communication with staff and for support which recognised the uniqueness of families (Box 12.3)

Other information we collected showed that:
- over a third of carers (36%) caring for someone in the family home were aged 65 years or above
- compared with everyone known to the WLDP, people living with their families were much more likely to be from a minority ethnic community, reflecting their younger age profile (Box 12.2)
- a notable minority of people who were eligible to use short-break services did not use them
- there were gaps in our information on carers, for example on people with learning disabilities who are themselves carers.

**Our next steps**

- We will offer all family carers a carers’ assessment and support more carers to be healthy and have a life of their own through their own personal budgets and more responsive short-break services
- We will strengthen the voice of carers by establishing a system for involving carers and people with learning disabilities in monitoring the quality of services including short-break services
- We will, if practical, give people who live in the family home the name of a worker that they can contact so that they can always speak to the same person
- We will ensure that our recording systems identify all family carers including people with learning disabilities who are themselves carers.

**Where to find out more**

**Key publications / websites**

Big Plan Action Plan 2009 to 2012, Section 8

www.westminster.gov.uk/wldp

Westminster Learning Disability JSNA (see p.9)

http://westminstercitypartnership.org.uk/Partnerships/

**Contact:**

Ann Weekes, Service Development Officer, Westminster Learning Disability Partnership. Tel: 020 7641 7401.

Email: aweekes@westminster.gov.uk

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**Box 12.3 What you told us**

Family carers highlighted a number of factors that they felt would support both partnership working and their lives as family carers:

- staff understanding that each family was unique and special (see also Box 10.2)
- having two-way lines of communication that were always open so that carers and staff could exchange views, concerns, and information and listen to each other
- having a named worker that they could contact
- the opportunity to become involved in partnership activities such as the WLDP website
- a more inclusive and responsive range of short-break services – for example more flexible ways of providing overnight breaks and more bed-based respite facilities, especially for people with high support needs and physical disabilities
- having the opportunity to have a health check annually

Source: Big Plan consultation workshops 2008
13 Making it happen

Our vision for 2012
At the end of our three-year plan, the Partnership Board will be influencing decisions about the planning and delivery of local mainstream services through its links to the key strategic partnerships in Westminster. It will be focused on improving outcomes for people with learning disabilities, have a strong focus on performance, and be monitoring how well we are delivering the Big Plan.

More staff will have passed the Learning Disability Qualification and people working in health services and in mainstream services (such as education, housing, and community safety) will be making services work better for people with learning disabilities. (Box 13.1)

Our challenges
If we are to achieve the overall vision set out in this plan, it is essential that we do what we say we are going to do – that we make it happen and make a difference.

But whether we are able to make a real difference will depend on a number of factors. The Partnership Board, which is responsible for overseeing the implementation of the plan, will have to be capable of influencing decisions about the planning and delivery of local services. It will also have to have a strong focus on performance so that it will be able to check how we are doing and take appropriate action when necessary. To be able to do this, it will have to have a good understanding of how pressures on learning disability services may change over time as people live longer and more children with complex disabilities move into adult services.

Another element crucial to the success of the Big Plan is the staff who support people with learning disabilities. As the new system of giving people more choice and control takes effect, and more people become fuller members of their community, all staff will have to change the way they work, not only staff who work directly to support people with learning disabilities but also staff who work in mainstream services such as housing, education, health and community safety. Our challenge in this case is to ensure that staff have the appropriate information, training, skills and qualifications (like the new Learning Disability Qualification) to make services work better for people with learning disabilities. (Box 13.1)

Our progress so far
One of the most visible developments in the delivery of Valuing People locally has been the transition of the Partnership Board from a committee style meeting to an inclusive partnership run very much with people with learning disabilities and family carers at its centre to the extent that the Board has been cited as an example of good practice.

Among the positive features of the Board’s working practices are a strong focus on outcomes, as set out in our first Big Plan; the election of learning disabled representatives, including a co-chair, and family carer representatives who have strong links to wider groups of people with learning disabilities and family carers; the inclusion of people with high support needs; the use of multi-media; regular newsletters on the work of the Board; and good links with other strategic partnerships.
Our needs assessment
In the consultation workshops people said that the Partnership Board should check that the Big Plan was happening, keep people updated regularly on progress, and involve people with learning disabilities and family carers in this process. They said that the membership of the Board should be reviewed to ensure it was representative of people with high support needs and people from minority ethnic communities, and that there should be a more joined up approach to staff training across the board. (Box 13.2 and Box 5.4)

Our next steps
So that we can be sure that the things in this plan happen:

- We will review the way the Partnership Board works to ensure it is working in accordance with latest good practice guidance and that Westminster City Council and NHS Westminster are consulting with it on matters affecting people with learning disabilities
- We will amend the terms of reference of the Partnership Board in line with recommendations of Valuing People Now so that it takes on more responsibility for making sure the Big Plan happens, and for telling stakeholders about progress
- We will strengthen links between the Partnership Board and the City Partnership and also the Joint Strategic Needs Assessment process so that it is more able to influence wider decisions affecting people with learning disabilities (see diagram on page 9)
- We will work with providers to develop a pool of staff who have the knowledge, skills and competencies to be able to support people with learning disabilities who have personal budgets, especially people with complex support needs
- We will encourage more staff to get NVQ level 2 (see Box 13.1)
- We will work with staff from mainstream organisations (including the police, education and employers) to run training sessions led by people with learning disabilities and family carers so that mainstream services work better for people with learning disabilities.

Where to find out more
Key publications / websites
Big Plan Action Plan 2009 to 2012, Section 9
www.westminster.gov.uk/wlp
Westminster Learning Disability JSNA (see p.9)
http://westminstercitypartnership.org.uk/Partnerships/
Contact:
John Higgins, Joint Commissioning Manager, Westminster Learning Disability Partnership. Tel: 020 7641 7404. Email: jhiggins@westminster.gov.uk

Box 13.2 What you told us
There was agreement across the consultation events that the Partnership Board needed to check whether the Big Plan was making a difference to people’s lives

People with learning disabilities could be supported to play a central role in this; they could carry out surveys using questionnaires they had designed themselves and could telephone services as ‘mystery shoppers’ to see if things had improved

People felt that the Partnership Board needed to keep everyone up to date on progress through newsletters, the provider network forum, contract monitoring meetings, and other media

Some people felt that practitioners should be more involved in the commissioning process so that they could reflect the views of people on the ground

Others said there needed to be more training opportunities for staff who worked for provider organisations and a more joined up approach to training across the board

Some people were concerned that the new system of self-directed support might undermine partnership working

Source: Big Plan consultation workshops 2008
14 Treating everyone fairly

Public authorities have a legal duty to promote equality and eliminate discrimination on grounds of age, gender, race, disability, religion and faith, and sexual orientation. They also have a duty to promote positive attitudes towards disabled people and positive relationships between different groups, as part of improving community cohesion. As the experience of equality is known to vary according to these factors, we can only know if our policies and services are effective if we know how they impact in these respects, whether they impact fairly and positively and do not adversely affect some groups.

Our Equalities Impact Assessment
As part of this equality duty, we considered, as part of our wider needs assessment, the impact that the Big Plan would have, actually or potentially, in reducing the inequalities that people with learning disabilities face with respect to the following groups:
- people of different ages
- men and women
- people from different ethnic groups
- people with different disabilities
- people with different sexual orientations
- people of different religions or faiths

Because family carers are central to the Big Plan, and because they tend to be a disadvantaged group in their own right, compared with the general population – notably in terms of health, access to work and income, we also considered the impact of our plans on family carers. Finally, because in many cases the experience of inequality is associated with the experience of deprivation, we considered the likely impact of our plans on people living in areas of contrasting deprivation.

We have summarised the key findings and outcomes of our assessment, known as an Equalities Impact Assessment (EIA), in Box 14.1. A full copy of the EIA is available from our website at: [www.westminster.gov.uk/wldp](http://www.westminster.gov.uk/wldp)

When undertaking this assessment, we took particular account of a number of trends in the profile of people with learning disabilities and family carers known to the WLDP, ones touched on in the previous sections:
• an increase in the number of young people moving to adults services who have complex support needs
• an increase in the proportion of people from BME communities (see Box 14.2 and Box 5.3)
• an increase in the proportion of people aged 45 to 64 years
• an increase in the number of older carers

As we noted in Section 2, people with complex support needs and people from BME communities are two groups which have been identified as not benefiting as much as others from the progress that has been made against Valuing People objectives.

Box 14.2 The proportion of people from non-white ethnic groups in different age groups; a comparison between adults aged 18+ known to the WLDP and adults aged 18+ in the population of Westminster according to the 2001 Census

Among people known to the WLDP, people from non-white ethnic groups make-up over 60% of those in the 18 to 24 and 25 to 34 age groups. This is nearly double, or more than double, the proportion in the corresponding age groups in the general population in 2001.
**Box 14.1 The Big Plan**

**How it impacts on the promotion of equality and elimination of discrimination**

**Promotion of equality.** The Big Plan promotes the equality of people with learning disabilities and family carers through its emphasis on human rights, person-centred approaches, people with complex support needs, and the rights of family carers as equal partners in care and as people in their own right. Together with the Action Plan it sets out a series of steps to promote equality of access to local mainstream services (education, employment, housing, healthcare, and leisure) and to promote social inclusion and equal citizenship (through development of advocacy, support in personal relationships, action to tackle hate crime, and strengthening of the Partnership Board).

We would expect that as more people with learning disabilities live their lives as full members of their communities in Westminster, this would lead to a change in people’s attitudes to people with learning disabilities, which in turn would lead to a lower incidence of discrimination and hate crime and more cohesive communities. We would expect also that this in turn would lead to more family carers having a life of their own apart from their caring responsibilities.

**Potential risks to equality of opportunity.** Because of its emphasis on the rights of the individual, person-centred approaches, choice, and community participation, we would expect the Big Plan to promote equality of opportunity with regard to each of the other equality strands (gender, age, ethnicity, religion and belief, and sexual orientation).

However, we recognise that because of its particular focus – on people who meet the eligibility criteria for specialist learning disability services, on everyone having paid jobs, on young people in transition and the role of schools in raising the expectations of young people and family carers, and on people who share western concepts of family, individual decision-making and independent living - there is a potential risk that other groups may be adversely affected or get left behind, in particular:

- people with complex needs (whose non-work related needs may get overlooked)
- older people with learning disabilities, in terms of access to non-work opportunities (such as adult education and leisure) housing opportunities and mental health services
- people from some BME communities who may not be aware of or understand the changes underway and may hold different values and aspirations regarding independent living, housing, and caring
- older family carers, who may be less willing to engage in the whole transformation programme for themselves or the person for whom they care.

Also, because the Big Plan does not refer directly to religion or sexual orientation, and because we have no baseline data on either equality strand, there is a potential risk that the steps do not promote equality in these respects.

**Steps to address potential risks.** To minimise these risks, and to address indications of inequalities we found as part of our needs assessment (for example higher levels of obesity among women) we have included a number of specific steps in our Equalities Impact Assessment action plan and have incorporated these into the Big Plan Action Plan. Key ones are to:

- undertake an audit of person-centred plans to determine the extent to which they include discussions and actions regarding education, employment, leisure and housing especially in the case of people with high support needs
- ensure that actions to promote equalities across mainstream services take account of the needs of older people; develop extra care housing units for older people; and work with mental health services to ensure older people with learning disabilities have equal access to dementia services
- record the ethnicity of young people in transition, provide information on the new care system in formats accessible to minority ethnic communities, and monitor the take-up of annual health checks and short-break services according to ethnicity (and also other equality strands) to identify possible inequalities in access
- implement, when available, national good practice on how to support people to have safe personal relationships within safeguarding guidelines, how to address people’s spiritual needs, and how to capture baseline data on each equality strand
- monitor the take-up and outcome of carers’ assessments by the age of the carer and the support needs of the person for whom they care.
15 Our money and how we plan to spend it

As we have seen, our vision for people with learning disabilities and family carers, and the steps we will be taking to achieve it, will involve big changes in the way we do things. These in turn will have implications for the way we spend our money. The total amount of money we have to spend depends in large part on the wider financial position of the Council and NHS Westminster. This section sets out what this wider position is and what it means for the resources available for adult social care and health care including services for people with learning disabilities. It also sets out how we anticipate funding across the different service areas for people with learning disabilities to change over the life of the plan as we implement our next steps.

The Council

The Council’s strategy with regard to the management of its finances is to keep Council Tax at a low level. It seeks to do this by maximising its income, simplifying the way it does things, learning from good practice, and reducing costs including administration costs. In recent years, in a climate of economic growth and rising levels of government funding, the Council, through prudent financial management, has been able to set one of the lowest rates of Council Tax in England while building up healthy reserves.

Pressures on Council budgets. Although in a strong position financially at the start of 2008-09, the Council is now facing severe budgetary pressures. These are due to a number of related factors:

- the impact of the ‘credit crunch’ and the recession, in particular a reduction in interest rates and a reduction in income from fees and charges
- the potential loss of the Council’s Icelandic deposits
- the introduction in 2008-09 of a new funding formula for younger adults’ social care which resulted in the Council’s underlying funding being reduced by 25% per adult (as it did for other London authorities)
- an expectation that the next three year grant settlement for local government will be a challenging one.

How the Council is responding. In order to protect its position in a deteriorating economic climate, the Council is taking the following steps:

- For the next three-year business planning period, from 2009 to 2012, Cabinet has provisionally approved a draft budget option which would result in net savings of £9.6m (£51.6m of growth offset by £61.2m of savings) (Box 15.1)
- Cabinet has also agreed that additional net efficiency savings of £30m should be identified over this period to support on-going planned investment in services and maintain an adequate level of balances
- The Council is lobbying Government for a fairer allocation of funding notably with regard to National Non-Domestic Rates and the grant distribution formula used to determine the three year grant settlement for local authorities
- The Council is reviewing the impact of the changed economic climate on assumptions about inflation and earnings from interest, rolling out initiatives to support businesses and residents through its economic recovery programme, and mitigating risks in relation to cost pressures in adult social care and concessionary fares.

<table>
<thead>
<tr>
<th></th>
<th>Council</th>
<th>Adults Social Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Growth</td>
<td>51.6</td>
<td>4.20</td>
</tr>
<tr>
<td>Savings</td>
<td>61.2</td>
<td>0.35</td>
</tr>
<tr>
<td>Net (savings) / growth</td>
<td>(9.6)</td>
<td>3.85</td>
</tr>
<tr>
<td>Net efficiency savings</td>
<td>30.0</td>
<td>0.52</td>
</tr>
</tbody>
</table>
What this means for adult social care services

It is within this financial context that the Council will set the budget for adult social care services for 2009-12. Within the overall draft budget option for this period, Cabinet has provisionally approved, for Adult Services, growth of £4.2m - to take account of projected changes in the population and projected increases in the number of residential placements for people with learning disabilities and people with mental health problems – and savings of £350,000 including savings of £300,000 from a review of commissioning practices. (Box 15.1)

In addition, Adult Services will be contributing £520,000 of efficiency savings through the implementation of our Adults Transformation Programme (see p.2). This amount may increase depending on the outcome of a budget review which the Council is currently undertaking in order to identify further possible efficiency savings.

NHS Westminster

NHS Westminster received growth in its budgets up until 2007-08. The allocation for 2008-09 for all primary care trusts in England amounted to a 5.5% uplift across the board.

The Department of Health in its Operating Framework has set out clear national priorities:

- improving cleanliness and reducing infection
- improving access to primary and secondary care
- keeping adults and children well and reducing health inequalities
- improving patient experience
- emergency preparedness

NHS London has identified three further priorities for 2009-10:

- childhood immunisations
- Tuberculosis
- Human Immunodeficiency Virus

NHS Westminster has a significant number of vital sign targets to achieve over the next few years and will also focus on a small number of local priority areas agreed in the Strategic Plan.

<table>
<thead>
<tr>
<th>Box 15.2 Total combined budget of Westminster City Council and NHS Westminster for people with learning disabilities for 2008-09</th>
<th>£000s</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Care</td>
<td>14,720</td>
<td>51.3</td>
</tr>
<tr>
<td>Nursing Care</td>
<td>305</td>
<td>1.1</td>
</tr>
<tr>
<td>NHS facilities</td>
<td>1,126</td>
<td>3.9</td>
</tr>
<tr>
<td>Assessment &amp; Treatment</td>
<td>394</td>
<td>1.4</td>
</tr>
<tr>
<td>Supported Accommodation</td>
<td>1,877</td>
<td>6.5</td>
</tr>
<tr>
<td>Day &amp; Employment Services</td>
<td>4,790</td>
<td>16.7</td>
</tr>
<tr>
<td>Home Care</td>
<td>298</td>
<td>1.0</td>
</tr>
<tr>
<td>Self-directed Support</td>
<td>568</td>
<td>2.0</td>
</tr>
<tr>
<td>Support for advocacy</td>
<td>87</td>
<td>0.3</td>
</tr>
<tr>
<td>Short Breaks, crisis and emergency services</td>
<td>1,380</td>
<td>4.8</td>
</tr>
<tr>
<td>Care Management</td>
<td>1,632</td>
<td>5.7</td>
</tr>
<tr>
<td>Community Teams</td>
<td>1,005</td>
<td>3.5</td>
</tr>
<tr>
<td>Training</td>
<td>25</td>
<td>0.1</td>
</tr>
<tr>
<td>Other</td>
<td>140</td>
<td>0.5</td>
</tr>
<tr>
<td>Learning Disabilities Development Fund</td>
<td>327</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Total combined budget</strong></td>
<td><strong>28,672</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Pressures on PCT budgets. NHS Westminster is basing its plans on the assumption that there will be a minimum growth in its budget of 5.2% in 2009-10 and 5.1% in 2010-11. There will be a significant requirement for efficiency savings from 2010-11 onwards. It is projected that at the end of 2010-11 it will be 20.8% over target, which equates to £81m. A level of unavoidable cost pressures are expected in learning disability, physical disability and child and adolescent mental health services.

What this means for Joint Commissioned Services. NHS Westminster is committed to working in partnership with the City Council to commission health and care services. Over the next three years, as financial pressures are felt, all plans will need to demonstrate value for money and seek to build in efficiency.

Services for people with learning disabilities

The budget in 2008-09. The learning disability service is funded jointly by Westminster City Council and NHS Westminster from a combined, or pooled, budget governed by a Section 31 Agreement.
In the current financial year, 2008-09, the total pooled budget is £28,672k, of which NHS Westminster’s contribution is £9,807k (or 34.2%). From 1 April 2009, in line with the requirements of Valuing People, NHS Westminster’s funding for the commissioning of learning disability social care will transfer to Westminster City Council.

The table in Box 15.2 shows how this budget is divided between the different service areas. A large percentage (over half) of the budget is currently used to support residential placements.

**Draft business plan for 2009-12.** The draft budgets provisionally agreed for 2009-12 include growth of £2,235,000, of which NHS Westminster’s contribution is £1,092,000 (or 49%). (Box 15.3) This growth is a response to the increase in the number of young people with complex needs moving from children’s services to adults’ services and to the increase in the number of people living longer.

Because the budgets for 2009-12 are based on the overall draft budget agreed by the Council in December 2008, they are likely to be revised in the light of the Council’s decisions regarding options for achieving savings.

**Box 15.4 Unit costs of services at December 2008**

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of people*</th>
<th>Average cost per person per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential home care</td>
<td>204</td>
<td>£1,331</td>
</tr>
<tr>
<td>Nursing home care</td>
<td>6</td>
<td>£1,008</td>
</tr>
<tr>
<td>Supported accommodation</td>
<td>35</td>
<td>£1,137</td>
</tr>
<tr>
<td>Day care</td>
<td>84</td>
<td>£202</td>
</tr>
<tr>
<td>Home care</td>
<td>108</td>
<td>£64</td>
</tr>
<tr>
<td>Self-directed support</td>
<td>66</td>
<td>£265</td>
</tr>
</tbody>
</table>

*As people may access more than one of these services, they may be counted more than once*
Box 15.5 This table shows how we anticipate the make-up of the combined Council and NHS Westminster provisional budgets for learning disability services to change over the period 2009 to 2012

<table>
<thead>
<tr>
<th>Service</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
<th>2011-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential home care</td>
<td>51.3</td>
<td>49.2</td>
<td>42.3</td>
<td>41.7</td>
</tr>
<tr>
<td>Nursing home care</td>
<td>1.1</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>NHS facilities</td>
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<td>3.1</td>
<td>1.5</td>
<td>1.4</td>
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<tr>
<td>Assessment and treatment</td>
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<td>1.3</td>
<td>1.3</td>
<td>1.3</td>
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<tr>
<td>Supported accommodation</td>
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<td>10.0</td>
<td>19.3</td>
<td>20.4</td>
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<tr>
<td>Day and employment services</td>
<td>16.7</td>
<td>9.7</td>
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<tr>
<td>Home care</td>
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<td>1.1</td>
</tr>
<tr>
<td>Self-directed support</td>
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<td>8.5</td>
<td>16.9</td>
<td>16.7</td>
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<td>Support for advocacy</td>
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<tr>
<td>Short-breaks, crisis and emergency services</td>
<td>4.8</td>
<td>4.7</td>
<td>4.6</td>
<td>4.5</td>
</tr>
<tr>
<td>Care management</td>
<td>5.7</td>
<td>6.0</td>
<td>5.8</td>
<td>5.8</td>
</tr>
<tr>
<td>Community team (health)</td>
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<td>3.4</td>
<td>3.3</td>
<td>3.3</td>
</tr>
<tr>
<td>Training</td>
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<td>0.1</td>
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<tr>
<td>Other</td>
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<td>Learning Disabilities Development Fund</td>
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<td>1.1</td>
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<tr>
<td>Total combined budget</td>
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<td>100.0</td>
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</table>

Any additional cost pressure arising from an increase in the number of people accessing the service will be met from savings gained through reducing the number of people in residential care. The table in Box 15.4 shows how the average cost of services varies and how savings can be made by reducing the number of people in residential care and redirecting resources to support self-directed care and models of supported living.

The priorities of the Big Plan will require a significant movement of budgets. The table in Box 15.5 sets out how we anticipate budgets to change from 2009 to 2012. The biggest movements we anticipate are a 15% increase in allocation to self-directed support and a 13% increase in allocation to supported living, matched by decreases in allocations to residential care, day care and NHS facilities.
A Involving everyone in the Big Plan

When we wrote our first Big Plan we wrote it to cover a period of three years from 2005 up to 2008. When the end of the three year period was approaching the Partnership Board at one of their meetings discussed the need to write a second Big Plan to take account of the changes that had been happening nationally and locally for people with learning disabilities and also other changes that were affecting everyone.

A working group made up of members of the Partnership Board and other people with special expertise was set up to write a draft of the Big Plan. The group set about a process which ended up as this second Big Plan. We have set out the main stages in this process in the diagram on the page opposite.

A learning disability needs assessment
The first stage in the process was to carry out an assessment of the needs of people with learning disabilities and family carers and how these might change over time. This involved three main strands:

• drawing on our information systems and on routinely reported national data to see what the numbers told us

• requesting, from NHS Westminster’s Decision Support Service, a review of the literature on best practice in connection with four of the eight big priorities: more choice and control, more housing opportunities, opportunities for real jobs, and accessing mainstream social, leisure and learning opportunities during the day, at weekends and in the evenings

• running three separate consultation events to see what people thought should be in the Big Plan. The three consultation events were:
  o a joint meeting between the Partnership Board and Have a Say Day. This was attended by over 50 people - people with learning disabilities, family carers, staff that support people and members of the Partnership Board
  o a workshop for care managers and senior clinicians from the WLDP
  o a workshop for staff from provider organisations. This was attended by staff from 13 organisations.

At each event, people were asked to focus on one or more of the Big Plan outcomes and to consider a series of questions: ‘What are the challenges?’ ‘What needs to happen first?’ ‘What will be the impact for people with learning disabilities, family carers and the staff that support people?’ And ‘How will we know if we have achieved it?’ To the information collected at these events, the group added the views that people had expressed in other fora, for example at other consultation events, like Ask a Patient week, and meetings of the Partnership Board.

Equalities Impact Assessment. One part of the needs assessment involved an assessment of whether the steps we were proposing in the Big Plan would be fair and promote equality of opportunity, and would not adversely affect people simply because of their disability, age, gender, ethnic background, religion, or sexual orientation. Known as an Equalities Impact Assessment, we have summarised the key outcomes of the assessment in a separate section (Section 14) and have incorporated steps to guard against any potential adverse effects in our Big Plan Action Plan. A copy of the full Equalities Impact Assessment is available at our website: www.westminster.gov.uk/wldp

Because the working group collected more information than we could include in the Big Plan, we have put all the information they collected in a separate document called the Westminster Learning Disability Joint Strategic Needs Assessment (JSNA). We have referenced this document at the end of each of the sections on the eight big outcomes under the heading ‘Where to find out more’. Importantly this information informs part of a larger assessment of the health and well-being needs of all residents of Westminster which in turn informs the priorities and next steps of other plans (see diagram opposite and diagram on p.9).
How we wrote the Big Plan

**WLDP Partnership Board**
The Partnership Board discussed the need to write a new Big Plan and set up a working group to write a draft.

**Big Plan working group**
The Big Plan working group first carried out a ‘needs assessment’. This involved looking at what the numbers said and asking people what they thought should be in the Big Plan.

**Collecting the information**

**What the numbers say**
The working group looked at:
- what we know now
- what we can expect in the future
- how we compare with others
- whether things were fair
- what the experts say
- what things need to change
- how we spend our money

**What people say**
The working group held consultation events for different groups of people:
- people with learning disabilities
- family carers
- support staff from organisations
- Care managers and clinicians

They asked people what things were difficult and what needed to change.

**Making sense of the information**
The working group examined the information to see what it told us. This information is available in a separate document called the Westminster Learning Disability Joint Strategic Needs Assessment (JSNA).

**Writing the Big Plan**
Using this information the working group wrote the new Big Plan (with sections called *What you told us*) and a Big Plan Action Plan which gives more details about our next steps. They also wrote an easy to read version of the Big Plan.

**WCC and NHSW approval**
The new Big Plan was then formally approved by Westminster City Council and NHS Westminster making it the key formal strategic planning document for people with learning disabilities and family carers in Westminster.
B Members of Westminster Learning Disability Partnership Board

Cath Attlee
Co-chair, WCC

Stephen Band
Co-chair

Eileen Bell
Carer representative

Stephan Brusch
WLDP/NHS Westminster

Jill Carter
Carer representative

Cindy Fletcher
WLDP/WCC

John Higgins
WLDP

Mona Gahnham
Carer representative

Chris Lambkin
WCC

Janet Lang
WLDP

Patricia O'Connell
London Partnership Board

Habib Ali
Representative of people with learning disabilities

Sarah-Jane Ritchie
London Partnership Board

Lindy Shufflebotham
Yarrow Housing

Catherine Slater
Carer representative

Sabrina Thormille
Representative of people with learning disabilities

Ann Weekees
WLDP

Dr Ingrid Bohnen
WLDP

Maria Day
WCC

Helen Banham
WLDP

Gabby Machell
Westminster Society

Meredith Gamble
NHS Westminster

Norredine El-Alaoui
Representative of people with learning disabilities
C How to contact the Westminster Learning Disability Partnership

If you would like more information, or would like to comment on the Big Plan, please contact the Westminster Learning Disability Partnership.

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John Higgins
Joint Commissioning Manager

Telephone: 020 7641 7411
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Partnership Board representatives for people with a learning disability

Our Choice Project

Telephone: 020 8962 8695
 Email: jo@advocacyproject.org.uk

Partnership Board representatives for carers of people with a learning disability

c/o Carers Network Westminster

Telephone: 020 8960 3033
 Email: info@carers-network.co.uk
D Plans and reports we refer to in the Big Plan

**Valuing People** reports can be found at: [www.valuingpeople.gov.uk](http://www.valuingpeople.gov.uk)

Commission for Social Care Inspection (2004) Valuing People - Much achieved, more to do


Department for Communities and Local Government (2006) Strong and prosperous communities – the local government white paper (DCLG 2006)


Department of Health (2007) Valuing People Now: from progress to transformation – a consultation on the next three years of learning disability policy

Department of Health (2007) Putting People First: A shared vision and commitment to the transformation of Adult Social Care (DH 2007)


Healthcare Commission and CSCI (2006) Joint Investigation into Services for People with Learning Disabilities at Cornwall Partnership NHS Trust

Healthcare Commission (2007) Investigation into the Service for People with Learning Disabilities provided by Sutton and Merton Primary Care Trust


Mencap (2005) Treat me Right!: Better Health for People with a Learning Disability


Westminster Learning Disability Partnership Board and Have a Say Group Joint Day - November 2008