Wrexham County Borough Council
Adult Social Care

Draft Learning Disability Commissioning Strategy

2012 – 2017

NB. Photos to go on cover
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1. Introduction

This is the first Commissioning Strategy for Learning Disability Services to be published within Wrexham. The Commissioning Strategy aims to set the direction for the improvement of local social care services for people with learning disabilities between 2011 and 2016. The strategy summarises the background behind the national picture and describes the local changes we want to make to improve the lives of people with learning disabilities and make the Welsh Government’s vision outlined in “Fulfilled Lives, Supportive Communities”¹ and “Sustainable Social Services for Wales: A Framework for Action”² happen in Wrexham.

This Strategy has been developed in partnership with people who use services and support provided by Adult Social Care, Carers and key stakeholders (people or groups with an interest in the strategy) and it recognises the commitment of the local authority to work in partnership to develop a wide range of services, which will continue to meet both current and future needs. We recognise that in the present economic climate there is more need than ever to maximise the efficient use of resources and ensure that services provided are appropriate to meet the needs of those assessed as needing support.

The Commissioning Strategy focuses on adults with a learning disability aged eighteen years plus, including those who have complex or additional needs, for example physical disabilities, mental health issues, challenging behaviour or autism. This Strategy also addresses the needs of those young people below eighteen years of age, in transition to adulthood. We understand that this is a stressful and difficult time for families and the Strategy aims to ensure the continuity of care and support from Children’s to Adult Services.

The definition of a learning disability according to the ‘World Health Organisation’ (1996) includes the presence of:-

- A significantly reduced ability to understand new or complex information, or to learn new skills (impaired intelligence)
- A reduced ability to cope independently (impaired social functioning) which started before adult-hood and has a lasting effect on development.

The definition encompasses people with a broad range of disabilities. The term, ‘Learning Disability’ does not include all those who have a ‘specific learning difficulty’, which is more broadly defined in educational legislation, for example Dyslexia.

Our approach in collecting information to write this Strategy was influenced by National guidance (key policy documents have been summarized in Appendix A), local needs and input from stakeholders through partnership. The Commissioning Strategy is a plan, designed to mark the introduction of a work programme and may be expected to alter over the next five years. It outlines:-

- What we know now
- Who we consulted with in putting the strategy together and their responses
- What changes need to be made in the future and what action and resources will be needed to achieve this

¹ Welsh Assembly Government – A strategy for Social Services in Wales over the next decade: Fulfilled Lives, Supportive Communities (February 2007)
2. Executive Summary

We recognise that services need to change to be more responsive and meet people’s needs better. One way we can do this is by continuing to work in partnership with individuals and Carers, exploring what their needs and aspirations are and involving them in decisions about the way they receive support, rather than making plans on their behalf.

The Adult Social Care Department in Wrexham will continue to promote Citizen Directed Support (initially piloted within the Learning Disability Service, but due to be extended to other service areas across the department), focussing on what a person's abilities are, their goals and how their needs can be met, looking at resources of the people themselves, their families and local community, as well as those of public services. Some people receive Direct Payments, which they use to purchase their own support, but they need to be able to access adequate support, advice and information to help them plan and manage their own support. As the Welsh Government points out, “commissioners will need to model future service provision with the increasing use of Direct Payments”³, which is likely to include a more flexible approach through a Citizen Directed Support focus.

It is important that flexible, person-centred services are also reinforced by training for generic social care staff and that good information is available in easy read and alternative formats, which individuals can use to make informed choices on who best can provide services to meet their needs. The Adult Social Care Department will continue to work together in partnership and with other organisations to improve communication, develop engagement, share information and promote integrated working across sectors.

Currently, the Adult Social Care Department is looking at ways of further improving services, including an enablement model of support, with more emphasis on promotion of independence and self care. The enablement approach supports people with learning disabilities to keep control of their lives and to take their place as an active citizen within their communities, contributing to and accessing mainstream services and activities. We will continue to work in partnership with relevant stakeholders to develop opportunities and ensure people with learning disabilities have real choices, including socialising, learning and employment. Other important considerations include sustainability of resources, delivering value and ensuring support for Carers.

It is recognised that during the course of this five year Strategy, the way we deliver services and interventions is likely to change. We will continue to review the Strategy and as needs change, consult with all relevant parties to give people opportunity to contribute to the changes required as they progress. Wrexham County Borough Council and the Betsi Cadwaladr University Health Board will be looking at their resources over the course of this Strategy to identify and determine how the Community Learning Disability Team will develop in the future and the Strategy will be updated as this work progresses.

³ Welsh Assembly Government (January 2011) Practice guidance on developing a commissioning strategy for people with a learning disability
3. Outcomes Framework for People with Learning Disabilities in Wales

The document ‘Practice Guidance on developing a commissioning strategy for people with learning disability’ includes a structural framework. The seven outcome areas are set out below with measures, against which progress will be demonstrated. This framework will underpin the contents of the Strategy and further development of the outcome measures is expected during the life of the Strategy.

a) Improved health – ‘I am as healthy as I can be’:
People living longer and with better physical, mental and emotional health, more people living healthier lifestyles.

b) Productive and independent lives – ‘I am able to live a fulfilled life’:
Better access to low level support, a range of housing options, transport, financial information, benefits, lifelong learning, employment opportunities and support that promotes well-being.

c) Freedom from discrimination and harassment – ‘I have an equal chance to live free from fear, discrimination and prejudice’:
More people experiencing reduced discrimination and are safe from harassment, and abuse, including maltreatment, neglect and exploitation.

d) Personal dignity – ‘I feel valued by others’:
More people experience secure, stable and good quality care. People experience privacy in all settings (home, residential care and hospital) and experience appropriate levels of confidentiality. People feel they are treated with respect and listened to, have a sense of self-worth and are valued by others.

e) Exercise choice and control – ‘I have the same life chances as other adults’:
People with learning disabilities determining for themselves where they live, how they are supported and how they spend their day, reliable information and advice available in accessible formats, more people accessing equipment and assistive technology and fair and equitable complaints systems. More people receiving personalised services and expanding the use of Citizen Directed Support.

f) Part of the community – ‘I can participate as a full and equal member of my community’:
More people living in a cohesive community with a good environment and little crime. More people accessing leisure services and engaging in volunteering and public involvement, people living, working, learning and taking part in community life as equal members. More people involved in planning and decision making about the direction of services. More people reporting a positive experience of using services and increased support and recognition for Carers.

g) Maintain and develop social and family ties – ‘I have the same opportunities to maintain relationships as other adults’
Opportunities to access clubs and social networking sites, experiencing local solutions to housing, learning and support needs.

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4 Welsh Assembly Government (January 2011) Practice guidance on developing a commissioning strategy for people with a learning disability
4. Intentions

The following aims are outlined to begin to make improvements to the delivery of services for people with Learning Disabilities in Wrexham. It is recognised that some achievement will be possible during the life time of the Strategy and that further work will be required to build upon those foundations in the longer term. Underpinning the success of the improvements will be the necessity to develop interventions and support which will be delivered by a professionally skilled workforce in order to maximise and sustain effectiveness.

1. Accommodation and Support – Medium to long term aims (5 – 10 years)

<table>
<thead>
<tr>
<th>Aims</th>
<th>Outcomes</th>
<th>Lead Organisation</th>
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<tbody>
<tr>
<td>Develop a range of accommodation and support options to meet a range of varying needs. Local services over time will be developed which are more appropriate to enhanced needs. Supported living options will be increased, over time to meet the needs of a growing learning disability population. Continue to work with partners to develop enhanced services in residential care.</td>
<td>People would have a range of options to promote choices of appropriate accommodation and support which are sustainable in the long term. Services will be provided for those people whose needs are currently not being met locally.</td>
<td>WCBC and BCUHB</td>
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2. Work, Leisure and Learning – Medium to long term aims (5 – 10 years)

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<thead>
<tr>
<th>Aims</th>
<th>Outcomes</th>
<th>Lead Organisation</th>
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<tr>
<td>To work with partners to continue to develop services and community activities with an outcome focused approach concentrating on enablement to promote community participation. To ensure that opportunities are available to all individuals regardless of nature of disability.</td>
<td>Greater choice of employment opportunities which are sustainable in the longer term. Varied opportunities to access education and leisure. Reduction in the need for paid networks of support through the promotion of independence with an enablement focus.</td>
<td>WCBC, DCELLS and Third Sector</td>
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### 3. Health and Wellbeing – Medium to long term aims (5 – 10 years)

<table>
<thead>
<tr>
<th>Aims</th>
<th>Outcomes</th>
<th>Lead Organisation</th>
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<tbody>
<tr>
<td>Continue to work with partners to develop effective support for people with learning disabilities to manage their health and wellbeing. Develop services which are appropriate and support the health and wellbeing of disabled people with a wide range of needs.</td>
<td>More people will have better health. Health problems may be detected at an early stage. Services will be delivered which are timely and most appropriate to the needs of the learning disability population of Wrexham.</td>
<td>WCBC, BCUHB and Third Sector</td>
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<td>WCBC and BCUHB</td>
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### 4. Carers and Respite – Medium to long term aims (5 – 10 years)

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<tr>
<th>Aims</th>
<th>Outcomes</th>
<th>Lead Organisation</th>
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<tr>
<td>Carers will be able to access sufficient information, advice and support to enable them to maintain their caring role at their chosen level and as individuals in their own right, alongside their caring role.</td>
<td>Carers will be supported in their caring role and as individuals in their own right.</td>
<td>WCBC and Wrexham Carers Service</td>
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## 5. Implementation Plan

### 1. Accommodation and Support

|--------|------------------------|------------------------|----------|------------------------|----------|--------|---------------------------------|-----------------------------|--------------|
| 1.1 Undertake a full needs analysis to scope out the learning disability population who may require accommodation over the next 10 years. | Q3: Create plan detailing how needs analysis will be carried out.  
Q4: Undertake full needs analysis. | Q1: Develop effective mechanism to consistently capture unmet need.  
Q2: Report findings of needs analysis.  
Q3: Identify additional accommodation and support needs required.  
Q4: Plan to meet accommodation needs. | A range of options available for appropriate housing. | Number of people who have appropriate accommodation.  
(going up)  
Number of placement breakdowns  
(going down)  
Number of admissions to respite / residential care  
(going down) | N/A – To be developed | Ongoing database and progress reports | Lead: TBC (SFJ / EM) |
| 1.2 Undertake a full needs analysis of those who will require support and at what levels over the next 10 years. | Q3: Create plan detailing how needs analysis will be carried out.  
Q4: Undertake full needs analysis. | Q1: Develop effective mechanism to consistently capture unmet need.  
Q2: Report | A range of support options available to meet a range of needs. | Number of people who have appropriate levels of support.  
(going up)  
Number of emergency | N/A | Ongoing database and progress reports |
| 1.3 Continue to develop (with BCUHB) a robust residential model of support, and obtain sign-off. | Q3: Develop skill set required for direct support staff. Q4: Agree robust model of support. | Q1: Implement robust model of residential support. | A robust model of residential support which will meet more complex needs. | reviews (going down)  
Number of reviews completed within Timescale (going up) |  |
| 1.4 Review enhanced placements in Wrexham | Q3: Identify priorities for reviews. Develop 2 year action plan to support reviews. Q4: Begin to implement Action Plan. | Q1: To have undertaken 25% of reviews. Q2: To have undertaken 50% of reviews Q3: To have undertaken 75% of reviews Q4: To have completed reviews. | People will be appropriately placed with the right level of support. | Reduction in out of county placements. (going down)  
No of reviews within timescale (going up) |  |
| 1.5 Develop a robust supported living model | Q3: Form Supported Living provider forum. Q4: Identify and engage all other partners (including | Q1: Support and encourage sharing of experience and good practice. | People will be appropriately placed with the right level of support. | Number of people whose needs are most appropriately met within independent living settings. (going up) |  |
### 1.6 Develop early interventions and processes to ensure that the experience of Transition from Children’s Services into Adult Services is streamlined and that expectations are realistic.

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<td>Q4: Obtain agreement to take forward revised structure for Transition Team.</td>
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<td>To plan to appropriately meet a range of support needs of young adults in partnership with Children’s Services (including those with complex needs) and make the transition process streamlined.</td>
<td>TBC</td>
<td>N/A</td>
<td>TBC</td>
<td>Recommendation report</td>
<td>ASD Plan</td>
<td>WCBC &amp; BCUHB</td>
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<td>Q1: Agree enablement focussed models of support to satisfy legal duties from both Children’s and Adult Services.</td>
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<td>Q2: Implement enablement focussed support model.</td>
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### 2. Work, Leisure and Learning

2.1 Scope out small businesses to work towards the concept of a Social Enterprise model.  
Research to establish list.

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<tr>
<td>Q4: Write job description for Business Manager to undertake work.</td>
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<td>Greater choice of employment opportunities which are sustainable in the longer term. Serving the</td>
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<td>Lead: TBC (SFJ / CM)</td>
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<tr>
<td>Q1: Recruit Business Manager</td>
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<td>Q2: Develop work programme to examine</td>
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2013 – 14 milestones agreed Dec 2012  
Progress reports.  
TBC
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<tr>
<th>2.2 Develop database of organisations which could offer employment opportunities (paid or voluntary).</th>
<th>Q4: Identify partners. Plan engagement with local organisations. Undertake work with local organisations.</th>
<th>Q3: Explore how to increase the development of community links.</th>
<th>Increased numbers of people working for organisations outside Social Care. (going up)</th>
<th>Increased numbers of people working for organisations outside Social Care. (going up)</th>
<th>N/A</th>
<th>Lead: TBC (SFJ / CM)</th>
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<tr>
<td>2.3 Continue to develop a model of outcome focussed support for people with a range of disabilities to access community resources, to include supporting people in the workplace and preparation for work.</td>
<td>Q4: Identify partners to refine assessment process and assessment tool to ensure that it is proportionate and effective.</td>
<td>Q1: Work with partners to plan and develop outcome focussed support model.</td>
<td>More people will be able to access community activities and employment with the least amount of paid support. More people will have the opportunity to become as independent as possible and take their rightful place in their community.</td>
<td>Number of plans with an enablement plan / focus (going up)</td>
<td>N/A</td>
<td>Lead: TBC (SFJ / EM / CM)</td>
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**2013 – 14 milestones agreed Dec 2012**

Evaluation questionnaire and report.
| 2.4 Develop an effective model of enablement for people with learning disabilities, taking into account links with re-enablement. | **Q4:** Identify partners and plan engagement with partners to focus on enablement. | **Q1:** Refine enablement model  
**Q2:** Implement enablement model. | Promotion of independence with enablement focus. |
|---|---|---|---|
| **Q2:** Commence work with DCELLS to discuss local investment in education. | **Q3:** Scope out level of educational needs and how it is met currently.  
**Q4:** Collate information regarding issues and what is not currently provided.  
Examine where difficulties have arisen, the cause and key learning points. | **Q2:** Commence work with DCELLS to discuss local investment in education. | To plan to meet the educational needs of young people with autism / complex needs locally.  
People gaining qualifications, eg OCN recognition |
| 2.5 Work with education establishments and organisations to ensure that local education opportunities are afforded to the learning disability population of Wrexham to meet a wide range of needs. | **Q1:** Refine enablement model  
**Q2:** Implement enablement model. | **Q1:** Refine enablement model  
**Q2:** Implement enablement model. | Promotion of independence with enablement focus. |
| **Q3:** Scope out level of educational needs and how it is met currently.  
**Q4:** Collate information regarding issues and what is not currently provided.  
Examine where difficulties have arisen, the cause and key learning points. | **Q2:** Commence work with DCELLS to discuss local investment in education. | **Q1:** Refine enablement model  
**Q2:** Implement enablement model. | Promotion of independence with enablement focus. |
| 2.6 Work with other WCBC departments, eg. Leisure, Economic Development to develop their services to meet the needs of people with learning disabilities. | **Q1:** Establish a baseline for provision for people with learning disabilities to access mainstream activities. | **Q1:** Establish a baseline for provision for people with learning disabilities to access mainstream activities. | More people with complex needs having their needs met and accessing opportunities in the community. (going up) |
| **Q1:** Establish a baseline for provision for people with learning disabilities to access mainstream activities. | **Q1:** Establish a baseline for provision for people with learning disabilities to access mainstream activities. | **Q1:** Establish a baseline for provision for people with learning disabilities to access mainstream activities. | More people with complex needs having their needs met and accessing opportunities in the community. (going up) |

**N/A**

2013 – 14 milestones agreed Dec 2012  
Evaluation questionnaire and report.  
Lead: TBC (SFJ / CM)
Plan how we can assist to develop their services to make them more accessible to all.

### 3. Health and Wellbeing

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<tr>
<td>3.1 Raise awareness of importance of health checks with people who use services and their Carers to increase attendance levels. Promote opportunities for and raise awareness of importance of physical exercise. Maximise opportunities for people to access advice, information and support to manage their health needs.</td>
<td>Q4: Map out opportunities in CLDT, primary health and the community for accessing information, advice and support to manage health needs. Q4: Train additional staff to facilitate / complete health checks.</td>
<td>TBC</td>
<td>More people will have better health. Health problems may be detected at an early stage. More group sessions and work with individuals to deliver therapies and preventative work, both from statutory services and within the community.</td>
<td>Numbers of people who have a Health Action Plan Number of staff trained to complete Health Action Plans. Numbers of people who have attended individual or group work</td>
<td>2010 – 2011, 363 health checks completed</td>
<td>2013 – 14 milestones agreed Dec 2012</td>
<td>Health Liaison Monitoring information</td>
<td>1. Our Joint Plan Outcome 5: All people are enabled to make healthy choices. 2. Operational Plan for Learning Disability Health Liaison Service, BCUHB 2012 - 2013</td>
<td>BCUHB and WCBC</td>
</tr>
<tr>
<td>3.2 Research developing a project to recruit/train a group of people with learning disabilities to act as 'Health Champions', working with health and social care staff to raise awareness of the need</td>
<td>Q4: Scope out viability of developing 'Health Champions' and agree actions. Q1: If viable, identify resources to deliver appropriate training. Q2: Plan training.</td>
<td>N/A</td>
<td>Raise awareness and understanding of the needs of people with learning disabilities in relation to their health and TBC</td>
<td>N/A</td>
<td>N/A</td>
<td>Recommendation regarding viability of developing 'Health Champions'. Action plan if appropriate.</td>
<td></td>
<td>BCUHB, Third Sector and WCBC</td>
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of people with learning disabilities.

Q4: Develop a robust pathway for people to access primary health care.

wellbeing.

<table>
<thead>
<tr>
<th>3.3 Scope out provision for people with a range of disabilities and health needs, particularly those who require support to access primary healthcare facilities.</th>
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<tr>
<td>Q4: Scope out levels of current need and provision.</td>
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<td>Q1: Project future need and provision.</td>
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<td>Q2: Identify gaps and compile action plan to address issues.</td>
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<td>Q3: Research areas of best practice, identify most appropriate model</td>
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<td>Q4: Develop market</td>
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<td>Identification of existing appropriate provision informing future needs for any additional provision.</td>
</tr>
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<td>Provide local, cost effective information and support services to meet the health needs of adults with learning disabilities.</td>
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<tr>
<td>TBC</td>
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<tr>
<td>N/A</td>
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<tr>
<td>TBC</td>
</tr>
<tr>
<td>Recommendation report</td>
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<td>WCBC and BCUHB</td>
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### 4. Carers and Respite

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<tr>
<td>4.1 Scope out Carers of people with learning disabilities to ensure that current and future information and service provision is sufficient to meet needs. (to include respite)</td>
<td>Q3: Undertake scoping exercise to establish robust information about Carers in Wrexham.</td>
<td>Q4: Target Carers of people with learning disabilities to ensure they are aware of opportunities (including telecare / assistive technology) to engage and have information they require.</td>
<td>Suitable and sufficient provision of services for people with a range of needs who live with Carers.</td>
<td>No of services for people with a range of needs who live with carers (going up) No of people we support / carers who tell us that they feel their needs are being met (feedback) (going up)</td>
<td>N/A</td>
<td>TBC</td>
<td>Carers Service database</td>
<td>Carers Strategy</td>
<td>WCBC</td>
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### Implementation and Action Planning:

Performance returns, service monitoring visits and performance monitoring meetings will be supplemented by regular satisfaction surveys, consultation with relevant forums and feedback from providers, ensuring that health and social care services are able to respond to changes in the demand for services and support.

Quality assurance and clinical governance systems will be strengthened to prevent poor quality in services and to detect shortfalls in standards at an early point. Complaints procedures will be accessible and readily available to users of services and their carers. People who use services and Carers will be encouraged to use their experiences to contribute meaningfully to the development of services for the future, ensuring that Wrexham continues to be at the forefront of developments in Wales.
6. Principles

- We champion the rights of people with learning disabilities to be treated as equal citizens with the same rights and responsibilities as everyone else.
- We recognise that people with learning disabilities want to enjoy their lives in the same way as everyone else.
- We realise that people with learning disabilities require equality of opportunity and support to take part in everyday activities available to people who do not have a learning disability including employment, work, education and leisure.
- We value the experience of families and welcome their involvement. Our approach recognises that Carers have their own needs and steps are being taken across the Adult Social Care Department to improve support for Carers.

The strategy builds on Wrexham’s Annual Council Reporting Framework and Departmental Business plan for Adult Social Care in Wrexham, which reflects the following principles:

- **Personalisation**: To ensure that individuals who require adult social care services continue to have choice and control over their lives.
- **Localisation**: To ensure individuals’ needs can be met within their local communities.
- **Integration**: To ensure that services work together to meet the needs of individuals, using flexible resources to maintain/increase independence.
- **Safeguarding**: To ensure that vulnerable adults are protected from harm.

Vision

“In North Wales our vision for the future is that: People with learning disabilities will have a better quality of life; living locally where they feel safe, healthy and well, where they are valued and included in their communities and have access to effective personal support that promotes independence, choice and control.”

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5 Mobius - Conditions and Challenges for Collaboration (2007)
7. Direction of travel for meeting needs:

Wrexham County Borough Council is keen that services should enable people with a learning disability to take up the same chances on offer to any other person living in Wrexham. This is about people using their rights, making choices, leading independent lives and being included in society. Therefore, ongoing attention will be given to the Human Rights Act 1998 and Equality Act 2010 throughout this document and in the development and delivery of services.

In Wrexham, people with learning disabilities will be enabled to take their place, as independently as they can, in their community, which is accessible to all. National guidance has emphasised enhancing the capacity of people to live in the community, regardless of their disability, increasing their opportunities and support to enable people with learning disabilities to take an active role and feel safe.

| Person mainly living in specialist accommodation, with support and receives other specialist support | Person living in the community but not part of it and has few links with their local community. | Person living as part of the community, using mainly services which are available to everybody, with their own network of community links and some special services, if required. |

The Strategy aims to refocus the current pattern of spend away from institutional models of service to more independence promoting and integrated models. The extent and pace of change will be affected by both the availability of money to maintain current services whilst more cost effective alternatives are developed and the degree of partnership working.

Enablement / re-ablement is fundamental to the work of Adult Social Care, aiding people to learn skills which they have never had the opportunity to learn previously, or helping people to re-learn some of the skills they may have lost, either due to injury or illness. Once people have been assisted to be as independent as possible, if there is a need for longer term support, they will be supported to look at how best their needs can be met within the resources available and given as much choice as possible to design their package of support. There are many different models of support available to meet the needs of people with learning disabilities in Wrexham and it is important to get the right balance of paid and unpaid support for each individual.

Through the enablement focussed work being done currently and in the future, people who are more able will be enabled to be as independent as possible, which may result in their level of support being reduced as they gain independent living skills. As a result, their accommodation needs may also change, reducing the demand on adapted housing as they move into mainstream accommodation, which may include models such as Key Ring, giving people a sense of safety and community with much lower levels of support. However, this Strategy recognises that there will always be people with high or complex needs whose ability to be enabled will be limited, with some people requiring a significant amount of ongoing support throughout their lives, which should be delivered in a person centred way.

Services that are open to everyone may have to change to make it easier for people with learning disabilities and their carers to access. We will work with schools, colleges and communities to address stigmatisation and exclusion and assist people to access mainstream services wherever possible. The
Department will continue to work with partners such as Health, Education, Careers Wales, Leisure, Economic Development and Housing services, as well as Third Sector (voluntary) organisations and community groups, in order to ensure that vulnerable people can be safely supported within their local communities.

8. Developing a Person Centred Culture

In carrying through the programme of change outlined in the previous section, the Adult Social Care Department will continue to work in partnership with individuals with learning disabilities and their Carers, rather than make plans on their behalf. As commissioners we will put the individual at the centre of the commissioning process and ensure that services are developed in Wrexham to meet the needs and aspirations of local people within the resources available to us.

This will include developing more individualised responses to needs with a greater emphasis on Citizen Directed Support. We will work with providers and support them to develop tailored services which are able to meet individual needs. A full range of services must be explored, including making best use of the resources available in the community and developing the local provider market. There are three levels of services that may be needed:

a) **Universal services** that are community based and open to the general population e.g. leisure, work, primary and other health care, health promotion, self care in health, transport and lifelong learning opportunities. There will be a need to address barriers facing people with learning disabilities, such as making information easier to understand and training generic staff.

b) **Targeted services** aimed at specific vulnerable groups including people with learning disabilities such as preparation for work, advocacy services. These are often provided by the Third Sector (voluntary organisations), usually with funding from the public sector.

c) **Services based on assessments of need for named individuals** with more complex needs. Currently these are largely assessed and care managed by the Adult Social Care Department. In the future, with the ongoing implementation of Citizen Directed Support and increased uptake of Direct Payments, individuals will be put more in control of planning and directing how their needs are met.

Individual people with learning disabilities may require differing combinations of the three levels of service at different times in their lives. The challenge for the Commissioning Strategy is to bring together the right combination of opportunities and services.
9. Shared Understanding of Commissioning

Social Care Commissioning is defined as “The process of specifying, securing and monitoring services to meet people's needs at a strategic level. This applies to all services whether they are provided by the local authority, health or public agencies or by private or voluntary sectors”6. It involves understanding the population need, best practice and local resources and using them to plan, implement and review changes in services. Appendix B

Commissioning encompasses both the planning and procurement of services. There are a range of arrangements for procuring services, from individuals purchasing their own support under Direct Payments or personal budgets, through to services commissioned by Wrexham Council, provided directly by the Council or by an independent sector provider on a contractual basis. “Good commissioning secures good value for money”7.

The challenge is to develop systems to achieve the vision and changes set out in Sustainable Social Services for Wales8. This will include:-

a) Commissioning of social care services based on good information on changing needs and preferences in how needs are met, anticipating changes rather than reacting as needs are found.

b) Identifying strategic partners from the outset to implement each area of change, jointly sharing the risks and addressing obstacles.

c) Encouraging local communities to build networks of mutual support, especially through partnerships between the public and independent sectors.

d) Full use of new technology to complement support and personal care packages to keep people safe.

We are committed to involving people we support in developing quality services for the future based on their feedback, building on person centred questionnaire and customer satisfaction surveys and keeping the person at the centre of all we do. This will require us to improve the way we monitor, changing focus away from inputs/outputs, which have traditionally been measured in respect to numbers of people/amount of time etc, towards measuring quality and achievement of outcomes. Commissioners and Contracts Department will need to keep Adult Social Care's monitoring processes under review so that they evolve with the services that are being monitored.

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7 CSCI (2005) The State of Social Care
8 Sustainable Social Services for Wales: A Framework for Action (June 2011 - WAG10-11086)
10. Assessment and Care Planning

The Integrated Community Learning Disability Team is a specialist team, which supports people with a learning disability who are adults (over eighteen years) or those young adults in the transition phase. This is a formally integrated team of health and social care professionals, consisting of social workers, community nurses and health liaison nurses, physiotherapist, speech and language therapists, psychologist, psychiatrist and behavioural support specialists.

The team takes a holistic approach and assessment is against agreed client definition and eligibility criteria, determined in accordance with Welsh Government’s Guidance on Fair Access to Care Services\(^9\) and NHS Continuing Health Guidance\(^{10}\) and currently people will only be eligible for ongoing paid services if their needs are assessed as being ‘substantial’ or ‘critical’. Assessment is completed using the Unified Assessment Process, which is under review both nationally and locally.

Currently the team is aware of 472 people living within the County Borough who have a learning disability and a wide range of needs. These range from mild learning disabilities through to profound and multiple learning disabilities.

In assessing people for their support needs, the focus of Adult Social Care is person centred, looking at the person as an individual and exploring with them what they are able to do for themselves and who and what they have around them, both in their natural networks (family and friends) and in the community, to meet their needs. Each person will have the opportunity to become as independent as possible, which may mean that some people have no need for paid services, but can find really good creative solutions to their support issues.

Respect for people’s diversity is embedded in the ethos of the team and staff work hard to uphold the rights and choices of all people using services. The Department promotes equality training for all staff and we expect the same standards from the independent providers who contract with us. Both in-house and external services must deliver services that are sensitive to cultural, religious and lifestyle needs and allow the Council to fulfil its duties under the Equalities Act 2010.

Although The Community Learning Disability Team receive very few referrals for people with learning disabilities from black and ethnic minority communities, it is recognised that people with learning disabilities who are part of these groups can experience disadvantage due to both race and impairment.

Transition

From the work we have done in collecting information for this Strategy, we know that experience of young people and their families varies greatly when moving to Adult Services. In an attempt to make the transition process seamless, the Transition Protocol has been re-written and work is under way to co-locate Children’s and Adult Social Care professionals together to make the experience streamlined. A Transition Co-ordinator will be appointed in order to lead this area of the service, using the resources and expertise as efficiently as possible to create capacity for staff to work with young people and their families in a person centred way.

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\(^9\) Creating a Unified and Fair System for Assessing and Managing Care (October 2002)
\(^{10}\) Continuing NHS Healthcare for Adults in Wales (August 2010 - WAG 10-03339)
There is expected to be sustained growth of young people aged fourteen upwards who are likely to be known to Learning Disability Services. This is indicative of the increased prevalence of disability among children, partly due to increased survival rate of premature babies. The tables in Appendix D illustrate those young people who are known to have disabilities and those who are ‘Looked After Children’, who may require support from Adult Social Care into adulthood. In addition, there may be other young people not included in these numbers who may come forward at a later date through a direct referral to Adult Social Care. The numbers in themselves do not illustrate a complete picture of the varying levels of complexity of young people who are presenting to Adult Services currently. Within the last 3 years at least one young person per year has required intensive packages of support costing at least £1,000 per week. Information available does not accurately reflect the level of need of the young people and is insufficient for the purposes of planning appropriate and effective support for those individuals. However, during the course of this Strategy, concerted efforts will be made by all the relevant organisations to work together to share information in order to improve the transition process experience and enable us to plan effectively to ensure that needs can be met locally.
11. Accommodation & Support

What we have now

People with a learning disability have told us that they want to be treated the same as anyone else without a disability. They want to have choice and control over their lives, including where they live and who they live with. We do our best to find permanent solutions.

- A list of general housing stock and adapted accommodation, plus number of voids is maintained in collaboration with the Housing Department.
- A special needs multi-agency housing meeting is held bi-monthly with representatives, from internal and external care providers, Housing Department, Social Workers, Key Ring to match people to suitable accommodation and ensure that individual care needs can be met appropriately.
- Person centred delivery plans are helpful when matching people to share accommodation but people are not always compatible, even though the matching process is undertaken. Additional information is usually required providing details of individual preferences and beliefs.

There are major barriers in the way that complicate the situation and make it harder to find suitable accommodation. The Welsh Government have changed the way in which it allocates funding for the provision of housing, which has impacted on the availability of adapted housing options for people with learning disabilities. This has resulted in there being no funding available for building new properties, but instead a need to adapt existing properties to meet the wide range of needs of people with learning disabilities.

In addition to this we are also reviewing alternative accommodation options with housing partners/stakeholders e.g. lease hold / local authority / private landlords, to offer housing opportunities for individuals with assessed housing and support needs. We know that good quality housing supply is insufficient to meet the varied range of needs.

Supporting People is a National programme providing tenancy related support services, for example; finding a home, help to manage money, cooking skills, filling in forms, help advice about security, repairs and how to get in touch with other services. Some of this support is provided through the Housing Department and some through Adult Social Care. Keyring and Moorlands (referenced above) are funded through the Supporting People programme. The Learning Disability Service is currently receiving Supporting People funding via a contract as agreed in July 2008. In the longer term, changes to the way in which Supporting People funding is allocated may have a financial impact on the Department. However, any proposed changes will be planned in advance and reflected as the Strategy is reviewed.

Community Living – 24 hour support – The in-house, Enhanced Community Supported Living Service (ECLS) was re-structured during 2011 to provide 24 hour support to people with complex and enhanced needs (47 people), who are unable to be left alone for long periods of time. There is also a range of other provider agencies who deliver this type of support, which is usually shared with the person’s co-tenants. Therefore, there would be some shared support and shared sleep-ins or assistive technology / telecare. There may also be some one-to-one support depending on the needs of the individuals.

Within the in-house ECLS a re-tendering process has been undertaken with independent providers to secure appropriate supported living services for people with less complex needs (66 people), who had previously been supported by the in-house provider. Full consultation was undertaken with individuals and their families about the proposed changes in providers and they were able to be involved in the selection process and express their preferences over the choice of provider, with advocacy for those who needed it. The aim of the re-structure is to increase and improve skills and knowledge base to support people with complex needs, provide higher levels of on-site supervision and improve service provision. The service will develop
during the course of the Strategy to provide more specialist support in the longer term. The Health Board also provide enhanced 24 hour supported living to people who have health needs as well as other complex needs.

**Semi-supported living** – In a setting where the person has their own tenancy but has some additional support from staff, e.g. a Warden or a Tenancy Support Officer. The main providers of this type of support in Wrexham are currently Key Ring (17 people) and Moorlands (7 people), which is seen as ‘step down’ from more intensive support, ensuring that more able people with lower level needs are met. It is recognised that an increased number of supported living options will be required over time as the learning disability population grows.

**Extra Care Housing (for people over 55 years, who require a minimum of tenancy related support)**, is a concept, rather than a type of housing, and can vary in size and purpose to meet different needs. People have their own tenancies, although there are additional communal facilities, eg. community café, which tenants can access within the same building. The support available can be flexible, depending on the needs of the individuals, following discussion with the person requiring support. Extra care housing may be suitable for a person with a learning disability or provide a suitable solution where an older carer is finding it difficult to care, but the learning-disabled adult and the older carer do not wish to live apart from each other.

**What are the issues with the current provision?**
- Too many people in residential care – need to look at people living in their own homes and different housing models are being explored.
- Insufficient community living projects.
- Some people who have gained greater independence are unable to move onto a model of supported living which provides an appropriate, reduced level of support because suitable accommodation is unavailable.
- Make effective use of assistive technology/ telecare solutions, managing risk but giving people more independence.

It is anticipated that the majority of future developments of in-house provision will be for people with complex and multiple support needs. A new (Core and Cluster) model is soon to be operational (Winter 2011 – 12) in Wrexham, offering the tenant more flexibility and combined with assistive technology, will make it a safe and supportive environment, without over-provision, as can often be the result for people with complex support needs.

**What changes need to be made?**
- In order to meet future demand for suitable accommodation on long term tenancy basis, a range of options for housing provision, with and without support options are to be explored with local property developers and Registered Social Landlords.
- It is proposed that further developments over time will provide efficient and effective supported living services to people with complex needs. There are a number of people whose needs could not previously be met locally and are currently placed out of the county of Wrexham. It is proposed that development of local services over time, which are more appropriate to their enhanced needs, will result in them being brought back into Wrexham.
- It is recognised that an increased number of supported living options will be required over time as the learning disability population grows.
12. Work, Leisure and Learning

There are various forms of help which people with a learning disability can receive to keep active, learn skills, find a job, and maintain links and relationships within their natural networks:-

- A range of health and social care services
- Wider support services that help people live a more independent life in the community

Employment Opportunities

What we have now

Much work has been undertaken in the in-house Employment Opportunities service over the last four years to provide an integrated service for people with learning disabilities, mental ill health and those with physical and sensory disabilities, (87 people) modernising the service and providing more opportunities for disabled people in their own community. This includes learning new skills, gaining qualifications, and support with finding training and employment. The service also includes a growing number of small businesses.

In 2009 a feasibility study was undertaken to establish the feasibility of enabling some of the small businesses to develop into a social enterprise model, by creating a Social Firm within which the businesses would operate. The study included the Employment Opportunities trading arms (Alyn Waters Country Kitchen, Bridges, Coverall, Erlas Horticultural Project, Hafan Bwyd (Café & Buffet Service), Le Café, Portable Appliance Testing) plus activities managed by Ground Work (Pedal Power & Erlas “bottom garden”).

Social Firms (also known as Social Enterprises) are businesses that are set up specifically to employ disabled people. They subscribe to three core values associated with empowerment, employment and enterprise:-

1. Social Firms are committed to the social and economic integration of disabled people through employment.
2. Social Firms are supportive workplaces where the working environment is one that provides all employees with support, opportunity and meaningful work.
3. Social Firms are businesses that combine a market orientation and a social mission (“businesses that support” rather than “projects that trade”).

Generally in a Social Firm at least 25% of its paid, contracted workforce will be people with disabilities and/or people disadvantaged in the labour market and at least 50% of income will be through sales.

What are the issues with the current provision?

- The study referred to earlier in this section was undertaken in 2009, so further evaluation work would need to be done to determine which businesses, if any, would be viable to develop into Social Firms, taking into account the current economic climate. Before firming up any plans, the Department would need to be assured that any business would be economically sustainable in the longer term.
• Disabled people have told us that there are very limited opportunities in the community for paid or voluntary work.

**What changes need to be made?**

• Further work as above to establish whether it would be viable to develop small businesses into Social Firms.
• Continue to work with organisations to develop employment opportunities in the community (paid or voluntary).

**Day Opportunities**

**What we have now**

Similarly to Employment Opportunities, the Day Opportunities service has been modernised and a refurbishment of the People’s Centre has recently taken place with more work taking place to expand the centre during 2012. The refurbished centre is light and welcoming with a variety of opportunities to offer those using it, including a community café (Le Café). The service is integrated and welcomes in people with a range of disabilities, ie. mental health, learning disabilities, physically disabled those with sensory and neurological issues and older people. State of the art facilities allow intensive support therapies to be delivered through a sensory model, which explores other senses for people with complex needs, to enhance the health and wellbeing of people with severe disabilities.

The future of the centre is to provide support to people with a wide range of needs, including those with complex needs. Recently, lots of work has been done to restructure, which places the service to deliver more community activities, with the Centre being a hub of the community. The vision is that it will be a thriving, inclusive centre where people are able to access person centred, outcome focussed services and to engage in their community. Further work is to take place to extend the building which will allow further developments to take place and greater opportunities to be provided.

**What are the issues with the current provision?**

• Further work needs to be undertaken to develop activities and opportunities suitable for people with disabilities in the community, which is being planned in conjunction with the Economic Development Department who work with communities who are excluded. People with disabilities will have the opportunity to contribute to these developments. Further details can be found at:-
  [http://www.wrexham.gov.uk/english/council/social_service/day_ops/about_us.htm](http://www.wrexham.gov.uk/english/council/social_service/day_ops/about_us.htm)

**What changes need to be made?**

• Continue to develop a model of outcome focussed support, concentrating on enablement.
• Continued development of opportunities to meet people’s needs and explore other opportunities in the community for enablement and social inclusion.
• Explore options for enabling people with profound disabilities.
• Develop a highly skilled workforce.
Social Inclusion

A wide range of support options need to be available to meet the diverse needs of people with learning disabilities in Wrexham, including their family, friends and other people or groups in the community (‘natural networks of support’).

What we have now

Occasional hourly paid support for specific tasks, usually a few hours per week for people living in their own homes or with family members, which is provided by the in-house Community Inclusion Service or by independent provider agencies. A high proportion of people accessing the service require ongoing support to integrate into their local communities.

What are the issues with the current provision?

- Whilst the service currently provided by the Community Inclusion Service is beneficial for many (68 people), the current model does not lend itself to providing enablement work for new people coming into the service. There are capacity issues within the service, making it impossible at times to offer the service to more people. For young people coming into Adult Services through Transition (from Children’s Services), short pieces of enablement work would be extremely beneficial in order for them to learn and develop their skills to be as independent as possible, whilst integrating into their local communities and building their natural networks outside of paid support.

What changes need to be made?

- The vision for the Community Inclusion Service is for it to be driven by enablement, focussed on outcomes and part of a range of services, working in collaboration with other partner organisations and other Council departments. The work of the Service will bring people together, enabling them to take their place in their local communities as active citizens, who contribute to community life as well as gain from it. Enablement work may include training, assistance and support to access paid or voluntary employment, learning new skills, as well as other options in the community. Regular re-assessment will take place to ensure that individual goals are being met before people leave the service, either through gaining complete independence outside of paid services or onto longer term support. Where longer term support is required, it is important to obtain the right balance between unpaid / natural support and paid support in order to effectively maximise the independence of people with learning disabilities.

- Further work with staff to fully understand an enablement model of support.

- Education of people who use services and their families to understand the enablement model of support and promotion of independence.
13. Health and Well-being

Health and Learning Disabilities

The general health and well-being of people with learning disabilities (including physical functioning, general health, social and emotional well-being, and mental health) is poorer than that of the general population, with people tending to experience other health issues in addition, for example, people may also have physical or sensory difficulties. Some of the risk factors that affect people’s health generally are also more of a problem for people with learning disabilities with a high proportion of people also carrying one or more risk factors associated with morbidity and mortality from cardiovascular disease (e.g. hypertension, physical inactivity). There is more likelihood of them being underweight, overweight or obese. According to research, “People with learning disabilities have increased risk of early death compared to the general population”\textsuperscript{11}.

It is estimated that a significant percentage of people who have a learning disability will also have a form of autism and feature at some level on the ‘Autistic Spectrum’. People with Autism share difficulties with communication, but the condition will affect them in different ways; some can live relatively independent lives whilst others may need a lifetime of specialist support. The National Autistic Society Cymru recently completed a national survey into the views and priorities of people with Autism, ‘The life we choose: shaping autism services in Wales’\textsuperscript{12}. The findings from the survey are included in Appendix F at the end of this Strategy for further information.

In North Wales, the Autism Spectrum Disorder Project, which is supported collaboratively by Welsh Government and Betsi Cadwaladr University Health Board has developed an Action Plan to:-

- Scope, plan, develop, deliver and carry out an evaluation of services for adults with autism, with a view to developing a multi-agency service of excellence for adults with autism in North Wales.

- Undertake a feasibility project to set up a data base/register for autism across North Wales.

What we have now

Health Liaison Nurses and Community Nurses provide an essential local service, helping to improve access to general practitioners and hospital care, reduce inequalities in health outcomes and encourage uptake of screening programmes. The Welsh Centre for Learning Disabilities “found health checks to be effective, identifying untreated diabetes, hypertension, high cholesterol, thyroid disorders, dental problems, cardiac difficulties, asthma and mental health difficulties”\textsuperscript{13}.

During the period April 2010 – March 2011, 363 health checks were completed in Wrexham, approximately 72% of Wrexham’s learning disability population. The most common recorded illness was Hypothyroidism, which is mostly identified with Down’s syndrome. Epilepsy was the most prevalent chronic disease picked up by general practitioners (25% of people screened), compared with 0.4% -1% in the general population. 35 people had two or

\textsuperscript{11} Ref: Hollins et al, 1998
\textsuperscript{12} Ref: Rebecca Evans, 2011 – National Autistic Society Cymru
more chronic conditions and 12 people had three or more chronic conditions. Other statistics were those with asthma/COPD (12%), heart conditions which are congenital (6%), autism recorded as a chronic disease (6%) and 4% of people were recorded as having Mental Health Issues.

The work of the Community Learning Disability Team includes individual and group work to deliver sessions, eg. Healthy Hearts Group and Well Man/Women clinics.

What are the issues with the current provision?

- There are limited resources within the Community Learning Disability Team to deliver the individual and group sessions which the team believe are required.
- It is recognised that people with Downs Syndrome are more likely to experience early onset Dementia. Taking into consideration the information above, it is likely that there will be more people in the future who will require specialist support in relation to their condition.
- Local resources are insufficient to provide for people with complex health and social care needs, particularly severe autism. This lack of local resources usually results in the need to secure high cost out of county placements or packages of support.

What changes need to be made?

- Promote health checks and opportunities for physical exercise. Discussion with Health colleagues to identify available resources to aid delivery of individual and group work.
- Scope out provision for older people who have learning disabilities, including those who also have dementia
- Further work needs to be undertaken in order to develop suitable support services for adults with severe autism, whose needs cannot usually be met within mainstream health and social care services. Earlier interventions are required with Children’s Services in order to plan for future needs of people with severe autism, who usually require significant levels of intensive support. In relation to young people with autism, further dialogue is also required with partner agencies, specifically the Department of Continued Education and Life Long Learning. For further information, please see Transition section on page 13.
- The health and well-being of people who use services will be central to the development of service delivery and the preferences as detailed in individual person centred plans.
14. Carers and Respite

We recognise that Carers have their own needs and that caring for a loved one can often be difficult. The needs of Carers in Wrexham are reflected in the local Carers Strategy and ‘carers approach’ that is being developed in consultation with the local Carers reference group. All Carers have the opportunity to contribute to the discussion, development of services, support, advice and information for Carers, and further information is available at www.wrexham.gov.uk/english/council/social_services/carers/index.htm.

Carers Outcomes can be viewed in Appendix H and copies of the Carers Strategy can be requested by contacting Adult Social Care Commissioning Team on 298618.

Respite/Short breaks

We currently have in-house provision to provide respite to people with learning disabilities in Coedpoeth and Gwersyllt, in specially adapted properties with highly trained staff to meet a wide range of needs. Where appropriate, home-based short term breaks may be available, with staff moving into the person’s home whilst their Carer is away. It may also be possible, where appropriate, for people to arrange their own respite breaks with the use of a Direct Payment or through Citizen Directed Support and there are a number of independent providers who organise support and accommodation.

What are the issues with the current provision?

- A review of respite options is being undertaken to establish the issues with the current provision. Following this, options will be explored to further tailor respite to meet specific needs, bearing in mind that more options than are currently available may be required to meet the diverse needs of the learning disability population.

What needs to change?

- In order to fully utilise the in-house respite resources, the facility may need to change, for example it may be appropriate for them to be used as a specialist resource for rehabilitating people back into the area from out of county placements. Within this provision, staff would need to be appropriately trained to meet the most complex needs, which may include the administering of medication through an abdominal feeding tube (PEG).
15. Contextual Issues

Safeguarding

We understand the concerns about poor standards and the quality of care, in the light of well-publicised issues and enquiries, for example the exposure of abuse at Winterbourne View near Bristol. Regulation, Inspection and Registration underpin the work of Adult Social Care and Social Services co-ordinate the multi agency adult protection process with partners to investigate allegations of abuse.

Safety in the Community

The Community Strategy 2009 – 2020 outlines the overall vision for Wrexham County Borough and describes the local changes that the Council and its partners want to make to improve the quality of life for all in Wrexham. The Community Strategy and summary leaflets are available to download at http://www.wrexham.gov.uk/english/council/documents/community_strategy.htm. Help and advice is available if people experience discrimination, abuse or harassment where they live and in the wider community. A national free helpline is available (0808 808 1111): or visit the following website www.mencap.org.uk/cymru. People can also report occurrences through local Third Party Reporting Centres, which have been developed across the Borough to make it easier for people to report these types of instances, which include Wrexham Contact Centre and the Citizens Advice Bureau.

The independent sector are committed to local policy to safeguard vulnerable adults, which is included in the Annual Council Reporting Framework (business plan), linked to the national guidance ‘In Safe Hands’. Throughout the course of the Strategy, Wrexham County Borough Council will work with our partners to be more responsive to the needs of people with learning disabilities.

Workforce Development

The Welsh Government sets out in “From Vision to Action, 2010” that continued delivery of quality services is dependent on a quality, highly trained workforce being in place and is central to achieving “Sustainable Social Services for Wales”.

At a local level, each local authority has responsibility for the social care workforce development grant via the Social Care Workforce Development Programme (SCWDP) and is required to form and develop a local social care workforce development partnership, including representatives from all key stakeholders.

Commissioners will attend meetings and support regional initiatives to understand the key workforce issues and ensure that they are taken into account when developing and shaping services. When commissioning and purchasing services, arrangements must be clear about the standards of staff training and qualifications expected, including specific reference to Welsh language requirements.

We will work with providers to develop robust services, which provide people with learning disabilities enablement, outcome focussed support, as detailed in their person centred service delivery plans. The service delivery plans will be kept updated regularly to reflect changes and to provide consistency of support from staff.
Communication

Some people with learning disabilities may also have issues in relation to communication, with some not using verbal communication at all. This puts them at a disadvantage and makes it more difficult for people with learning disabilities to access primary health and social care. They may be unable to describe their symptoms or know how to voice complaints. Carers may not recognise health needs or the presence of illness and generic health or social care staff may have only limited experience of dealing with people with learning disabilities.

An advocacy service is commissioned to provide independent, professional advocacy for people with learning disabilities. Independent advocates work closely with the people they support in understanding their method of communication and helping them to express their views, secure their rights, represent their interests and obtain services they need. People have a right to independent advocacy when they have no known relatives or close friends to speak for them.

Adult Social Care will work with the independent advocacy service to continue to develop ongoing services and initiatives for self advocacy opportunities.
Appendix A

We are aware that this strategy does not stand alone and links with the following overarching documents:

### National
- Direct Payments Policy and Practice Guidance 2004
- Fulfilled Lives, Supportive Communities 2005
- Equality Act 2010
- Designed for Life
- Learning Disability Strategy Section 7 Guidance on Service Principles and Responsibilities (2004)
- Carers Strategy Wales Measure 2010
- Wales Interim Policy & Procedures for Protection of Vulnerable Adults
- From Vision to Action 2010

### Regional
- North Wales Learning Disability Services Project
- North Wales Vulnerable Adult Policy

### Local
- Community Strategy 2004-2020
- Our Joint Plan 2011-2014 Improving Wrexham’s Well-Being Together
- Domiciliary Care Strategy 2010-2015
- Local Housing Strategy 2007-2012
- Social Services Annual Report
- Learning Disabilities, Key Priorities Business Plan
- Carers Commissioning Strategy 2011-2014
- Supporting People Operational Plan
- Third Sector Commissioning Guidance
- Community Safety Partnership Strategy
- Wales Interim Policy & Procedures for Protection of Vulnerable Adults
- From Vision to Action 2010
- North Wales Learning Disability Services Project
- North Wales Vulnerable Adult Policy
National Policy References

- National Assistance Act 1948
- Chronically Sick & Disabled Persons Act 1970
- All Wales Strategy for the development of services for mentally handicapped people 1993
- Mental Health Act 1983
- Disabled Persons (Services, Consultation & Representation) Act 1986
- Carers (Recognition & Services) Act 1995
- Community Care (Direct Payments) Act 1996.
- Housing Grants and Regeneration Act 1996
- Human Rights Act 1998
- Disability Rights Commission Act 1999
- Care Standards Act 2000.
- Carers & Disabled Children Act 2000
- Better Wales/ A Plan for Wales 2001
- Improving Health in Wales (NHS Plan)
- NHS Act 1999
- Fair Access to Care
- Unified Assessment
- In Safe Hands – the protection of Vulnerable Adults
- Section 93 of the Local Government Act 2000
- Fulfilling the Promises – (Learning Disability Advisory Group 2001
- Section 7 (1) of the Local Authority Social Services Act 1970: Learning Disabilities
- Strategy: Adults & Older People With Learning Disabilities Section 7 Guidance On Service Principles & Service Responses
- Procurement Route Planner (Buy4Wales)
- Fulfilled Lives Supportive Communities Commissioning Framework
- Practice Guidance on Developing a Commissioning Strategy for People with a Learning Disability 2011
- Health, Social Care and Well-being Strategies (NHS Wales Act 2006)
Appendix B

Demography

- The population of Wrexham County Borough was estimated at 131,000 in 2001, and with 260 people per square kilometre Wrexham is more densely populated than Wales as a whole.
- 94% of the geographic area is classified as rural by the Welsh Assembly Government.

<table>
<thead>
<tr>
<th>Age range</th>
<th>Wrexham Actual</th>
<th>%</th>
<th>Wales Actual</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 17</td>
<td>28,301</td>
<td>21.7</td>
<td>651,825</td>
<td>22.1</td>
</tr>
<tr>
<td>18 – 64</td>
<td>80,919</td>
<td>62.2</td>
<td>1,782,930</td>
<td>60.4</td>
</tr>
<tr>
<td>65 and over</td>
<td>20,974</td>
<td>16.1</td>
<td>517,707</td>
<td>17.5</td>
</tr>
</tbody>
</table>

(Data from mid year 2004 estimate)

Population Growth of Wrexham

Population projections are based on assumptions. They indicate what may happen should recent trends in births, deaths and migration continue. It is predicted that the resident population of Wrexham will increase by 14% from 2006 to 2031, typically 740 people per year.

- The number of persons aged 25-59 is estimated to decrease by 2% by 2031
- Whereas a 91% increase is forecast for the 75 and over age group.

This will be of significance because the incidence of disability increases with age and service design and planning needs to reflect this.

- 7% more children aged 0-15
- 5% more persons aged 15-24
- 2% fewer persons aged 25-59
- 38% more persons aged 60-74
- 91% more persons aged 75+

Compared to the Welsh average life expectancy in Wrexham is similar for males and similar for females.


<table>
<thead>
<tr>
<th></th>
<th>Wrexham</th>
<th>Wales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>49.1% of population</td>
<td>48.7%</td>
</tr>
<tr>
<td>Females</td>
<td>50.9% of population</td>
<td>51.3%</td>
</tr>
<tr>
<td>Life expectancy</td>
<td>76.9 years</td>
<td>76.6</td>
</tr>
<tr>
<td></td>
<td>80.5 years</td>
<td>81.0</td>
</tr>
</tbody>
</table>
Since the information above was collected in the 2001 census, Wrexham has developed into a diverse population, including Eastern Europeans.

It is not easy to estimate the total number of people within Wrexham who have a learning disability, partly due to a lack of reliable information. This is a problem that has been recognised nationally by the Welsh Government, which has commissioned a care needs projection system from the Institute of Public Care (IPC), part of Oxford Brookes University. It is now available to help commissioners working for health and social care departments understand and forecast likely demand for services (Daffodil System).

Data extracted from Daffodil in 2010 estimates there are currently in the region of 2500 people, aged over eighteen years old, in the Wrexham area with learning disabilities. Of these, it is thought that 79% (1975) have a mild or moderate learning disability, whose needs are not likely to require specialist services and 21% (525) have a severe or profound and multiple learning disability, needing high levels of specialist, direct support.

It is expected that the local population of people with learning disabilities will increase by approximately 5% and reach 2645 by 2020. This is mainly due to increased life expectancy and growing numbers of children and young people with disabilities who are coming into Adult Services through transition from Children’s Services and needing support.

There are also rising numbers of people aged sixty or over who are likely to require services. Life expectancy of people with learning disabilities is improving, moving towards that of the general population. It is estimated (according to Daffodil figures) that approximately 20% of adults with a learning disability in Wrexham are over 65 years old in 2011 and predictions suggest that this will continue to rise. This has implications for the range of co-existing health problems which need to be dealt with, and also for the support they may receive from family members who themselves are ageing.

### Percentage of Population in each ethnic group, 2001

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Asian</th>
<th>Mixed</th>
<th>Chinese or other</th>
<th>Black or Black British</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrexham Wales</td>
<td>98.91</td>
<td>0.36</td>
<td>0.35</td>
<td>0.28</td>
<td>0.10</td>
</tr>
<tr>
<td>Comparable authorities</td>
<td>97.88</td>
<td>0.88</td>
<td>0.61</td>
<td>0.39</td>
<td>0.24</td>
</tr>
<tr>
<td></td>
<td>98.73</td>
<td>0.36</td>
<td>0.48</td>
<td>0.32</td>
<td>0.11</td>
</tr>
</tbody>
</table>

Office of National Statistics (ONS)
Appendix C

Best practice commissioning framework from the institute of Public Care, Oxford Brookes University.

The IPC sees effective strategic commissioning in terms of a cycle of activities with commissioning strategies driving purchasing arrangement and systems to ensure strategies are implemented and monitored to assess and evaluate progress. Further information can be found at www.buy4wales.co.uk/prp. Commissioning is how the local authority tries to secure the best outcomes for its community by making best use of all available resources to meet its needs. It is a process that involves all four elements as per the diagram below:-

**Plan:** Gather and analyse intelligence on need, supply and resources  
**Analyse:** Establish priorities and service options  
**Do:** Engage capacity to deliver and secure services  
**Review:** Monitor, review, improve and decommission
Appendix D.

The local learning disability population in Wrexham County Borough have diverse needs, with some people living in the family home with family members, receiving a significant amount of quality daily care and support. Others may live in their own homes with their own tenancy and depending on their needs receive different levels of support,
Appendix E

**Transition information**

Numbers by age in Sept 2011 receiving children’s services who have been identified as likely to require care and support as adults. It should be noted that these figures are only young people who are known to Social Care and are likely to rise as others come forward who may need support.

<table>
<thead>
<tr>
<th>School year</th>
<th>ASD</th>
<th>MLD</th>
<th>SLD</th>
<th>PME</th>
<th>SLCI</th>
<th>BESI</th>
<th>SCD</th>
<th>HI</th>
<th>Total</th>
<th>Expected school leaving date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 9</td>
<td></td>
<td>4</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10</td>
<td>2014</td>
</tr>
<tr>
<td>Year 10</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>10</td>
<td>2013</td>
</tr>
<tr>
<td>Year 11</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
<td>8</td>
<td>2012</td>
</tr>
<tr>
<td>Year 12</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td>1</td>
<td>4</td>
<td></td>
<td></td>
<td>8</td>
<td>2013</td>
</tr>
<tr>
<td>Year 13</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>2012</td>
</tr>
<tr>
<td>Year 14</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>2013</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>13</td>
<td>1</td>
<td>4</td>
<td>7</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>38</td>
<td></td>
</tr>
</tbody>
</table>

Key: ASD = Autistic Spectrum Disorder, MLD = Mild Learning Disability, SLD = Severe Learning Disability, PME = Physical/Medical/Emotional, SLCI = Speech & Language & communication impairment, BESI = Behavioural, educational, social impairment, SCD = Social//Communication Disorder, HI = Hearing impairment,

Children currently in local authority care (LAC) who have been identified as likely to require care and support as adults

<table>
<thead>
<tr>
<th>School Year</th>
<th>MLD</th>
<th>BESI</th>
<th>SLCI</th>
<th>EBD</th>
<th>Total</th>
<th>Expected school leaving date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 9</td>
<td>2</td>
<td></td>
<td>1</td>
<td>3</td>
<td>6</td>
<td>2014</td>
</tr>
<tr>
<td>Year 10</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td>2</td>
<td>2013</td>
</tr>
<tr>
<td>Year 11</td>
<td>1</td>
<td></td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>2012</td>
</tr>
<tr>
<td>Year 12</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td>2</td>
<td>2012</td>
</tr>
<tr>
<td>Year 13</td>
<td>2</td>
<td></td>
<td>2</td>
<td></td>
<td>4</td>
<td>2012</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

Key: MLD = Mild Learning Disability, BESI = Behavioural, educational, social impairment, SLCI = Speech & Language & communication impairment, EBD = Emotional, behavioural disorders, HI = Hearing impairment
Feedback information

During the data collection exercise which has informed this Strategy a number of issues and areas for improvement were identified by those who were consulted. The following table sets out the most significant issues.

<table>
<thead>
<tr>
<th>ISSUE TO ADDRESS</th>
<th>PRIORITY AREAS OF DEVELOPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviews not robust and timely</td>
<td>Improvements to be made in planning and undertaking reviews, with a person centred, outcome based, enablement focus</td>
</tr>
<tr>
<td>Different processes and procedures between services for children and adults with learning disabilities resulting in little continuity in meeting needs</td>
<td>Effective transition planning for young people and their families</td>
</tr>
<tr>
<td>Changing demography of people with learning disabilities, so life expectancy is increasing and there is a greater survival rate of people born with complex needs, particularly severe Autism</td>
<td>Improved transition planning for older people with learning disabilities Services for growing numbers of people with dementia Development of more appropriate placements for people with complex need and challenging behaviour including joint funded packages of support</td>
</tr>
<tr>
<td>Respite is an essential component of providing support to families of people with learning disabilities who live in the family home. Provision of a high quality alternative support is key to the maintenance of health and well-being for carers and the cared for person</td>
<td>A wide range of respite options are required in order to meet the wide range of needs which people with learning disabilities present</td>
</tr>
<tr>
<td>Community is broader than Wrexham Town Centre. There are very limited opportunities for people living rural areas Strength of communities is very patchy Keeping safe and being actively involved in the community Recognition of cultural differences and religious beliefs</td>
<td>Work with other departments of WCBC for example education &amp; housing and other independent and Third Sector (voluntary) organisations to develop natural networks, co-dependency and effective integration into local communities</td>
</tr>
<tr>
<td>Range of services is not always there or not available or we are unaware of what is out there</td>
<td>Shaping the market so that people have full range of choice how their needs are met, also improving the communication to inform people of options that are available to them (Directory or services, community resource list)</td>
</tr>
<tr>
<td>ISSUE TO ADDRESS</td>
<td>PRIORITY AREAS OF DEVELOPMENT</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Enablement</td>
<td>Development of enablement focused support and services to develop and build on skills to maximise independence</td>
</tr>
<tr>
<td>Still a lack of awareness amongst health professionals in general about needs of patients with Learning Disabilities</td>
<td>Health liaison role has proved to be invaluable in communicating the needs of people with learning disabilities to the medical profession as a whole. However, evidence of treatment in hospital setting affirms there is much more work to be done to build on the recent good practice which has improved health and wellbeing of adults with learning disabilities in Wrexham</td>
</tr>
<tr>
<td>Significant budget pressures in meeting the current and expected growth in demand for services</td>
<td>Services will be modernised and streamlined to make better use of current resources especially arising from high cost social care and health placements</td>
</tr>
</tbody>
</table>
| Evidence that there is a general lack of accessible information in a range of formats | Produce a range of information in a variety of formats to recognise the following:-  
  - Welsh Heritage  
  - ethnic minority communities including Polish  
  - easy read format  
  - video & DVD                                                                                                                                 |
| Lack of appropriate housing options to meet the wide range of needs of people with learning disabilities.  
Lack of funding available for special needs housing                               | Creativity required in sourcing appropriate accommodation for example links with property developers and registered social landlords to secure long term tenancies |
Appendix G

The following table illustrates the age range of people who live in the Wrexham area in 2011 and have **Autistic Spectrum Disorders and Learning Disabilities**.

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>117</td>
</tr>
<tr>
<td>25-34</td>
<td>175</td>
</tr>
<tr>
<td>35-44</td>
<td>184</td>
</tr>
<tr>
<td>45-54</td>
<td>182</td>
</tr>
<tr>
<td>55-64</td>
<td>170</td>
</tr>
<tr>
<td>65-74</td>
<td>128</td>
</tr>
<tr>
<td>75+</td>
<td>91</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1047</strong></td>
</tr>
</tbody>
</table>

It is estimated that numbers of people with a learning disability and a form of autism will increase over the coming years as follows:-

<table>
<thead>
<tr>
<th>Year</th>
<th>Overall numbers</th>
<th>No of Males</th>
<th>No of Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1047</td>
<td>938</td>
<td>109</td>
</tr>
<tr>
<td>2015</td>
<td>1079</td>
<td>967</td>
<td>112</td>
</tr>
<tr>
<td>2020</td>
<td>1114</td>
<td>999</td>
<td>115</td>
</tr>
</tbody>
</table>

Source: Daffodil – September 2010

Some of the key report findings:-
- 58% of people with autism in Wales say they believe the diagnostic process took too long, with 10% of those diagnosed in the past two years saying that they have been seeking a diagnosis for over ten years
- 30% of adults with autism in Wales say they don’t know where to get the support they need
- 96% of responses identified barriers including lack of available services and professional understanding, an inflexible system and not knowing how to access support.
- 37% identified sources of private support but were unable to pay for it themselves.

The report concludes that adults with autism do not have enough support to meet their needs and on the basis of the evidence makes recommendations that local authorities should:-
- Revisit their local action plans and work with neighbouring authorities to examine how to increase the range and capacity of services and support to meet the needs of adults with autism in their areas.
- Revisit the way in which they consult with people with autism and their families and if necessary, strengthen the representation for people with autism and families on local stakeholder groups.
Appendix H

FINANCIAL STATEMENT:

During 2010/11, a considerable amount of work took place to develop more preventative and modern ways of delivering services to both children and adults, and their carers, without reducing quality or jeopardising safety or welfare. These measures have resulted in the Adult Social Care budget being reported as slightly under-spent (1.5%)

£48,818,8271 was spent on Social Services in Wrexham, of which;

£38,137,103 was spent on Adult Social Care, of which;

£14,891,102 was spent on Learning Disability Services (39% of the Adult Social Care spend)

The Council continued to invest in Adult Social Care Services due to increasing demographic and service pressures, which are predicted to continue to grow in future years.

Future Budget Settlements by the Welsh Government, however, have required the Council to scrutinise the way in how services are arranged and delivered and this often results in having to make difficult decisions about service delivery options. This means that not only will services in Wrexham need to become more efficient, but also that we will need to explore other ways of delivering services without compromising quality or jeopardising the safety or welfare of people at risk.
Carers regularly tell us that the most important thing to them is that the person they care for has the best possible quality of life.

Carers also tell us about the “ups and downs” of their caring role and what can help to sort out the important issues for the future.

**What are the important issues for you, when caring for someone?**

The Green Outcomes are immediately important for you to consider, making sure the person you care for has the best possible quality of life.

The Yellow Outcomes are important through time, to make sure your caring role doesn’t take more than you have to give.

Recognition and thanks to the Wrexham Adult Social Care Carers Service Providers Reference Group for their support to develop this diagram 14 Feb 12
GLOSSARY - HELPING YOU TO UNDERSTAND THE WORDS USED IN THE STRATEGY

Actions: Things we have to do
Advocacy: Getting your voice heard and being able to say your views and concerns
Approaches: The way of doing something and often makes sure that people work in the same way
Assessment: Finding out what someone’s needs are
Assistive Technology: Alarms and other equipment that can be fitted in the home to get help in an emergency
Best Value: Making sure that services are good enough and use money well
Black and minority ethnic communities: People, who are not white, people who have not been born in Great Britain.
Carer / carers: A person who provides support and looks after someone. In this document we mean family carers and this can also mean people with learning disabilities who care for other family members.
Changing demography: How the population is changing over time.
Commissioning: Planning and buying services.
Community inclusion; Living, working and taking part in the same things as the general population
Continuing Healthcare; Services paid for by health for people with the most complex needs
Consultation: Asking for people’s views on something
Cost effective: Something works well for the least amount of money
Cultural needs: The way people like to live and have their needs met.
Direct Payment: Having the money from the Council to buy your own services
Diversity: Seeing that there are lots of different people and treating them as individuals. Seeing that people have their own different needs, things they believe in or are important to them.
Enabling: Making it possible or supporting someone to make something happen. (Doing with rather than for someone)
Forum: A meeting
Framework: A plan
Fulfilled life: Having lots of choices and opportunities
Health Action Plan: A list of how someone will look after their own health.
High support needs: People who need a lot of help with their health and care needs.
Impact Assessment: A check on whether some groups of people are left out
Implement: To put into action or carry out something
Independence: Having choice and control over your own life.
Independent Living Fund (ILF): Money that can be given to help with the costs of people with lots of needs becoming more independent
Independent sector: A term for services run by voluntary and private / profit making agencies.
Individualised: Finding out how each person wants their needs met
Inequalities: People who should receive the same but don’t
Integrated services: Putting the money and staff from different services together
Involvement: Being part of something like a meeting or having your say
Life Expectancy: How long you may live
Monitor: Get information on how things are working
Objectives: The things we need or want to do
Outcomes: The difference that a service makes to someone’s life
Package of care: (Care Package) All the services that are arranged for a person
Participation: To share or take part in such as meetings
Partnership Board: A planning group set up by the Local Authority in line with ‘Fulfilled Lives, Supportive Communities’
Performance Indicators: The measures used to check that Wrexham Council and the Health Board are doing what we say we will do
Person Centred: Making sure that everything we do for individuals involves the person concerned and is based on their wishes.
Placements: Having a service arranged for you
Quality: Making sure that services are good at meeting people’s needs
Registered Social Landlords (RSLs): People who run a business that provides homes for people to live in but does not make profits
Re-provision: of services getting new and better services
Resources: People, time or money that can help to provide services or support
Restructure: Using the money and staff we have now in a different way
Review: Looking back in the past to see how well things worked and making changes if needed
Self management: Knowing ways of looking after yourself
Social exclusion: Not finding it easy to use the services or enjoy the same things as the general population
Specialist: Someone or a service with extra knowledge, training or experience in an area of work.
Strategy: A plan showing how things will change in the future
Streamlining: (access to) Making it easier to use something
Supported accommodation: Being able to live in your own home, either on your own or with others, and having the right support to make it a success
Supported employment Having the right support to be able to do a job – paid or unpaid
Supporting People Services: to help with learning to run your own home
Third Sector: These are organisations which are usually run by volunteers (who do not get paid a wage) or do not make any money
Transition: A time of change. It applies to those moving from being a child at school to being an adult and going to work or college. It also applies to people who have become old enough to retire from work and have needs because they are getting older.
Unified Assessment Process: A way of sharing the information given by people between health and social services.