Moray Learning Disability Partnership Board Commissioning and Delivery Plan 2013 - 2023

Our Lives, Our Way

"We have a voice, let's use it"

A plan to help people with learning disabilities and family carers get more out of life.

Contents Page

	Page
1. Executive Summary	3
2. Introduction - about our plan	5
3. Who is the plan for?	6
4. Why do we need a plan?	7
5. Commissioning	9
6. Joint Commissioning	11
7. Integration of Health and Social Care	11
8. Sustainable Procurement	12
9. Self Directed Support	13
10. The Three Tier Model	14
11. Telecare and Living it up	15
12. Social and Micro Enterprise	16
13. Writing our plan	17
14. Our vision – how we want things to be	19
15. What we found out	20
16. Legislation and National Policy	21
17. Local Context	24
18. What services do we have?	26
19. What the budget looks like	28
20. Our outcomes	30
21. What people said was important to them	31
22. What happens next?	40
23. Checking the quality of services	41
24. Thank you	42
25. Delivery Plan	43
26. Want to know more?	44
Appendix 1 - Demographics & Needs	45
Appendix 2 - Service Mapping	71
Appendix 3 – Self Directed Support Case Studies	103
Appendix 4 – Telecare Case Studies	104
Appendix 5 - Human Rights	105
Appendix 6 – Scotland's Human Rights Bodies and what they do	106
Appendix 7 - References	107

1. Executive Summary

This Learning Disability Commissioning and Delivery Plan follows on from '**Our Lives, Our Way *"We have a voice, let's use it".* What people with learning disabilities in Moray said was important to them'.**

A Learning Disability Partnership Board was developed and asked to produce this plan. The board includes people with learning disabilities and carers and people from the Moray Council, NHS and service providers too as these are the people who use, need, plan, buy and provide services. The Board meets every 3 months.

Our joint vision is that people in Moray with a learning disability will have the same choices and opportunities as everyone else. Their independence will be supported by services which are developed with them and for them.

We have **9 strategic outcomes** that we aim to achieve for people with Learning Disabilities who live in Moray:

- Have real choice and control over their lives
- Live more independently with opportunities to be more involved in their local communities
- Have a range of housing opportunities
- Be able to make the most of their health and wellbeing
- Have a range of employment, training and learning opportunities
- Feel safe and secure
- Have the right support to meet any additional needs
- Be supported by staff who have the right understanding, skills and training
- Have family carers who are supported to continue in their caring role.

The **four key trends** that will have the most impact on future services are:

- Over the next ten years there will be little change in the numbers of people with a learning disability coming through to adults' services.
- However, more people are likely to need more support due to complex needs.
- Support for older family carers to plan for their future will be needed to avoid the risk of family care breakdown.
- We know that we do not have enough money to do everything so we need to make good decisions about what old thing we keep and what new things we start.

What people said was important:

1. Real choice and control
People can make their own decisions over how they live their lives, and have the right support to make it happen.
2. Greater independence
People are living their lives in their own community, making use of local services and with opportunities to have enough money to support them.
3. A place to live
People will have a choice about where they live and who they live with.
4. Better health and wellbeing
People will receive the support they need to keep physically and emotionally healthy.
5. Keeping safe
People stay safe and risks are acceptable.
6. People with additional needs
People with profound and multiple learning disabilities, mental health issues, complex needs or on the autistic spectrum, get the right support for their needs.
7. Staff development
Staff have the skills and training they need to provide good support to people.
8. Support for carers
Carers and professionals will work together to make sure carers can continue to support the person they care for, while also having a life beyond their caring role.

There is more detail on the above 8 areas later on in this document.

2. Introduction - About our plan

This commissioning and delivery plan – or strategy – is about ways of helping people with learning disabilities and family carers to have a good day every day.

Most people get the support they need from their family or friends. Sometimes people need some extra help and that is what this plan is about.

The plan will help us decide how money is spent on services for people with learning disabilities over the next 10 years.

This plan has been written by people from the Moray Learning Disability Partnership Board. The board brings together different people who want to make learning disability services better.

To write the plan we looked at lots of information.

What people said	✓
What services we have now	✓
What people need	✓
How much money we have	✓
What the Scottish Government and other people say	✓

3. Who is the plan for?

Our Lives, Our Way is for adults over the age of 16 who have a learning disability.

A learning disability affects the way a person understands information and how they communicate. It is a medical diagnosis, not a label, and it does not tell us what a person is like or the skills and abilities they have.

Everyone is different and their needs are different too. Some people need or want just a little bit of support at certain times in their life but other people need support all the time. These needs may change as people get older.

Our Lives, Our Way is also for people with a learning disability who have autism, people who have lots of different needs and people who have high levels of need and have to have a lot of support from other people.

Our Lives, Our Way is also for family carers. Their caring role is very important but can make it harder for them to have the life they want.

The plan will help staff who work with people with a learning disability to give really good care and support.

4. Why do we need a plan?

There were 407 people using a learning disability service in January 2012. They are all people who have worked with staff from Moray Council Community Care to look at their needs and the kind of support which would help them to have the life they want.

Around 200 – or half – the people known to have learning disabilities have a need for extra help or different kinds of support. This could be because they have problems with walking, hearing, seeing or speaking. They may have autism. They may need help with their mental health. They might behave in ways which could break the law or harm themselves.

There are other people who don't use any special services right now because they are getting the support they need from their families but who might need them in the future as they get older or if their needs change.

People with a learning disability face many challenges:

- They may not be able to use the basic services such as health, education, transport and housing in the same way as other people
- They may not be treated the same as other people even though the law says they should be
- Their needs are often not understood by other people.

Without having the right services to support them, people can find it hard to live the life they want.

Since our last plan there has been a lot of good work to make services better so people's lives will be better, but more good things need to happen.

So that people can live their lives, their way, our plan must do lots of things.

- We need to make sure we follow what the Scottish Government tells us about services in important strategies, like **The same as you? and The Keys to Life**
- We need to look at what people need in the future
- We need to plan for more older people
- We need to plan for more people who have higher needs or lots of different needs
- We need to make sure everyone can use the local services in their community
- We need to make sure that as more people take greater control over their support, they have good information so that they can make decisions and have lots of different things to choose from
- We need to make sure family carers get the support they need to help them continue in their important role.

The services we have now may not be the ones people will choose to use in the future so we have to look at where they are, what they do and at what times of the day they are open.

We need the plan to take account of a number of things which have an effect on learning disability services. These include how we commission services, joint commissioning and the integration of health and social care, Self Directed Support, sustainable procurement, and changes in the way Community Care works – The Three Tier Model, telecare and the development of social and micro enterprises. These are looked at in more detail in the following pages.

5. Commissioning

Moray Health and Social Care Partnership agreed what Commissioning for Community Care means:

"Commissioning is the process we use to ensure the effective and efficient use of resources to achieve the best possible outcomes for the population of Moray. The process includes all the activities involved in assessing and forecasting needs, agreeing desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place".

This means finding out what services people need and then deciding how we can best put those services in place.

We need to make sure that we commission services that provide good quality.

We also need to make sure that we commission different types of services that we can afford with the resources available. This means that we can't purchase everything that we would like to, and we have to decide which services are the most important.

We want to make sure that people with learning disabilities, their families and their carers help us to make these decisions.

The commissioning cycle below was developed by the Institute of Public Care.

Good commissioning has four main types of activity shown in the cycle:

- **Analysing –** making sure that you know how things are working at the moment, how much there is to spend, who needs the services and what national policies and guidelines have to be kept to.

- **Planning –** finding out where the gaps in service are, developing plans for the future, which like this one, is based on both the analysis and the views of everyone concerned, especially the people who use the services.

- **Doing –** making sure that the services are delivered as planned and that if problems occur they are dealt with properly.

- **Reviewing –** assessing the services on a regular basis and making sure that they are still meeting people's needs.

These activities work in a cycle and in order, and help make sure The Moray Health and Social Care Partnership buy services correctly.

6. Joint Commissioning

Joint Commissioning means that two or more organisations are working together to commission services. Much of the work which is described in the plan is about joint commissioning. The Council already works jointly with public, private and voluntary sector partners. This includes NHS Grampian in particular. Strategic direction for partnership working is primarily directed by the Single Outcome Agreement and governed through the Moray Community Partnership. It is supported by local community planning and a wide range of joint forums and working groups across all our services

The Moray Council and NHS Grampian have a shared duty to work together to provide certain care services. There is less money to spend on services so the council and the NHS want to make sure the money is spent in the best way for adults with learning disabilities and family carers in Moray.

7. Integration of Health and Social Care

The integration of adult health and social care will facilitate integration of commissioning budgets for adult services, in such a way that the source of the resources will lose its identity, for as the Cabinet Secretary has stated: "where money comes from, be it health or social care, will no longer be of consequence".

This will create a single commissioning budget from which partners will commission improved outcomes for adult health and social care. For this to be effective, it will be essential that steps are taken to integrate the commissioning process.

The Integration of Adult Health and Social Care Bill is likely to place a duty on partnerships to put in place locality planning arrangements to deliver locally agreed strategic commissioning plans that have the support of the professionals and other care providers who will deliver services as well as users and carers. It is vital that these new partnership arrangements function to improve performance in the form of the delivery of outcomes for local communities, and that joint commissioning functions to ensure the specific needs of people with learning disabilities are met.

The Moray Council and NHS Grampian are working on how best to integrate health and social care.

8. Sustainable Procurement

The Moray Council will support sustainable procurement. This can be described as buying services, whilst at the same time providing other benefits to the local community. All of which must meet with the principles of Best Value.

So, for example, the Council could advertise a contract for a service to provide training and employment for a certain number of people. The community benefit would be the training and employment opportunities for the people using the service.

Another example is for the Council to encourage small and medium enterprises and the third sector (voluntary/charity organisations) to provide services to the Council by ensuring that any selection relating to financial viability are proportionate to the contract in question and do not unreasonably exclude small and medium enterprises or third sector providers. The benefit being sought by the Council is to encourage local small and medium enterprises and third sector providers to tender for Council services.

Another example of promoting social issues would be to encourage volunteering by mentioning this in the contract specification and taking this into account in the award criteria.

By promoting sustainable procurement by means of community benefits and social issues, the Council can support local employment and encourage inclusive supportive communities. The Council is committed to promoting sustainable procurement and will develop the use of community benefit clauses and social issues in its care and support contracts if possible.

9. Self Directed Support

In 2014 the Self Directed Support Act will come into operation. Self Directed Support can help people achieve changes in their life. It is an opportunity for a person to have more choice and take greater control over their social care support, enabling them to enjoy greater independence.

Community care works to ensure all its services offer personalised approaches, where the person's own strengths, choices and wishes are at the centre of identifying their needs and deciding how best these needs can be supported.

Self Directed Support takes this a step further where the person has as much control as they wish over how the money for their support is spent

Self Directed Support puts the person in control by giving them a lot more say about the type of support they get. They can choose to spend their budget on the support they most need and prefer in order to live the life they want. It is a way of providing social care services which enables them to:

- Have more choice and flexibility
- Have money to buy their own services
- Choose services to suit and improve their lifestyle
- Manage their own support

The community care officer or social worker will tell the person how much money they have in their individual budget. They can then plan and decide the best way to use it. They don't have to just spend the money on services. They might choose to spend some of it on buying the kind of services they already receive and the rest on new and different things that would make a real difference to their life.

They can choose how they would like their Self Directed Support to be delivered:

- The local authority can make a direct payment for them to arrange their own support;
- They can choose their support and the local authority makes arrangements for the support on their behalf;
- The local authority selects and arranges the appropriate support on their behalf; or
- A combination of the options for each type of support

Self Directed Support will mean that that those who commissioning services will have to do things in a different way. No longer will services be bought in long term block contracts. We will move to outcomes focussed services to meet the needs of the individual.

10. The Three Tier Model

A new model of delivering adult community care services in Moray in currently being proposed. It is a vision shared with the Christie Commission for the reform of public services in Scotland. At the heart of this vision is a new relationship between those who provide services and people who receive these services.

For Moray Adult Community Care Services this new model can be described as a three tier process:

- **Tier 1**- Help to help you (information and advice), universal services to the whole community and emphasis on prevention.
- **Tier 2**- Help when you need it (immediate help in a crisis, re-ablement and regaining independence.
- **Tier 3**- Ongoing support for those who need it through the delivery of 1 or more self directed support (sds) options.

There are a number of principles that will be adopted:

- **Principle 1: The provision of social care services is not the first response**. The provision of information has an important role to play in supporting more people to live independently and to make full use of their local community.
- **Principle 2: The conversation is at the heart of what we do**. Identifying positive outcomes that matter to people is based on a conversation. This level of engagement is the essential first step in delivering an outcomes based service.
- **Principle 3: Promoting Independence**. The role of Moray Adult Community Care Service should always be to focus on empowering the service user.
- **Principle 4: Providing Choice and Control**. The new model embraces self directed support. If people require on-going support, care officers will help people identify which of the SDS options would best suit their needs.
- **Principle 5: Improving People Outcomes.** This three tier model aims to provide clarity in terms of our core process thereby reducing bureaucracy, minimising delays in providing services and improving outcomes for service users and carers. In practical terms, it means that people cannot be escalated to tier 2 and 3 until their outcomes have been fully explored at tier 1.

11. Telecare and Living it Up (LiU)

The term 'Telecare' refers to a range of equipment and associated services which support and enhance safety for people living at home. Telecare equipment mainly consists of basic community alarms with pendants but also includes devices which automatically trigger a response from a third party where a risk to the service user is detected. Telecare can also be used to prompt actions from service users for example to take medication and can be used for the capture of information related to behavioural patterns as part of assessment and monitoring processes. Telecare equipment can be programmed to alert either a live-in or close-by carer or a 24 hour monitoring centre whose trained operators then determine the best course of action following dialogue with the service user.

We know that telecare can greatly increase a person's independence and in Moray we wish to promote the use of telecare equipment.

Living it Up (LiU) is the name of the *dallas* project in Scotland which will run until at least 2015 and Moray is very pleased to be one of the five early implementer sites.

The UK-wide *dallas (d*elivering assisted living lifestyles at scale) programme is an investment to consider how technology can be used to enable people to stay healthy and well, and to enjoy independent living for longer.

LiU aims to empower people to stay healthy for as long as possible and to help those with long term health and care issues by using technology to enhance opportunities for wellbeing and independence within their community. LiU also aims to provide better links to useful information, products and services; to enable people to support themselves and others.

12. Social Enterprise and Micro Enterprise

In Moray we are keen to support the development of social and micro enterprises.

A social enterprise is a business that tries to tackle social problems, improve communities, people's life chances, or the environment. This might sound like charity work, but social enterprises are businesses. They make and do things that earn money and make profits like any business.

It is how they work and what they do with the profit that is different. Social enterprises reinvesting the profits they make to do more good. They do this in lots of different ways: creating jobs for people who would otherwise be left out; reinvesting profits in community projects; protecting the environment, providing vital services for people who might not get them otherwise. It's this combination of doing business and doing good that makes social enterprise different.

Social enterprises come in all sizes, from small community cafés to really big organisations. They're usually started by a person or group with a particular passion and sense of purpose. They can emerge as businesses from groups that didn't start out to create a business at all.

A micro-enterprise is a small business. This is a way of creating a job that makes good use of your skills and abilities.

A micro-enterprise is about making money. The aim is to think of something that people want to buy or pay money to do.

Anyone can have a micro-enterprise, including people with profound and multiple learning disabilities. Micro-enterprises can be anything from running your own gardening business to owning a vending machine.

13. Writing our plan

The Moray Council brought the right people together to write the plan. A Learning Disability Partnership Board was developed. This group is open to people who have an interest in learning disability these people are called stakeholders and they included people with learning disabilities and carers and people from the Moray Council, NHS and service providers too as these are the people who use, need, plan, buy and provide services. The Board meets every 3 months.

It was really important to get the plan right. It helps decide what services are needed, what types of services are needed, how many services are needed and where they should be. It also helps to think about how services already available can be used and how service in the community that anyone, if they are able, can use.

Adults with learning disabilities volunteered to have training to be Citizen Leaders so that they would feel confident in speaking up and being heard. They then helped other people with learning disabilities to tell us what is important to them, what things are good and what needs to be better.

Family carers also met to talk about what is important to them and the support they need to continue in their caring role.

The Learning Disability Board wrote '**Our Lives, Our Way *"We have a voice, let's use it".* What people with learning disabilities in Moray said was important to them'.**

This Commissioning and Delivery Plan includes the content of that plan and provides more detail including a needs assessment.

14. Our vision – how we want things to be

We listened to everything people said while we were working on this plan about what they want their lives to be like.

We looked at what we have now and what we need – not what we would like.

We agreed our vision - we feel we all need to work together to make this happen.

Our vision says:

People in Moray with a learning disability will have the same choices and opportunities as everyone else. Their independence will be supported by services which are developed with them and for them.

We will always be thinking about this vision when we plan, arrange and buy services. We must also make sure all services and staff who work in the services treat people in the right way as it says in the Human Rights Act (1998) and the Equality Act (2010).

Some things people told us

I want to try new things

I want to train to be a beautician

Listen to me

It is hard for me to get to places

I am a responsible person – I can take risks

I want people to get to know me

I want more choice over where I live, who I live with and what I do

Respite needs to be flexible so everyone in the family gets a break

15. What we found out

Summary: Some main things we found out from the needs assessment and what people with learning disabilities told us

- People are living longer
- Family carers will need more support as they get older
- More people will need extra support throughout their life
- Many people live with their families
- We need to plan early for changes in people's lives (transition)
- We need to have well organised, appropriate respite
- Day services need to be outcomes based
- People can get 'stuck' in services
- It is hard for people to get a paid job
- People often don't get to choose where they live or who they live with
- People don't have enough choice and control over their lives in general
- People don't get to use 'universal services' in the community as much as people without a learning disability can
- People are not supported to take appropriate risks when they want to
- People don't always have the same access to health care
- People working in learning disability services need to be well trained and need to have a positive attitude to promoting independence
- There is not enough money to do everything we want or need to do
- We will have to make decisions about what old things we keep and what new things we start.

16. Legislation and National Policy

The aims and objectives of our plan come from a range of national legislation, research and good practice guidance.

SAME AS YOU? (2000) and THE KEY TO LIFE (2013)
In 2010 the Scottish Government set up an Evaluation Team to review the evidence on progress made throughout Scotland since the publication of The same as you? (Scottish Executive 2000). The findings were published recently in a report called The Keys to Life which identified a range of new challenges that have now been published.

INTEGRATION OF ADULT HEALTH AND SOCIAL CARE (Consultation Paper)
The Scottish Government are currently working with NHS Scotland and local government on extensive reform of health and social care by means of a comprehensive, nationally led integration programme. Entitled 'Integration of Adult Health and Social Care', consultation on the proposals in this report is underway. The report outlines the key features of effective integration, the potential impact on particular groups in society and provides an opportunity to offer views on the new legislation which will support the changes. In many ways, the Action Plan contained within the Joint Strategy supports reform objectives in relation to integration, leadership, community capacity building and shared accountability.

ADULT PROTECTION

Adult Support and Protection (Scotland) Act 2007
Clients with a learning disability can be vulnerable to risk, neglect or mistreatment. Where such cases arise, all services that fall within the scope of this Joint Strategy have a duty to ensure that any suspected or actual harm is identified, recorded and investigated in accordance with legislation and local guidance.

WELFARE BENEFIT REFORM
The Joint Strategy takes account of the impact of Welfare Reform and makes provision in several areas of the action plan to support services in protecting and assisting service users and carers to maximise their income wherever possible.

THE CHRISTIE COMMISSION
The Christie Commission on public sector reform suggested that radical change is needed to tackle deep rooted social problems which exist in our communities. One of the best approaches to tackling these issues is to work in partnership through joint strategies such as this one, to focus on prevention and develop responsive services that meet the needs of individuals and communities. Public and voluntary sector agencies will support individuals and families in these areas to pursue and achieve positive outcomes in their own lives within a 'sense of place'.

EQUALITY ACT 2010

Scottish public authorities are subject to the new general duty and must have 'due regard' to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. It is important that services have due regard to equality and build on existing systems and good practice which developed from the previous duties.

An Equalities Impact Assessment (EIA) has been competed for this Strategy along with a VOICE (Visualising Outcomes in Community Engagement) report

THE HUMAN RIGHTS ACT 1998

This came into force in the UK in October 2000 and it brings into effect expectations of the European Court of Human Rights with which all public bodies have to comply. The Act sets out the fundamental rights and freedoms to which individuals in the UK have access, including a right to life, freedom from torture or degrading treatment, the right to liberty and security, freedom from slavery and forced labour as well as the right to a fair trial and that there should be no punishment without law. It also covers respect for private and family life, home and correspondence as well as freedom of thought, belief, religion and expression. It makes clear the right to marry and start a family as well as to be protected from discrimination and to the peaceful enjoyment of your property. It also provides for the right to education and to participate in free elections.

HUMAN RIGHTS BODIES

Scotland has two human rights bodies – the Equality and Human Rights Commission (EHRC) and the Scottish Human Rights Commission (SHRC). The EHRC is a UK statutory body established under the Equality Act 2006 which took over the responsibilities of the Commission of Racial Equality, the Disability Rights Commission and the Equal Opportunities Commission.

The SHRC is working with all public bodies, civic society and others to develop a Scottish National Action Plan for Human Rights - a road map – to make all human rights real. This will be evidence- based and will use the results of the recently published three year research project, Getting It Right? – Human Rights in Scotland. The latter highlighted both good practice and gaps across eight internationally recognised human rights themes of dignity and care, health, where we live, education and work, private and family life, safety and security, living in detention and access to justice and the right to an effective remedy.

SELF DIRECTED SUPPORT BILL (SCOTLAND)

In a range of ways, the Strategy addresses new legislation in the form of the Self Directed Support Bill. Through direct payments and other means, the Scottish Government plans to give people a range of options for the way in which their social care is delivered. It is designed to empower service users and their families with regard to control and responsibility for their own support arrangements. The Bill requires Councils to offer four choices:

Option 1 - direct payment.
Option 2 - the person directs the available support.
Option 3 - the local authority arranges the support.
Option 4 - a mix of the above.

The Scottish Government published the *National Strategy for Self-Directed Support* in November 2010. This emphasises the importance of preventative services for people at all levels of need, and especially those in moderate or low risk categories. The Council currently offers a wide range of preventative services and support and is reviewing how to take these forward in the future.

This will also cover the promotion of well-being through ‘universal’ services, including improving access to employment, physical recreation, leisure and transport. It will also look at addressing barriers to social inclusion and use ‘targeted’ interventions to support individuals at increase risk (including reablement, telecare and housing advice). The aim is to enable people of all ages to continue to live in their own communities.

SINGLE OUTCOME AGREEMENT
A formal agreement between the Scottish Government and councils, which contains specific policies and commitments the Government wants to deliver. The Moray Council recognises it has an important part to play in delivering many of these commitments, both through its own services and with partners.

ADULTS WITH INCAPACITY (Scotland) ACT 2000 makes provision for adults who do not have the capacity to make decisions about their finances or welfare and places councils under certain duties in relation to such adults.

17. Local Context

Moray Learning Disability Services Strategy 2007 – 2010

Our plan replaces The Moray 2007 – 2010 Strategy which was based on 11 themes which were agreed through the Joint Inspection of Learning Disabilities as being the key areas to focus on:

- Enabling and sustaining independence
- Promoting inclusion
- Meeting specialist healthcare needs
- Safety and protection
- Record keeping and communication
- Meeting staff needs
- Developing partnership working
- Leadership and direction
- Financial resources and information management
- Meeting life-long learning needs
- Capacity for improvement

'Caring Together in Moray' 2011-2015

Caring Together in Moray, A strategy for unpaid carers was co-produced by local unpaid carers and Moray Community Health & Social Care Partnership.

It brings together the identified needs of unpaid carers in Moray and the ideas that were shared as part of this process for how we, the Moray Council, NHS Grampian, the Voluntary Sector and Unpaid Carers themselves, can consistently deliver appropriate support to those people who provide an unpaid caring role.

A Guide to Commissioning for Community Care 2011-14

A Guide to Commissioning for Community Care 2011-14 is applied equally across all areas of Community Care. The intention is that this guide lays out the vision, values and principles that will then inform individual service areas in developing specific strategies and action plans. The guide includes a clear framework for the commissioning and delivery of support and services to the people of Moray, a framework on how we engage with service users, carers, service providers and other stakeholders within the commissioning process and a framework for monitoring of these services.

Moray Telehealthcare Strategy 2010-2013

This strategy is about using technology to help maintain people's independence and well-being safely.

Moray Community Plan – Achieving More Together in Moray
"A Healthier, More Prosperous and Fairer Moray"

Our Single Outcome Agreement is based on five local outcomes. These reflect strongly the Scottish Government's national outcomes.

The overarching aim of our Single Outcome Agreement is to provide the best possible outcomes by providing leadership for Moray through collaborative and partnership working to design and deliver better services. In order to create and sustain a better quality of life and opportunity for all Moray citizens the partnership has established the following outcomes:-

1. Healthier citizens.
2. More ambitious and confident children and young people able to fulfil their potential.
3. Adults living healthier, sustainable, independent lives safeguarded from harm.
4. A growing and diverse economy.
5. Employability and employment skills.

Our public services have at the core a set of values which aim to promote and deliver positive outcomes, foster resilient, resourceful and dynamic communities and tackle inequalities. In particular, public services in Moray aim to:-

- Play a key role in developing and maintaining a buoyant local economy.
- Provide sustainable community, business and cultural infrastructure.
- Improve and protect the environment.
- Ensure security and community safety.
- Promote health and wellbeing.
- Foster community and individual learning and attainment.
- Protect and support the vulnerable and those in need.
- Empowerment of the community to work in partnership to help shape the places and community in which we live.

The Moray Council Procurement Strategy 2010-2014
Our strategy is to improve continuously. The strategic approach for procurement has been developed to take account of several key business drivers; the contribution to the achievement of our organisational objectives, the successful delivery and achievement of the DBS Procurement Project outcomes and to continually improve our procurement capability.

The Moray Council Local Housing Strategy 2013-2018

The overall aim of the Local Housing Strategy is:-

To ensure that sufficient good quality, affordable housing is available to meet the needs of people living in or requiring housing in Moray.

18. What services do we have?

The services people may use include:

The Moray Council
The Moray Council Community Care Department supports people in three main ways. This is called a Three Tier Model of support. If you are able, you will be helped to help yourself by being given advice and by linking you with others who can give you advice. If you are in need of support you may be supported for a short time or with longer term on-going support.

Community Learning Disability Team
The team has people who work for the Moray Council and the health service (NHS Grampian). They support people to make choices and decisions about what they want to happen in their life.

There are lots of different services which can help. Some are run by the council, others are paid for by the council but run by other organisations.

There are also some special services like: Psychiatry, Psychology, Physiotherapy, Nursing, Occupational Therapy, Speech and Language Therapy, Dietetics.

Self Directed Support (SDS)
There were 10 people who were getting a direct payment through Self Directed Support. Self Directed Support can help people achieve changes in their life. It helps people have more choice and take greater control over support, and helps increase their independence and gives people control over how the money for their support is spent.

Day Services - There were 236 people were using day service each week.
The 21 day services included graphic design, printing, art, theatre skills, recycling and gardening. The Moray Council ran 11 services and 10 were run by other service providers under contracts with the council. All the main towns in Moray (Elgin, Buckie, Forres, Lossiemouth and Keith) had a day service.

Employment Support Service
The service supported 39 people in employment. They were working an average of 17 hours a week. There were also lots of job types from factory work to gardening to catering and shop assistant work. Most people worked as shop or trolley assistants. Most people were working as volunteers who didn't get paid for the work they did.

Support at home
154 people were living with relatives in a family home and 30 of these were living with a relative who was over 65 years old.

93 had their own tenancy and were living in an individual home with no provider. 78 had their own tenancy in a shared home and 39 had their own tenancy in an individual flat under one roof.

33 were living in a care home. 4 were in hospital and 5 in sheltered housing.

There were 29 people living outside Moray because there weren't the right services here to meet their individual needs.

Telecare
There were 65 people using telecare equipment such as sensors and alarms.

Short Breaks Bureau and General Respite
Since the opening of the Short Breaks Bureau in December 2011 there have been 11 adults referred who have a learning disability.

There were 9 males and 2 females. Ages ranges from 25 to 80. These people lived in Forres, Buckie, Hopeman and Elgin.

89 people had used the other respite services in Moray.

The Shared Lives Service
Only one person with a learning disability had accessed this service.

Advocacy (speaking up on your behalf)
Independent advocacy in Moray is provided by Advocacy North East. Between 2006 and 2012, 122 people with a learning disability had used the service.

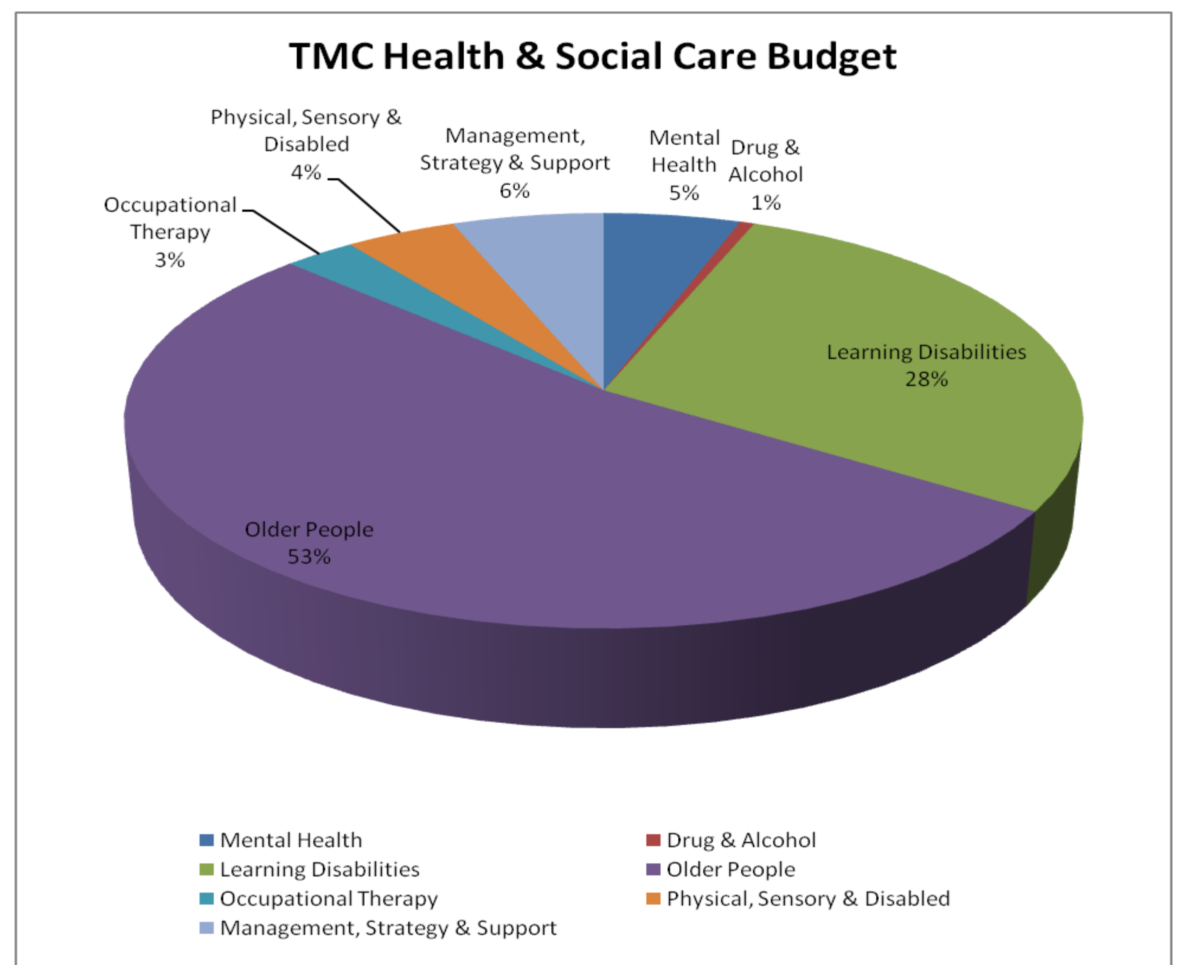
Carers
Support for carers is provided by Quarriers Carer Support Service (Moray).

Universal Services
Many people make good use of universal services such as community, leisure, social, cultural, employment, information and advice services which are provided either through statutory agencies or the private or voluntary sectors. Universal services are available to everyone.

Many of these services provide things which make people's lives better. Taking part in any of these activities plays a really important role in keeping people feeling good.

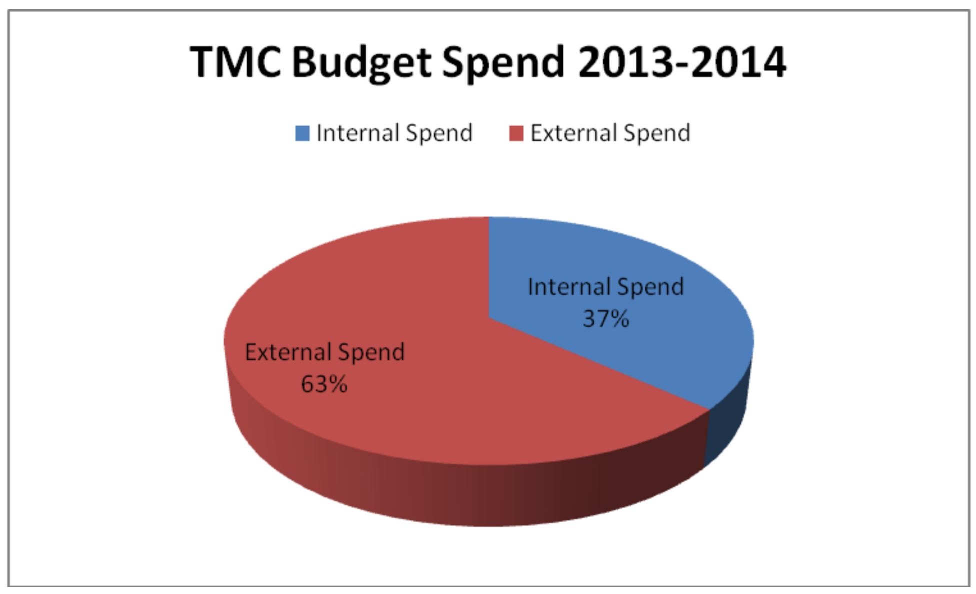
19. What the budget looks like

The 2012/13 budget for Learning Disability services was £10,243,472 million. This is 28% of the overall Social Care budget.



Health & Social Care	Budget
Mental Health	£1,920,895
Drug & Alcohol	£203,192
Learning Disabilities	£10,243,472
Older People	£19,064,591
Occupational Therapy	£1,002,897
Physical, Sensory & Disabled	£1,556,225
Management, Strategy & Support	£2,128,637
Total	£36,119,909

The Moray Council spends 63% on external service providers and 37% is spent on internal service provision.



What we know about the budget

We do not have lots more money to spend. Money from the Government is falling.

This plan includes the move toward more Self Directed Support, which is all about personalisation and giving people choice and control. It is also about the fair sharing of money based on a persons' need.

We will have to do things better without waste, ending some services, and have even more creative and cost effective services.

The Moray Council will work together with organisations to find new ways of providing the services people need while achieving value for money.

20. Our outcomes

By making sure we do what we say in this plan, people with learning disabilities and family carers will:

- **Have real choice and control over their lives**
- **Live more independently with opportunities to be more involved in their local communities**
- **Have a range of housing opportunities**
- **Be able to make the most of their health and wellbeing**
- **Have a range of employment, training and learning opportunities**
- **Feel safe and secure**
- **Have the right support to meet any additional needs**
- **Be supported by staff who have the right understanding, skills and training**
- **Have family carers who are supported to continue in their caring role.**

21. What people said was important

We have broken what people said was important down into eight parts.

These are the things people with learning disabilities said they wanted to make happen over the next 10 years.

All of these things have been included after listening to what people have said and from looking at what services and support we have now, what people's needs are now and what is going to change in the future.

Later on in this document is a Delivery Plan which sets out how all these things will happen and who is responsible for them. It also states when they will happen.

Real choice and control

You said:

"I want to make my own decisions over how I live my life, and have the right support to make it happen."

The things we could do to make this happen include:

- Make sure we have services which can meet the needs of everyone here in Moray
- Agencies work together well to meet the whole needs of the person
- Make sure people know about Self Directed Support
- Make sure people have a range of support options to choose from
- Make sure services are good
- Have good easy to find and easy to understand information on services, costs and support
- Make sure people can use independent advocacy services
- Keep listening to people and involving them in planning services
- Ensure people have the support they need to be able to make real choices at their own pace
- Ensure choices can be changed
- Recognise the importance of big changes in people's lives and support them through these transitions
- Support people to take appropriate risks.

Greater independence

You said:

“I want to live my life in my own community, be able to use local services and to have enough money to support myself.”

The things we might do to make this happen include:

- Provide good, clear, accessible information about what things there are
- Create opportunities for people to get a job, training or develop and enhance skills
- Create opportunities for people to earn money
- Help people get all the benefits they are entitled to
- Look at opportunities for people to be involved in social enterprise and micro-enterprise (A micro-enterprise is a small business. This is a way of creating a job that makes good use of skills and abilities. A social enterprise is a business that tries to tackle social problems, improve communities, people’s life chances, or the environment)
- Make sure transport can be used by everyone
- Make transport as flexible and accessible as possible
- Make sure all people who work in services understand what life is like for people with learning disabilities so they can make their services better
- Make sure staff understand what the person is to gain from using a service and what their outcomes are
- Review how days services are used and by whom, when and for what reason
- Be clear what the term ‘day services’ means
- Support people to use ‘universal’ services in their community
- Offer more people the chance to use equipment such as alarms and sensors to keep independent and safe
- Make sure people know how to use equipment such as alarms and sensory properly
- Make sure staff who are working in services help people to do things for themselves
- Make sure staff who are working in services help people to move on when they are ready and if they choose.

A place to live

You said:

“I want to choose where I live and who I live with.”

The things we might do to make this happen include:

- Improve housing adaptations services so alterations to people’s houses are carried out faster
- Make sure people get the equipment aids and housing adaptations they need when they need it
- Develop opportunities for people to learn the skills they need to live more independently
- Make sure everyone understand what sort of housing people need and finds ways of providing it
- Make sure residential accommodation meets people’s needs or if there is something else we could have
- Make sure people are given as much choice and control as possible over where they live, who with and what kind of house they live in
- Support people and families to plan ahead for when their needs change or when they can no longer live at home with family support
- Don’t move people out of area to live unless it is really necessary or they choose to live somewhere else
- Make sure people can choose who supports them.

Better health and wellbeing

You said:

“I want to be able to get the support I need to stay as healthy and well as I can.”

Things we might do to make this happen include:

- Make sure people can access services for healthy living (diet, exercise, leisure, nutrition, dental care)
- Make good information available and accessible so people know how to look after their own physical health and mental health
- Make good information available about how people can reduce accidents and illness
- Services need to work together more closely to improve access to information, services and treatment
- Help people to make a plan so that they can stay as well as possible
- Make sure people are offered a health check each year
- Support people to make friends and have relationships
- Support people to help each other.

Keeping safe

You said:

"I want to be able to stay safe but to be able to choose to take some risks if that is what I decide."

The things we could do to make this happen include:

- Make sure that people know who to speak to if they are worried about how they are being treated
- Make sure that people know who to speak to if they are worried about how someone else is being treated
- Make sure that everyone who work with people with learning disabilities have the right training
- Make sure that organisations all have plans in place to keep safe the people who use their services and these plans are checked
- Help people to feel part of their community
- Include Police and Fire services to get information and support on keeping safe
- Make sure that people are supported to decide the level of risk they want to take.

People with additional needs

You said:

“If I have profound and multiple learning disabilities, mental health issues, complex needs or am on the autistic spectrum, I want to get the right support for my needs.”

The things we could do to make this happen include:

- Make sure we have services which can meet the needs of everyone here in Moray
- Make sure agencies work together well to meet the whole needs of the person
- Support people to use the services in their community for example by making sure there is more access to changing facilities for people with profound and multiple needs
- Make sure there in accessible information available on specific services for people with additional needs
- Support services to remove barriers so people can use the same services in their community as everyone else (physical and attitudinal barriers).

For people with an autistic spectrum disorder there is a separate strategy called Moray Autism Strategy 2014-24. This strategy contains more detail which specifically meets the needs of people who have an autistic spectrum disorder. We support the Moray Autism Strategy.

Staff development

You said:

“Staff should have the skills and training they need to provide the right support to me.”

The things we want to happen include:

- Make sure staff get any training they need and continue updating their skills
- Make sure training involves people who use services and family carers
- Make sure staff have support to do their job
- Make sure staff keep people and their families at the centre of decision making
- Make sure that people providing services work well together
- Make sure staff talk to people about their lives, needs and wishes and listen to what they say
- Make sure that staff believe that people with learning disabilities should have an opportunity to live in the community
- Make sure staff support a person’s independence
- Make sure everyone supports people to take appropriate risks
- Make sure that no-one gives up on people in difficult times – the easiest option is not always the best option.

Support for carers

You said:

“Carers and professionals should work more closely together so carers can continue to support the person they care for, while also having a life beyond their caring role.”

Support the delivery of Caring Together in Moray 2011-15 which includes:

- Carers know how to get support
- Carers know where to go for information
- Carers are offered a check of their own needs, not just those of the person they care for
- Carers have a say in planning services at all levels
- Carers are able to have a break.

22. What happens next?

The Moray Learning Disability Partnership Board will keep checking that what the Commissioning Strategy says should happen is happening and that the Delivery Plan is moving forward. If it is not, they will ask the Moray Council and the NHS and other partners why and what will be done about it.

23. Checking the quality of services

As part of the Guide to Commissioning for Community Care 2011-14 a monitoring plan was written to make sure that services are being delivered to meet peoples' outcomes, Best Value (quality and price), continually meet contract and other requirements and providing good quality services. It was agreed that:

'In Moray we will monitor what matters and use the information collected to improve services'

A monitoring risk assessment is used to help decide the level of monitoring services require. It includes the risk to service users and carers of outcomes failing to be met, financial risk and reputational risk. Once this is done each service has its own monitoring plan for each year and a full review towards the end of the contract period.

Care Inspectorate grades are also reviewed on a regular basis as long with complaints and incidents.

Monitoring helps to keep services working well and meeting the outcomes of the people who use them.

24. Thank you

There have been a number of people involved in the development of this plan. The Learning Disability Partnership Board would specifically like to thank Keith Resource Centre Photographic Group and Moray Desktop Publishing, which is a Moray Council training project for people with disabilities and mental health problems, for the work they have done on the design and layout and for all the photographic content contained within ***'Our Lives, Our Way'*.** Thank you also to the Citizen Leaders who have worked hard to help us collect the voices of people with learning disabilities across Moray. Their plan was then used to inform this more detailed Commissioning and Delivery Plan.

25. Delivery Plan

Separate Doc in Landscape – to be completed and placed here.

26. Want to know more?

If you need more information please contact:
the Moray Council's Commissioning and Performance Team

Please email us at:
commissioning@moray.gov.uk

Telephone us on:
01343 567179

Go online to:
www.moray.gov.uk

If you need information from the Moray Council in a different format, such as Braille, audio tape or large print, please contact:

如果閣下需要摩里議會用你認識的語言向你提供議會資訊的話，請要求一位會說英語的朋友或親人與議會聯繫

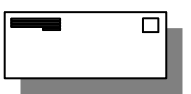
Jeżeli chcieliby Państwo otrzymać informacje od samorządu rejonu Moray w swoim języku ojczystym, Państwa przyjaciel lub znajomy, który mówi dobrze po angielsku, może do nas

Se necessita de informação, do Concelho de Moray, traduzida para a sua língua, peça o favor a um amigo ou parente que fale Inglês para contactar através do:

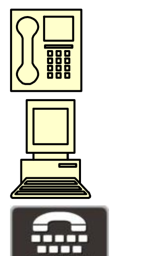
Jeigu Jums reikalinga informacija iš Moray regiono Savivaldybės *[Moray Council]*, kurią norėtumėte gauti savo gimtąja kalba, paprašykite angliškai kalbančių draugų arba giminaičių susisiekti su mumis

Чтобы получить информацию из Совета Морэй на Вашем языке, попросите, пожалуйста, Вашего друга или родственника, говорящих по английски, запросить ее

Si necesitas recibir información del Ayuntamiento de Moray en tu idioma. Por favor pide a un amigo o familiar que hable inglés que:



Project Officer (Equal Opportunities)
High Street,
Elgin, IV30 1BX



01343 563319

equalopportunities@moray.gov.uk

TEXT PHONE

(Wednesday or Thursday only): 18002 01343563319

APPENDIX 1 – Demographics & Needs

Data Collection

The National data contained throughout this document is taken from the Same as you? annual statistical returns.

Local Moray data has been collected between October 2011 and October 2012 from the Community Learning Disability Team (CLDT) and from information held on the Moray Council CareFirst database and specific teams within the Moray Council working with people with learning disabilities for example the Employment Support Service, the Self Directed Support Team and the Telecare Team. Data has also been collected using monitoring returns for comments, complaints and incidents and Care Inspectorate reports on services within Moray.

Footnotes contain links to any other data that has been used.

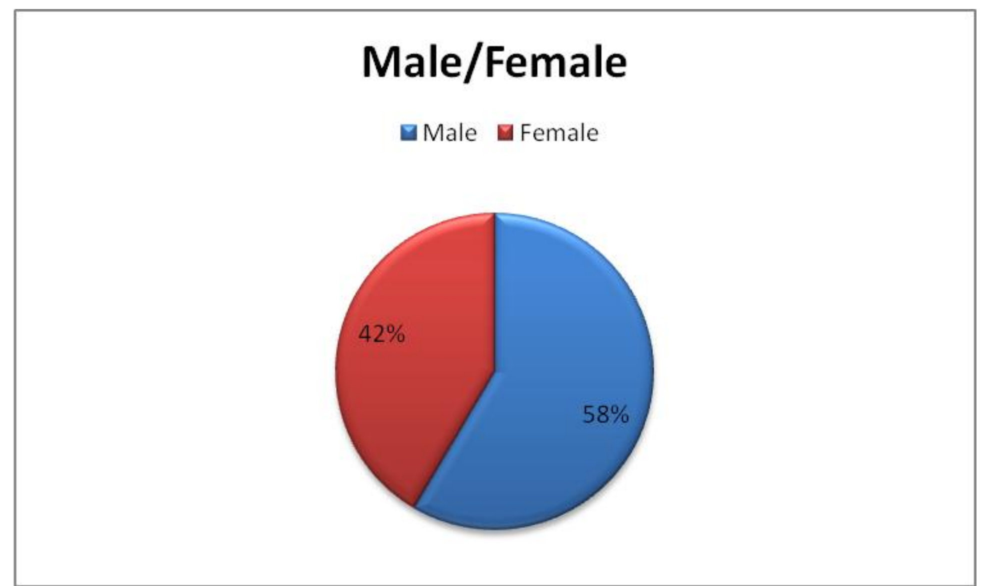
Information has also been provided by service providers, service users and carers using a variety of methods including forums, questionnaires and individual meetings.

Please note that X is placed in tables where numbers are too low and could identify individuals. The information is available at individual level including where they live, age, gender, marital status, care needs etc. There are also area profiles for Elgin, Buckie, Forres, Keith/Speyside and Lossiemouth. This data is not provided within this document to protect the identity of individuals.

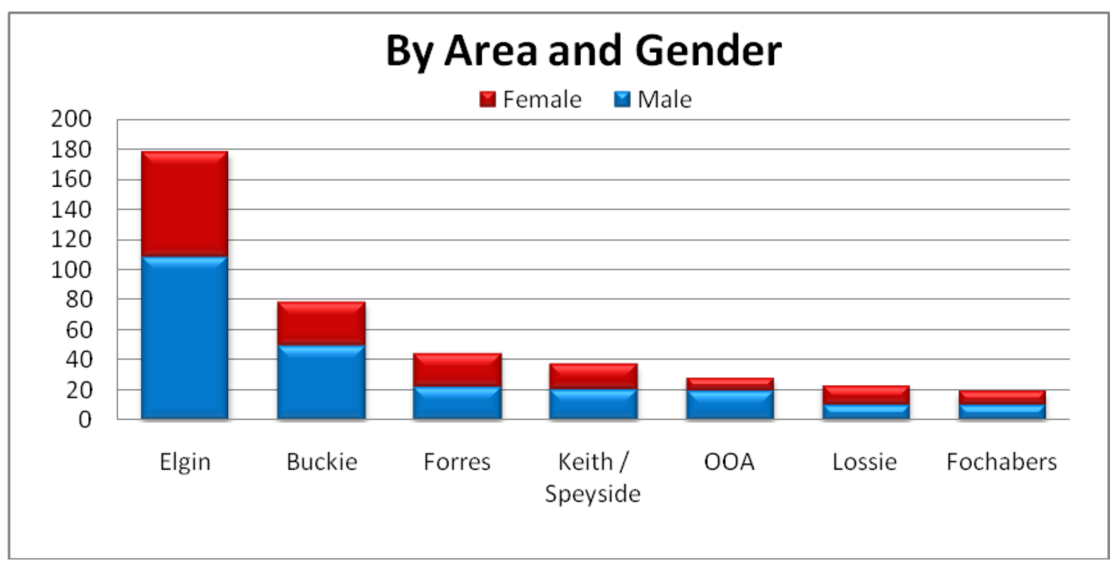
Demographics & Needs

Moray Demographics

From the CLDT database we know that between October 2011 and January 2012 we had 407 people with a learning disability known to the team. 58% were male (238) and 42% were female (169).

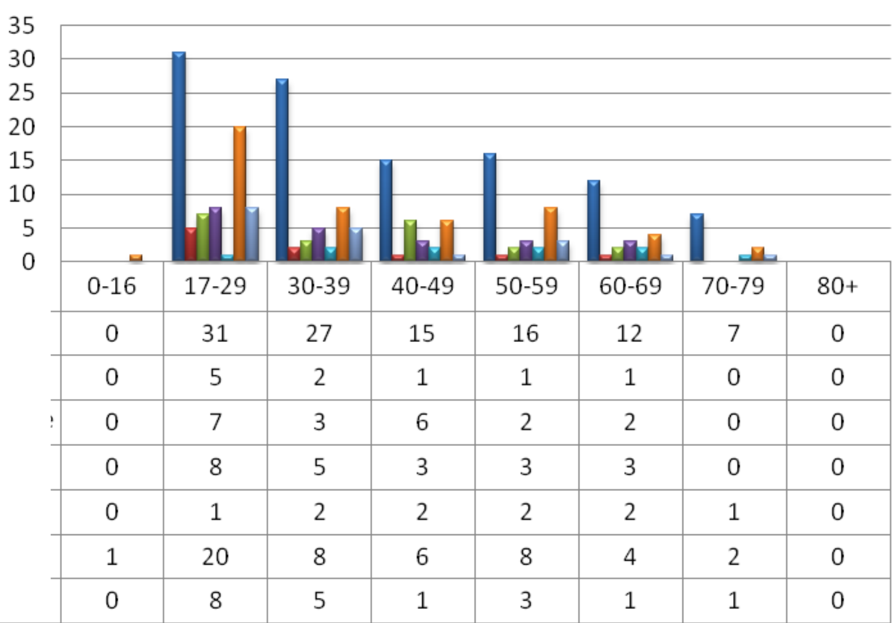


The highest numbers were living in Elgin (44%), followed by Buckie (19%) and Forres (11%).



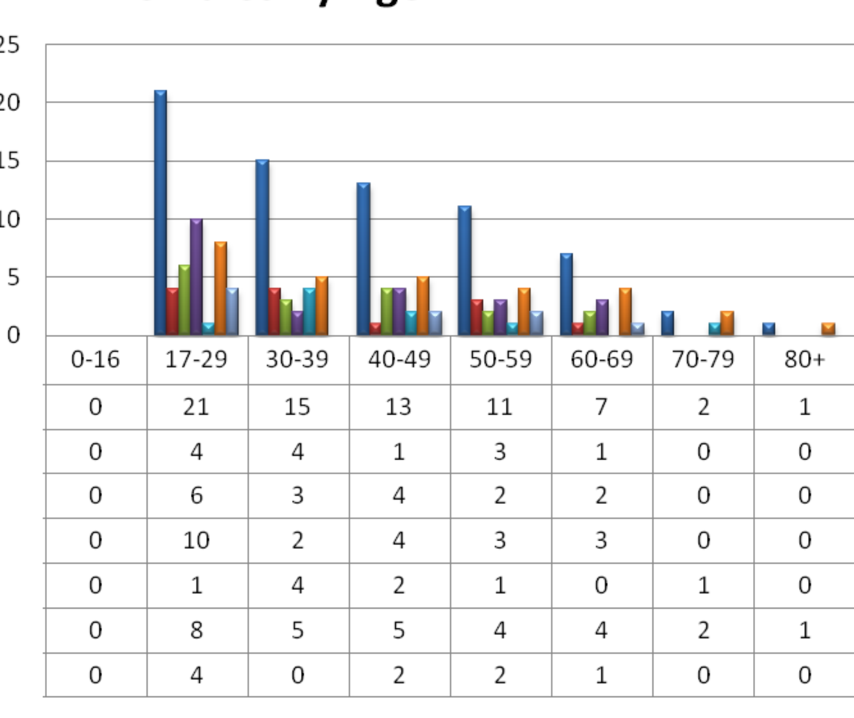
The largest age range for males was the 17-29 group followed by 30-39. Females follow the same pattern with the most being in the 17-29 age range.

Males By Age

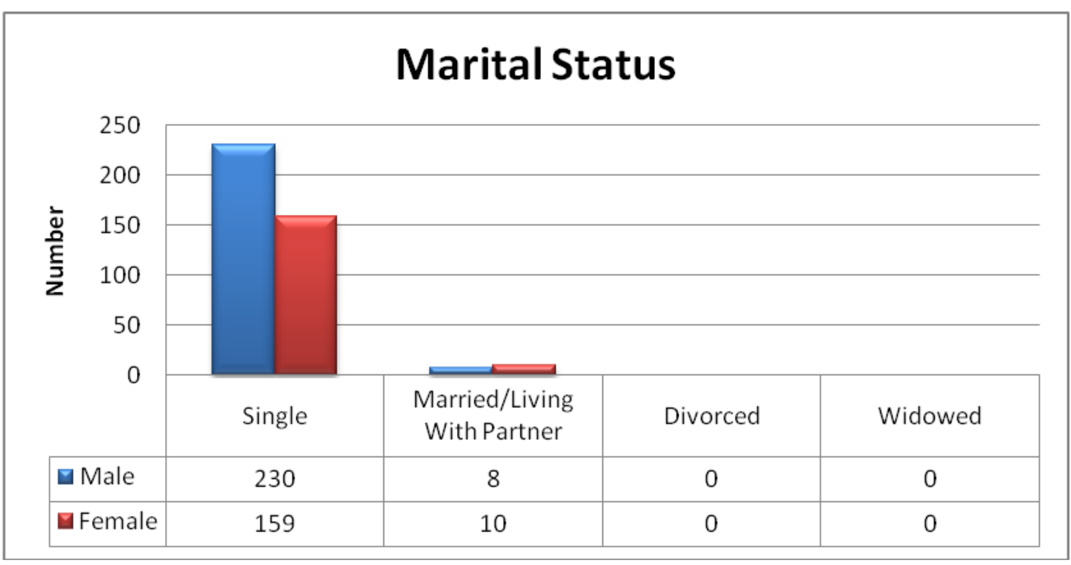


0-16	17-29	30-39	40-49	50-59	60-69	70-79	80+
0	31	27	15	16	12	7	0
0	5	2	1	1	1	0	0
0	7	3	6	2	2	0	0
0	8	5	3	3	3	0	0
0	1	2	2	2	2	1	0
1	20	8	6	8	4	2	0
0	8	5	1	3	1	1	0

Females By Age



0-16	17-29	30-39	40-49	50-59	60-69	70-79	80+
0	21	15	13	11	7	2	1
0	4	4	1	3	1	0	0
0	6	3	4	2	2	0	0
0	10	2	4	3	3	0	0
0	1	4	2	1	0	1	0
0	8	5	5	4	4	2	1
0	4	0	2	2	1	0	0



Most people were single but there were 18 individuals married or living with a partner. None were reported to be divorced or widowed.

National Demographics

Local authorities provided information on 26,036 adults with a learning disability in Scotland in 2011. The change in known adults with a learning disability for all 32 local authorities fell for the second consecutive year with a 0.4% decrease (0.1% decrease in 2010 compared to a 0.6% increase in 2009). Only three local authorities recorded a 1% or more change in the number of known adults with a learning disability. Overall 14 authorities experienced a rise in the proportion of adults with a learning disability known to the authority compared to 15 recording a decrease and the remaining 3 authorities staying the same.

Nationally for 2011 there were 6.0 people per 1,000 population with a known learning disability, with 58% male.

Moray data showed 6.6 per 1,000 population, with 59.3% male.

Additional Support Needs

It was identified that some individuals who have a learning disability may also have additional support needs.

The CLDT identified that these additional needs would fall into the following areas: mental health (MH), autistic spectrum disorder (ASD), behaviours which challenge (CH.B) (in the strategy we have changed this to complex needs), forensic, profound and multiple disability (PMLD), wheelchair user/mobility issues, and those with Support Health Needs (additional support needs due to health issues).

Total Male & Female								
Total Male & Female Supp Needs By Area	**MH**	**ASD**	**CH.B**	**PMLD**	**Forensic**	**Wheelchair User/ Mobility Issues**	**Support Health Needs**	**Total**
Elgin	33	13	27	X	X	55	22	
Lossiemouth	X	X	X	X	X	8	0	
Keith/Speyside	X	X	X	X	X	8	0	
Forres	X	14	13	X	X	15	X	
Fochabers	X	X	X	X	X	5	0	
Buckie	11	X	X	X	X	27	7	
OUT OF AREA	X	9	X	X	X	9	0	
Total	**69**	**59**	**68**	**31**	**18**	**127**	**33**	**405**

*Although 405 additional adult support needs were identified from the 407 people with a Learning Disability please note that some people had more than one additional support need while others (135 people or approximately one third) required no additional support.

In total 272 individuals with LD had additional support needs, of these 150 had a single ASN and of the remaining 122 with two or more additional support needs 111 had two additional support needs and 11 had three additional support needs.

The following table shows the breakdown of individuals with ASN by geography:

Area	No ASN	With ASN	Single ASN	Double ASN	Triple ASN
Elgin	64	113	65	40	8
Buckie	30	48	31	16	1
Fochabers	5	14	7	7	0
Forres	9	35	14	20	1
Keith / Speyside	16	21	12	8	1
Lossiemouth	5	18	10	8	0

Out of Area	6	23	11	12	0
Total	**135**	**272**	**150**	**111**	**11**

The definitions below have been developed with the support of the Scottish Government Joint Improvement Team to be used Grampian Wide.

Behaviours Which Challenge

Eric Emerson's Definition says:

'Behaviour of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy or behaviour which is likely to limit or deny access to the use of ordinary community facilities'

Challenging Behaviour: A Unified Approach by the Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists says,

'Behaviour can be described as challenging when it is of such an intensity, frequency or duration as to threaten the quality of life and/ or the physical safety of the individual and others and are likely to lead to responses that are restrictive, aversive or result in exclusion'

Elgin	Lossiemouth	Keith/ Speyside	Forres	Fochabers	Buckie	Out of Area	Total
27	2	6	13	6	6	8	68

There were 68 people with 'behaviours which challenge' of which 48 (over 70%) were male and 20 were female.

Of the 68 people with 'behaviours which challenge': over 33% had an additional support need of ASD; just under 33% had an additional support need of MH; 11% had an additional support need of Forensic and 11% had an additional mobility need.

Of the 68 people with 'behaviours which challenge', 27 had challenging behaviour as the primary additional support need, of which: 15 had no secondary additional support need, 6 had MH; 2 had ASD; 2 had mobility; 1 had forensic; and 1 had Support Health Needs as their secondary needs.

The remaining 41 people with 'behaviours which challenge' had other additional support needs which were more significant: 14 had MH; 20 had ASD; and 7 had a forensic need. Three of the 41 people had 2 other additional support needs which were more significant than challenging behaviour, all had a mental health need but each had a different additional need including 1 ASD, 1 Forensic and 1 Mobility.

Of those living Out of Area there were 8 with behaviours which challenge, of these 4 have 'behaviours which challenge' as their primary additional support need. Of these 4, all have a secondary support need: 1 had MH; 1 had ASD; 1 had forensic and 1 had mobility. The remaining 4 had 'behaviours which challenge' as a secondary issue and had other support needs which were more significant: 3 had ASD and 1 was forensic.

Of the 68 people with 'behaviours which challenge': 18 had their own individual tenancy with 16 living alone and 2 living with a partner; 7 had their own tenancy under the same

roof; 11 had their own tenancy in group accommodation?; 12 lived in a care home; 4 were in hospital; 1 was living in sheltered housing; and 15 were living with a relative or carer.

Of the 68 people with 'behaviours which challenge': 12 were attending day services. 8 of these individuals attended two or more different day services per week with 7 attending two services and 1 attending 3 services per week. 2 attend a day service Out of Area. In total the 68 people accessed 381 hours of day services per week. Three people are at school and no-one is in employment.

Forensic

Forensic is defined as:

'Individuals referred by the prosecution services or the police or individuals currently open to another multi-disciplinary team in which their behaviour is assessed as being a risk of causing significant harm to others through violence or specific harm to children / vulnerable adults. Significant harm is defined as violence which could be subject to solemn proceedings as defined by law, excluding that defined as challenging behaviour'

Elgin	Lossiemouth	Keith/ Speyside	Forres	Fochabers	Buckie	Out of Area	Total
10	1	2	0	0	1	4	18

Of the 18 people with a forensic support need there were 17 males and 1 female of which: 10 (56%) lived in Elgin; and 4 (22%) were living 'out of area'. One person had challenging behaviour as their primary support need and forensic as a secondary issue while there were 17 who had forensic as a primary support need. Of these 17, 8 had no secondary need identified; 2 had MH; 6 had challenging behaviour; and 1 had mobility needs as their secondary support need.

Of the 18 people with a forensic support need: 11 attended day services in Moray and 1 attended out of area day services. Of those attending in Moray, 5 people attended two different day services and 2 people attended three different day services. In total they accessed 221 hours of day services per week. One person was in education 'out of area' and no-one was in employment.

Of the 18 people with a forensic support need: 5 were living with relatives; 3 were living in their own individual tenancy; 6 were living in a shared home with their own tenancy; 1 was living in sheltered housing; 2 were living in a care home; and one was in hospital.

Mental Health

Elgin	Lossiemouth	Keith/ Speyside	Forres	Fochabers	Buckie	OOA	Total
33	2	7	7	8	11	1	69

There were 69 people with an identified additional mental health support need of which 29 were female and 40 were male with one living out of area.

Of the 69 people with an identified additional mental health support need: 21 people (30%) had no secondary needs; over 8% had an additional support need of ASD; just under 32% had an additional support need of challenging behaviour; 4% had an additional support need of Forensic; 6% had a Support health need; and 33% had an additional mobility need.

Of the 69 people with an identified additional mental health support need: 55 had a mental health problem as their primary support need; 13 as their secondary need and 1 as their tertiary need (forensic and challenging behaviour were the primary and secondary needs in this case). Of the 55 with a primary support need of Mental Health: 21 had no secondary needs; 3 had ASD; 12 had Challenging Behaviour; 16 had mobility needs; and 3 had Support Health Needs. Of the 13 where Mental Health was the secondary support need: 3 had ASD; 6 had challenging behaviour; 2 had a forensic need; and 2 had mobility needs.

Of the 69 people with an identified additional mental health support need: 22 are living in an individual home with their own tenancy; 10 had their own tenancy in an individual flat under one roof; 14 had their own tenancy in a shared home; 16 people lived with relatives; 1 lived in sheltered housing; 5 lived in a care home; and 1 was in hospital.

Of the 69 people with an identified additional mental health support need 37 were accessing day services with 20 people accessing more than one day service per week. Of these 20, 14 were accessing two different day services per week and 6 were accessing three different day services per week. That is a total of 640 hours of day services per week. One person was in school and no-one was in employment.

Autistic Spectrum Disorder

Elgin	Lossiemouth	Keith/ Speyside	Forres	Fochabers	Buckie	Out of Area	Total
13	**7**	**6**	**14**	**2**	**8**	**9**	**59**

There are 59 people with a support need of ASD there were 40 male and 19 female. A total of 9 lived out of area. Of the 59 people with ASD: 24 (40%) had no additional support needs; 6 (10%) had a mental health need; 23 (39%) had a challenging behaviour; 6 (10%) had a mobility need; and 2 (3%) had a support health need.

Of the 59 people with a support need of ASD: 53 had ASD as their primary need and 6 as their secondary need. Of the 53 with a primary support need of ASD: 24 had no secondary needs; 3 had MH; 20 had Challenging Behaviour; 5 had mobility needs; and 1 had Support Health Needs. Of the 6 where ASD was the secondary support need: 3 had MH; 2 had challenging behaviour; and 1 had mobility needs identified as the primary need.

Of the 59 people diagnosed with ASD: 8 were living in an individual home with their own tenancy; 7 had their own tenancy in an individual flat under one roof; 10 had their own tenancy in a shared home; 7 were living in a care home; 2 were in hospital and 25 were living with relatives/carers.

Of the 59 people diagnosed with ASD: 26 individuals were accessing day services including 3 out of area. Of these, 8 access two different day services per week and a further 2 access three different day services per week. In total there were 408 hours of day services per week. Also, 4 people were in education while no-one is in employment.

Profound and Multiple Disability

Profound and Multiple Disability is:

'People who have very profound needs that require specially adapted environments to meet their physical needs. This would include accessible ground floor accommodation, with specifically designed moving and handling equipment and specialised aids to meet all aspects of their personal hygiene. Totally dependent of others to meet all holistic care needs, which includes maintaining nutritional well-being'

There were 31 individuals with profound and multiple learning disabilities - 14 are male and 17 female. A total of 4 lived out of area. Of the 31 people with PMLD: 4 (13%) had no additional support needs; and 27 (87%) had mobility needs.

Of the 31 people with a support need of PMLD: 29 had PMLD as their primary support need and 2 as their secondary support need (both had a primary support need of mobility need).

Of the 29 with a primary support need of PMLD: 4 had no secondary needs; and 25 had mobility needs identified as the secondary need.

Of the 31 people with a support need of PMLD: Four lived in individual flats under one roof with their own tenancies, eleven had their own tenancy in a shared home, 7 lived in a care home and 9 lived with relatives.

In total eighteen access day services, of these three accessed 2 different day services per week and one of these accessed 3 different day services per week. These individuals accessed 371 hours of day service per week. One person was in education and none were in employment.

Elgin	Lossiemouth	Keith/ Speyside	Forres	Fochabers	Buckie	Out of Area	Total
9	6	2	4	0	6	4	31

Wheelchair User/Mobility Issues

There are 127 people with mobility issues (including those requiring a wheelchair) – 66 were male and 61 were female. Of the 127, 9 live Out of Area.

Of the 127 with mobility needs, 71 were diagnosed as having a mobility problem as their primary support need. Of these 71: 60 had no additional needs; 2 had MH; 1 had ASD; 2 had PMLD and 6 had a Support Health need identified as their secondary need. One of those with a MH need also had a Support Health need identified as a tertiary need.

Of the 127 with mobility needs, 51 were diagnosed as having mobility problems as their secondary support need. Of these: 16 had MH; 2 had challenging behaviour; 1 had a forensic; 5 had ASD; 25 had PMLD and 5 had Support Health; identified as their primary need.

Of the 127 with mobility needs, 5 were diagnosed as having mobility problems as their tertiary support need. Of these, 2 had challenging behaviour and 3 had Mental Health as their primary support need.

Of the 127 with mobility needs, 41 lived with a relative, 25 had their own tenancy in an individual home, 15 had their own tenancy in an individual flat under one roof, 27 had their own tenancy in a shared home, 3 lived in sheltered accommodation with own tenancy and 16 lived in a care home.

Of the 127 with mobility needs a total of 78 people accessed day services, of those 21 accessed two different services per week and 7 accessed three different services per week. A total of 1,378 hours of day services were accessed each week. 3 were in education and no-one was in employment.

Elgin	Lossiemouth	Keith/ Speyside	Forres	Fochabers	Buckie	Out of Area	Total
55	8	8	15	5	27	9	127

Health Needs of People with Learning Disabilities

People with learning disabilities have poorer health when compared to those who do not have learning disabilities. Often, contributing factors to poorer health for people with learning disabilities are avoidable. The health inequalities faced by people with learning disabilities often can result from barriers which prevent people from accessing appropriate health care and achieving person-centred outcomes. The Scottish Government is seeking to address the health inequalities faced by people with learning disabilities as outlined in a Health Needs Assessment report published in 2004.

The National Needs Assessment in 2004 and subsequent research studies have highlighted avoidable contributory factors to the health inequalities faced by people with learning disabilities which include:

- factors associated with social determinants, such as housing
- factors associated with communication and literacy
- genetic and biological factors
- health behaviours and
- access to and design of services

Poor health can result from social isolation and deprivation. Many people with learning disabilities have experienced lifelong exclusion resulting from lack of choice and opportunity as well as experiencing significant barriers to access. People with learning disabilities are more likely to be exposed to common causes of poor health such as poverty, poor housing, lack of employment, social isolation and discrimination.

Many people with learning disabilities experience limited verbal communication skills which impacts on others' ability to understand health needs.

Both paid and family carers play an important role in identifying health needs. Many people with more severe learning disabilities rely completely on ‘healthcare by proxy’. Communication difficulties are key to explaining many of the barriers and poorer outcomes people with learning disabilities experience when using health services. Many healthcare workers have never had training in the kind of communication methods and techniques that facilitate appropriate access to services.

Many people with significant learning disabilities are more likely to experience health problems due to the genetic cause of their learning disability. Unfortunately these can include an early age of death which, depending on the level of learning disability, is significantly shorter when compared to the general population; however life expectancy is increasing.

The National Needs Assessment outlined a range of barriers faced by people with learning disabilities in accessing services including physical barriers, failure to make reasonable adjustments, ‘diagnostic overshadowing’, that is when professionals attribute symptoms to the person’s learning disabilities and not to their health needs, and negative attitudes and values from practitioners.

Many factors influence an individual’s health and health choices. People with learning disabilities experience challenges maintaining good health because of a combination of factors, such as:
Individual factors, for which services require to make reasonable adjustments, for example, communication needs; many co existing health needs; distinct health needs and low expectations of services.

Specific health needs
Although people with learning disabilities have the same health needs as those without learning disabilities, they do have specific health needs which are listed here alphabetically, and not in order of priority.

<u>Cancer</u>
Cancers predominantly found in people with learning disabilities differ from those in people without learning disabilities. People with learning disabilities have higher levels (roughly double) of gastrointestinal cancers such as oesophageal, stomach and gall-bladder, and lower rates of lung, prostate, breast and cervical cancers. Down’s syndrome is a risk factor for lymphoblastic leukaemia.

<u>Coronary heart disease</u>
Coronary heart disease is the second highest cause of death for people with learning disabilities. People with learning disabilities are more likely to develop hypertension and obesity, and lack exercise, all of which are risk factors for ischaemic heart disease. People with Down’s syndrome are at higher risk of congenital heart problems.

<u>Dental issues/oral hygiene</u>
People with learning disabilities are more likely to have tooth decay, loose teeth, gum disease, higher levels of untreated disease, and a larger number of extractions. This may be explained by a poor diet, poor dental hygiene and because oral health promotion may not be accessible to people with learning disabilities. Despite this they

are less likely to visit their dentist. Dental work for people with learning disabilities might be awkward and require a general anaesthetic which can only be carried out in certain settings. This means that dental problems can take longer to treat.

People with Down's syndrome have a high rate of oral complications, including mouth deformities and gum problems.

Diabetes

People with learning disabilities are more prone to developing diabetes than those without learning disabilities. This may be attributed to increased levels of obesity, poor diet and inactive lifestyles.

Epilepsy

Epilepsy affects about one per cent of the population. It is more prevalent in people with learning disabilities and one third of this population have the condition. The prevalence rises with an increase in severity of learning disabilities, with nearly half of people with severe learning disabilities having epilepsy.
People with learning disabilities who have epilepsy often have more than one type of seizure and more complex seizure patterns. They are at risk of further cognitive impairment due to prolonged seizures, secondary injuries that might go unnoticed, hospitalisation, placement breakdown, a more restricted lifestyle, and unexpected death.

Where more than one medication is used potential side effects, such as sedation and constipation, need to be considered. Specialist staff training in administration of rectal diazepam (*now generally buccal midazolam) or oxygen therapy might also be necessary if this is part of the person's treatment plan.

Gastro-intestinal problems

Helicobacter pylori

Many people with learning disabilities have high levels of helicobacter pylori, particularly those who have lived in shared accommodation, or attended day centres with other people with learning disabilities. Helicobacter pylori is associated with peptic ulcers, which can perforate if left untreated. Gastric carcinoma is seen in greater levels in people with learning disabilities, and helicobacter pylori has been cited as a possible predisposing factor.

People with learning disabilities are prone to reinfection with helicobacter pylori and might require testing and treatment throughout their lives.

Gastro oesophageal reflux disease (GORD)

GORD can affect as many as half of people with learning disabilities, and has a higher prevalence in those with more severe and profound learning disabilities. It has also been associated with fragile-X syndrome.

GORD is easily treated yet often goes unnoticed, possibly because of communication difficulties and/or the lengthy diagnostic process. GORD might account for the higher levels of oesophageal cancer seen in people with learning disabilities.

Constipation
Constipation is more prevalent in people with learning disabilities than in those without. It is more likely to occur in people with profound learning disabilities, those who are less mobile, where there is inadequate hydration or limited food choice, and in people on long-term medication with constipation as a side effect. In certain situations or environments there can be an over reliance on laxatives rather than adequate nutrition and fluids.

Coeliac disease
People with Down's syndrome are prone to celiac disease. People with coeliac disease must have a gluten free diet.

Mental health problems
People with learning disabilities are vulnerable to all mental health problems through a range of biological, psychological and social factors that they are more likely to encounter. Common mental health problems include:

Anxiety disorders
These include general anxiety, phobias and panic disorders. The physical signs of anxiety, such as rapid breathing, muscle tension, and motor agitation, can be observed in people with learning disabilities, but other psychological symptoms might be harder to detect.

Anxiety is often seen in people with autistic spectrum disorders, especially when their routine and structure is disrupted.

Depression
Depression can be diagnosed in people with mild learning disabilities in the same way as people who do not have learning disabilities. But in people with more severe learning disabilities or with communication difficulties, it might be physical signs such as weight loss, a change in sleep pattern, or social withdrawal that suggest depression. There might also be atypical indicators such as self-injury or aggression, uncharacteristic incontinence or screaming.

Schizophrenia
Schizophrenia is three times more prevalent in people with learning disabilities than in those without learning disabilities. People with learning disabilities can experience the full range of psychotic symptoms associated with schizophrenia, but these tend to be less marked and less complex.

Schizophrenia is very difficult to diagnose in people with severe learning disabilities since the diagnostic criteria rely on the person being able to communicate their internal experiences.

Obesity
Levels of obesity are higher in people with learning disabilities and are more notable in those with milder learning disabilities, especially women. Obesity can have secondary effects on health and increase the likelihood of heart disease, stroke and Type II diabetes.

People with learning disabilities are at increased risk of obesity because they:

- are less likely to have a balanced diet, particularly those living independently who might rely on pre-packaged convenience food
- are less likely to take regular physical exercise
- may have trouble understanding health promotion material that encourages a healthier lifestyle
- may live in restrictive environments where there are lower rates of activity
- may be on medication, such as antipsychotic or anticonvulsive drugs, that have weight gain side effects.

Some genetic conditions are associated with obesity, including Down's syndrome and Prader-Willi Syndrome.

Some people with learning disabilities are at risk of being underweight. This is seen more in people with profound learning disabilities or in those with metabolic disorders such as phenylketonuria.

Respiratory disease

Respiratory disease is the main cause of death in people with learning disabilities. They are at risk of respiratory tract infections caused by aspiration or reflux if they have swallowing difficulties, and they are less likely to be immunised against infections.

People with Down's syndrome are particularly at risk because they have a predisposition to lung abnormalities, a poor immune system and a tendency to breathe through their mouth. Pulmonary complications are also seen in people with tuberous sclerosis.

Sensory impairments

Sight and hearing problems are common in people with learning disabilities; it is estimated that up to 40 per cent of people with learning disabilities have sight problems and a similar number of people with severe learning disabilities have hearing problems. Additionally, people with learning disabilities are prone to ear and eye infections.

Sight problems

People with learning disabilities have a higher prevalence of sight problems, and over recent years ophthalmologists have been adapting assessments to meet their needs. Individuals may need reminding about the importance of eye tests and support in accessing them.

Sight problems may be acquired as people get older, or as a result of brain damage or cerebral visual impairment. Some causes of learning disabilities, such as Down's syndrome, cerebral palsy, fragile-X syndrome and foetal rubella syndrome, are associated with vision problems.

Hearing problems
People with learning disabilities are more likely to need a hearing aid, but many have never had a hearing test. Hearing problems might further compound already poor communication skills.

Although some hearing problems are caused by structural abnormalities such as abnormal-shaped ear canals, or by neural damage, other reasons like impacted earwax, which has a higher prevalence in people with learning disabilities, should not be overlooked.
Some diagnoses, including Down's syndrome, foetal rubella syndrome, cerebral palsy and fragile-X syndrome, are particularly associated with hearing loss.

Swallowing/feeding problems
Problems with swallowing are more prevalent in people with learning disabilities than in those without, with the highest prevalence in those with profound disabilities.

These can be caused by neurological problems or structural abnormalities of the mouth and throat. Problems can also arise from rumination, regurgitation or self-induced vomiting.

Swallowing problems can lead to choking, secondary infections and weight loss. Some people with severe problems may need a percutaneous endoscopic gastrostomy (PEG) to ensure they receive adequate nutrition. This can be used in conjunction with oral feeding so that they can develop appropriate swallowing and eventually have the PEG withdrawn.

Speech and language therapists can carry out assessments where there are concerns about swallowing and, along with occupational therapists, might be able to provide advice and adaptations.

Thyroid disease – hypothyroidism
Common symptoms of hypothyroidism include weight gain, constipation, aches, feeling cold, fluid retention, tiredness, lethargy, mental slowing and depression. If hypothyroidism is not treated it can lead to further problems, including heart disease, pregnancy complications and, rarely, coma.

Hypothyroidism affects 1-in-50 women and 1-in-1000 men and becomes more prevalent with age. It is more common in people with learning disabilities and is associated with Down's syndrome. Annual blood tests for people with Down's syndrome are recommended.

Hypothyroidism might also occur as a side-effect of medications such as lithium and amiodarone.

References
Royal College of Nursing (2011). *Meeting the health needs of people with learning disabilities*. London: Royal College of Nursing
NHS Health Scotland (2004) *Health Needs Assessment Report: People with Learning Disabilities in Scotland*, Edinburgh.

Health Services

Keys to Life (2013) Taken from the statement from Michael Matheson, Minister for Public Health.

'….It means having a health service that recognises and redresses the stark fact that people with learning disabilities still die 20 years earlier than the general population. This is simply not acceptable.

Whilst there are many committed practitioners out there, they tend to be specialists who have chosen to work with people with learning disabilities. We need to ensure that all those who work in health care understand the health needs of people with learning disabilities, how these can differ from the general population and to respond appropriately and positively. This is not always about the application of knowledge but about an attitudinal and cultural shift in supporting individuals to lead healthier and happier lives.

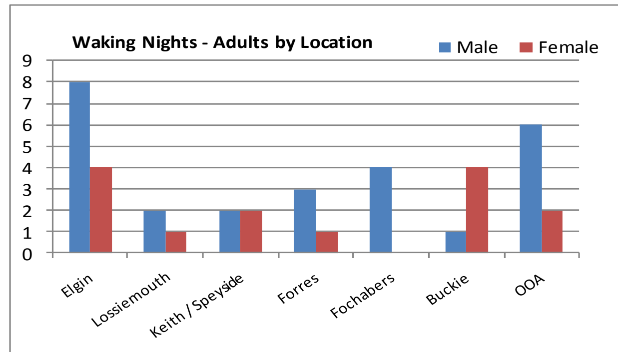
That is why the emphasis in this ten year strategy is on health issues.

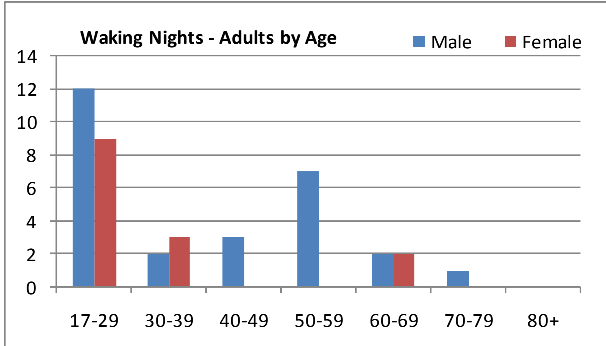
That is not to say we are reverting back to old practices where the medical profession were able to make decisions about the social lives of people with learning disabilities. It is about improving health practice and outcomes so that people's human rights are respected and upheld. If a person's health is compromised then that is life-limiting...'

Our delivery plan contains key steps which must be taken to address inequality in accessing health services for people with learning disabilities.

Waking Night

There were 41 adults with a walking night service. The majority of adults were male (27), and over half of adults were aged between 17-29 (21). Of the 41 adults most resided in Elgin (12), this is followed by 8 living out of area, 5 in Buckie, 4 each in Keith/ Speyside, Forres and Fochabers, and 3 in Lossiemouth. Thirty five of the adults receiving the waking service lived in either a care home (18) or supported accommodation (17).





Of the 41 adults receiving the walking night service 24 were part of a shared service, 14 received a single service and 2 had a diagnosis of sensory impairment (PMLD) and received 24 hour care. The majority of adults (95%) had also been diagnosed with at least one more additional support need.

Drug and Alcohol Issues

Eight people diagnosed with a learning disability also had a drug and/or alcohol issue.

Sensory Impairment

There were 33 adults with a known sensory issue, the majority of adults were male (19). There was a wide spread of ages, the highest number aged between 50-59 (9), followed by 8 aged 17-29, 6 aged 40-49, 3 each aged 30-39, 60-69 and 70-79, and finally one person aged over 80 years old.

Again the largest numbers of individuals resided in Elgin (11), this is followed by Buckie, out of area, Fochabers, Lossiemouth, and Forres. Twenty of the adults also had a least one more diagnosed additional support need.

Accommodation

Accommodation has been broken down into the following categories: living with a relative in a family home (including all those living with elderly carers), own tenancy - individual home no provider (includes all those living with a partner), own tenancy - individual flat under one roof, own tenancy - in a shared home, own tenancy - sheltered housing, care home and lastly those in hospital.

	Living With Relative in Family Home (incl. all those living with Elderly Carers)	Own Tenancy - Ind. Home No Provider (includes all those living with partner)	Own Tenancy - Ind. Flat Under One Roof	Own Tenancy - In a Shared House	Own Tenancy - Sheltered Housing	Care Home	Hospital	Total
Total Male & Female								
Elgin	55	48	30	40	X	X	0	
Lossiemouth	X	X	X	X	X	X	0	
Keith/Speyside	23	X	X	X	X	X	0	
Forres	25	12	X	X	X	X	0	
Fochabers	X	X	X	X	X	X	0	
Buckie	37	17	X	12	X	X	0	
OUT OF AREA	X	X	X	X	X	14	4	
Total	**154**	**93**	**39**	**78**	**5**	**33**	**4**	**407**

Most people were living with relatives in a family home with 38% of the total doing so. A further 23% had their own tenancy and were living in an individual home with no provider.

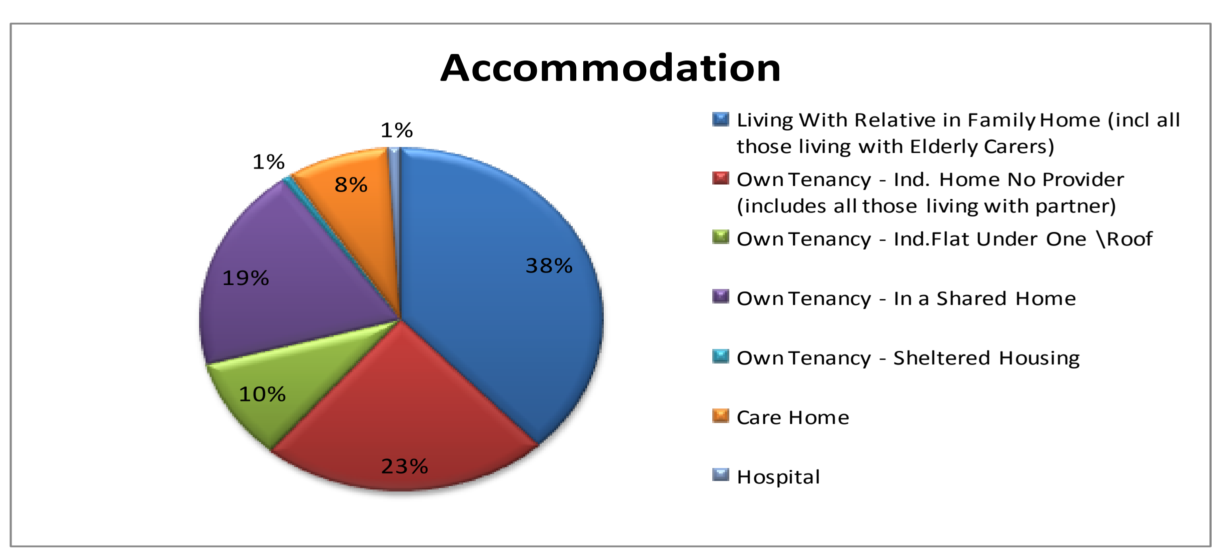
19% had their own tenancy in a shared home.

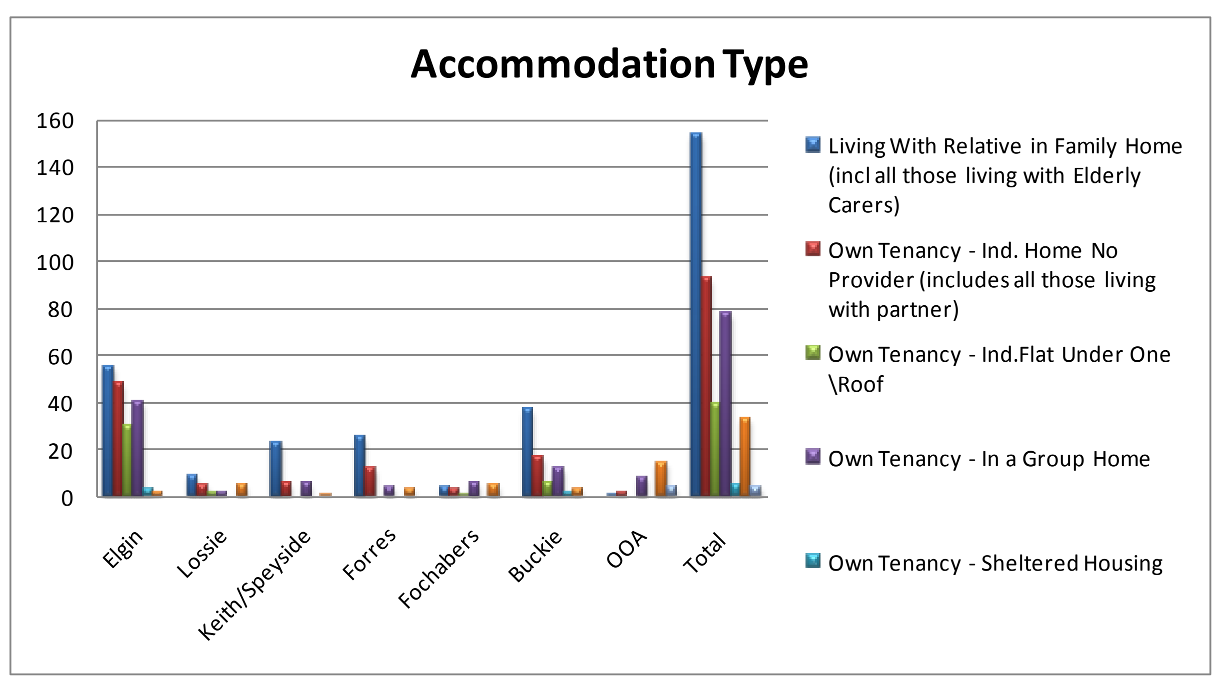
10% had their own tenancy in an individual flat under one roof.

8% were living in a care home.

1% were in hospital and 1% in sheltered housing.

Although not shown on the chart here 30 people were living with a relative who was over 65 years old.





Out of Area

Note that there were 29 people living out of area as it was assessed that this best met their needs as appropriate services were not available in Moray.

6 had no additional support needs noted. 23 had additional support needs which have been included in the support needs data.

Male	OUT OF AREA	Female	OUT OF AREA	Total Male/Female	OUT OF AREA
17-29	9	17-29	4	17-29	13
30-39	5	30-39	0	30-39	5
40-49	1	40-49	2	40-49	3
50-59	3	50-59	2	50-59	5
60-69	1	60-69	1	60-69	2
70-79	1	70-79	0	70-79	1
80+	0	80+	0	80+	0
Total	**20**	**Total**	**9**	**Total**	**29**

Living with a Partner

Total Male & Female Age/Area	Elgin	Lossie	Keith/ Speyside	Forres	Fochabers	Buckie	Out of Area	Total
Total	**12**	1	**0**	**1**	**3**	**1**	**0**	**18**

Living with Elderly Carer (aged 65+)

Total Male & Female Age/Area	Elgin	Lossie	Keith/ Speyside	Forres	Fochabers	Buckie	Out of Area	Total
Total	**8**	**1**	**5**	**7**	**0**	**9**	**0**	**30**

Living with a Relative (including elderly carer aged 65+)

Total Male & Female Age/Area	Elgin	Lossie	Keith/ Speyside	Forres	Fochabers	Buckie	Out of Area	Total
Total	**55**	**9**	**24**	**25**	**4**	**38**	**1**	**156**

Living Alone

Total Male & Female Age/Area	Elgin	Lossie	Keith/ Speyside	Forres	Fochabers	Buckie	Out of Area	Total
Total	**43**	**4**	**3**	**11**	**0**	**17**	**2**	**80**

Service Users in Hospital

There were 4 people Out of Area in hospital. Two were in the 17-29 age range, one each in the 40-49 and 50-59 age ranges. All were white and single. All have challenging behaviour. Two have a support need of ASD and one with a forensic need. Two were accessing day services for a total of 25 hours per week.

Accommodation - Nationally

Accommodation type is now known for 90% of adults with a learning disability. Nationally 44% live with a family member. In Moray it is 37%.

Nationally 61% of adults with a learning disability stay in mainstream accommodation. This is a home which has not been adapted for the individual's needs in any way. This may include the family home.

Almost a quarter live in supported accommodation which is a home in which external support has been put in place to help the individual live independently.

A tenth are living in registered adult care homes which are where a number of other adults may live together. The accommodation is usually in single rooms and residents have access to on-site care services.

6% live in 'other' accommodation, this is made up of: special housing; sheltered housing; NHS facilities/ hospitals; homeless; penal institutions; specialist rehabilitation units; independent hospitals; and mobile accommodation.

Only a small number 1% of adults are now known to be in hospitals/ NHS facilities.

This is in sharp contrast to earlier decades. In 1980 there were 6,500 people with a learning disability in hospital. This number fell to 2,450 in 1998 and to 217 in 2010.

APPENDIX 2 - Service Mapping and Quality

Self Directed Support

Total number of LD Direct Payments = 10
Cost p/w:

<£200 = 2

£200-£500 = 4

£500-£1k = 3

£1k-£5k = 1

£5k = 0

Total cost per week = £6,077.48

Average cost per week = £607.75

Total direct payment to people with LD = 19.7%

Education

These figures represent the number of adults in education care managed by the CLDT.

	Moray College	Camphill (OUT OF AREA)	Kestral House	Forres School	Buckie School	School	Total
Male & Female	4	1	1	1	1	4	**12**

National Education

10.4% of all adults with a learning disability were known to be enrolled in further education in 2011 which is an increase of 1.4% from 2010. However, a higher number of adults were also known not to be in further education, increasing from 9,883 to 11,503 (the increase in both figures is due to more information being made available on individuals).

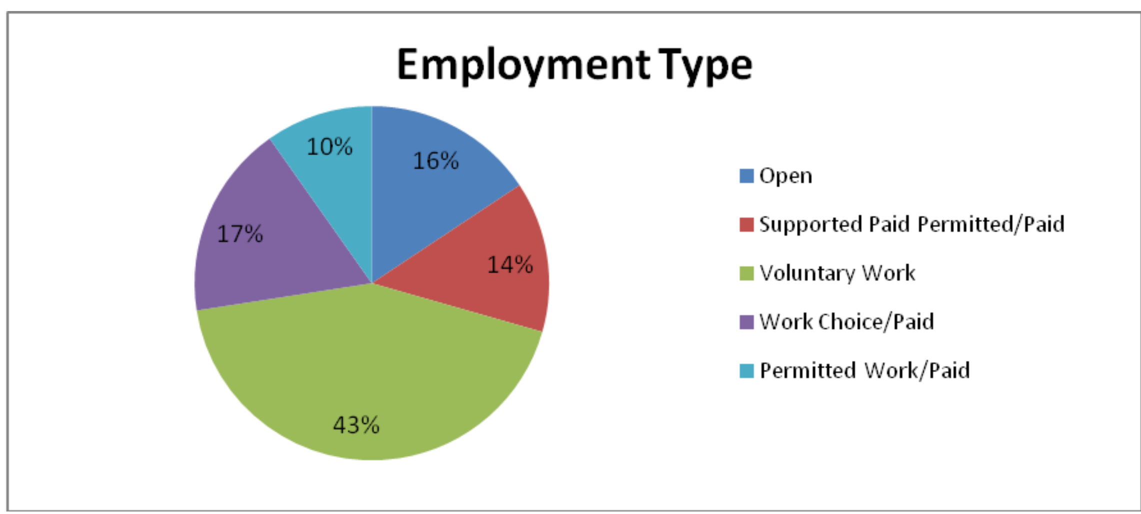
Employment Support Service

The data provided by the Employment Support Service showed that in Moray 39 people were in Employment, with 24 known to the Community Learning and Development Team and 15 not being known to the team.

The 39 individuals in employment were working 656.25 hours per week which is an average of 16.8 hours per person per week. 9 people had 2 jobs and 2 had 3 jobs.

Known to CLDT		Not Known to CLDT No Age Data		All Clients In Work	
Male	15	Male	9	Male	24
Female	9	Female	6	Female	15
Total	24	Total	15	Total	39

There are different definitions of employment shown on the chart. The majority (43%) were undertaking voluntary work.



There was also a wide range of job types undertaken from factory work to gardening to catering and shop assistant work. The majority of job types are shop and trolley assistants.

Job Descriptions	Total	Job Descriptions	Total
Factory - Production Line/Loading	4	Housekeeping/Domestic/Cleaner	8
Delivery	3	Garden Centre/Grounds Maintenance	6
Maintenance	1	Traffic Controller	1
Office Assistant	2	Call Centre	1
Catering/Waitress/Kitchen	5	Childcare	2
Store Person	1	Bus Escort	1
Shop Assistant/Trolley Assistant	15	Car Maintenance/Type Fitter	1

National Employment / Training for Employment

The number and proportion of adults known to be in employment or training for employment continues to increase gradually year on year.

There has however been a slight shift in the type of employment opportunities adults with a learning disability were carrying out in 2011. Fewer adults were recorded in mainstream employment (open employment), while there has been an increase in the number in non-open employment and training for employment.

Day Services

Day services were available throughout Moray. There were 21 day services ranging from graphic design and printing to art, theatre skills, recycling and gardening.
11 were Moray Council run services and 10 were external service providers contracted by the Moray Council.

Geographically the services were based in Buckie (5 services), Drummuir (1), Elgin (10), Forres (2), Keith (1) and Lossiemouth (2).

There were 6 individuals accessing day services Out of Area.

	Male	**Female**	**Male & Female**
Total Service Users Attending A Day Service Per Week	127	109	236
Total Attending 2 Different Day Services Per Week	56	53	109
Total Attending 3 Different Day Services Per Week	17	15	32
Total Sessions Per Week	**200**	**177**	**377**

There were 236 people attending day services per week. 127 males and 109 females.
109 people attended 2 different day services per week and 32 attended 3 different day services per week.

This totalled 377 day service sessions per week and 4301 hours per week.

Provider	**Area**		**No. Attending Per Week**		**Hours Per Week**
Abbeyside Nursing Homes Ltd.	Elgin		3		48
Ark	Forres		2		9
Buckie Yarns, Moray Reachout	Buckie		11		126
Burnie, The Moray Council	Buckie		33		524
Cedarwood, The Moray Council	Elgin		42		627
Coffee Bar, The Moray Council	Buckie		12		162
DTP The Moray Council/ Self-Employed Manager	Buckie & Elgin		7		47

Greenfingers, The Moray Council	Elgin		34		366
Harlequins The Moray Council	Lossiemouth		42		390
Keith Resource Centre The Moray Council	Keith		18		329
Care UK, Lochpark	Drummuir		42		390
Moray Artisans, The Moray Council	Elgin		29		192
Out of the Darkness Theatre Co. Ltd.	Elgin		7		41
Out of the Darkness Theatre Co. Ltd.	Elgin		18		174
Out of the Darkness Theatre Co. Ltd.	Elgin		3		18
Quest - Enable	Elgin		13		138
Start to Knit, Moray Reachout	Elgin		17		156
Towerview, The Moray Council	Forres		14		165
Wastewatchers, Moray Reachout	Buckie		20		258
Wood Recycling, Team - The Moray Council	Elgin		10		141
		Total Sessions Per Week	**377**	**Total Hours Per Week**	**4301**

Day Service places available per day or week – work is being collected on actual usage compared with commissioned places (Jan 2013)

Abbeyside Nursing Homes Ltd.	Spot
Ark	Spot
Buckie Yarns, Moray Reachout	25pw
Burnie, The Moray Council	50pw
Cedarwood, The Moray Council	25pd
Coffee Bar, The Moray Council	12pd
DTP The Moray Council/ Self-Employed Manager	5 ft 10pt pd
Greenfingers, The Moray Council	14pd
Harlequins The Moray Council	14pd
Keith Resource Centre The Moray Council	17pd
Care UK, Lochpark	20pd
Moray Artisans, The Moray Council	8pd
Out of the Darkness Theatre Co. Ltd.	6 Mon/Thurs
Out of the Darkness Theatre Co. Ltd.	14 Tue/Wed
Quest - Enable	8pd
Start to Knit, Moray Reachout	25pw
Towerview, The Moray Council	8pd
Wastewatchers, Moray Reachout	45pw
Wood Recycling, Team - The Moray Council	10pd

6 adults living Out of Area also attended a Day Service. The individuals attended 4 separate day services between.

National Day Services

The number of adults recorded as having alternative opportunities continued to rise in 2011 compared to the previous years (8,872 in 2010 to 10,286 in 2011) while the number of adults attending a day centre also increased bucking the previous years drop in numbers (5,953 in 2010 to 6,164 in 2011). The rise in numbers can again be attributed to the increased number of adults for whom information is known.

Accommodation

In Moray there are a number of service providers supporting people in various types of accommodation. Only the Community Support Service in this list is a Moray Council run service. There are 16 providers in Moray and 10 Out of Area.

Provider	Moray	Provider	Out of Area
Abbeyside	Moray	Bridg'it Venture	Out of Area
Andersons	Moray	Camphill	Out of Area
Ark	Moray	Cantrybridge	Out of Area
Community Support Service	Moray	Catalina	Out of Area
CIC	Moray	Choices	Out of Area
Cornerstone	Moray	Highland HC	Out of Area
Crossroads	Moray	Northgate	Out of Area
Inspire	Moray	Quarriers	Out of Area
Momentum	Moray	Sense	Out of Area
Parklands	Moray	St Josephs	Out of Area
Real Life Options	Moray	St Olaf	Out of Area
SAMH	Moray		
Spynie	Moray		
The Richmond Fellowship Scotland	Moray		
Turning Point	Moray		
Westview	Moray		

Telecare

Accessing telecare at home can greatly increase a persons' independence.

Age/Area	Total
17-29	16
30-39	17
40-49	7
50-59	10
60-69	10
70-79	4
80+	1
Total	**65**

There were 65 people accessing telecare systems via the Telecare Team, with a number of people using more than one system. 12 different systems were used ranging from community alarms to door sensors and personal pendants.

Telecare System	No. people using system
Bed Occupancy Sensor	5
Community Alarm	35
Door Sensor	16
Epilepsy Sensor	3
Just Checking System	1
Key Safe	3
Personal Pendant	1
PIR Movement Detector	3
Jelly Bean Switch	1
Heat Sensor	1
Fall Detector	1
Magi Plug	8
Total	78

Advocacy Locally and Nationally

Advocacy services enable people to have a greater say in decisions which affect their lives.

Advocacy services play a key role in allowing people with a learning disability to play an active role in their community and help shape future services. Improving access to advocacy services was a key recommendation of the Same As You and the Mental Health (Care and Treatment) (Scotland) Act 2003.

There was a continued increase in the number of people for whom advocacy information is known, with a 12% increase in 2011. Advocacy information is now known for 8,963 adults broken down as follows:

- 75% adults do not have an advocate and do not require one
- 4% do not have an advocate but require one
- 12.5% have a professional advocate
- 2% take part in group/collective advocacy
- 3% exercise self-advocacy
- 3.5% have a citizen/independent advocate

The advocacy statistics show that since 2008 more adults are being recorded as having access to, or are taking up the advocacy services they require.

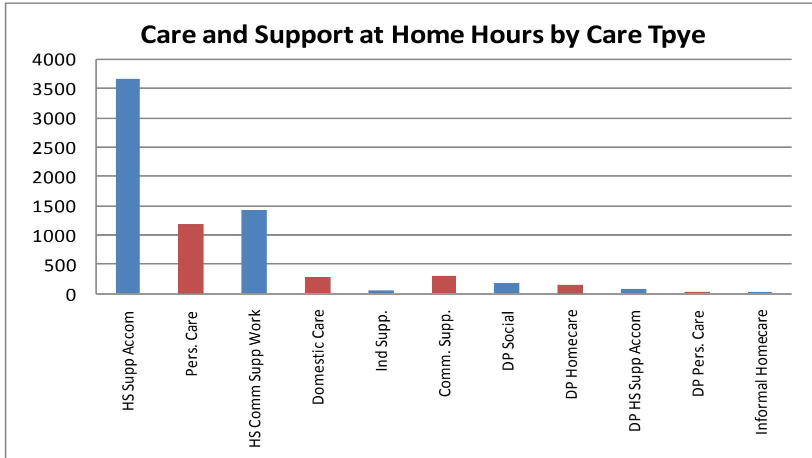
There has been a recorded increase in the number of adults with a professional advocate, citizen or independent advocate and group or collective advocacy.

In Moray a service level agreement between the Moray Council and Advocacy North East is in place. Up to November last year 122 adults with a learning disability had accessed to the service which represented 22.6% of the total number of cases they had worked on. There were 28 active cases as at November last year.

Short Breaks Bureau

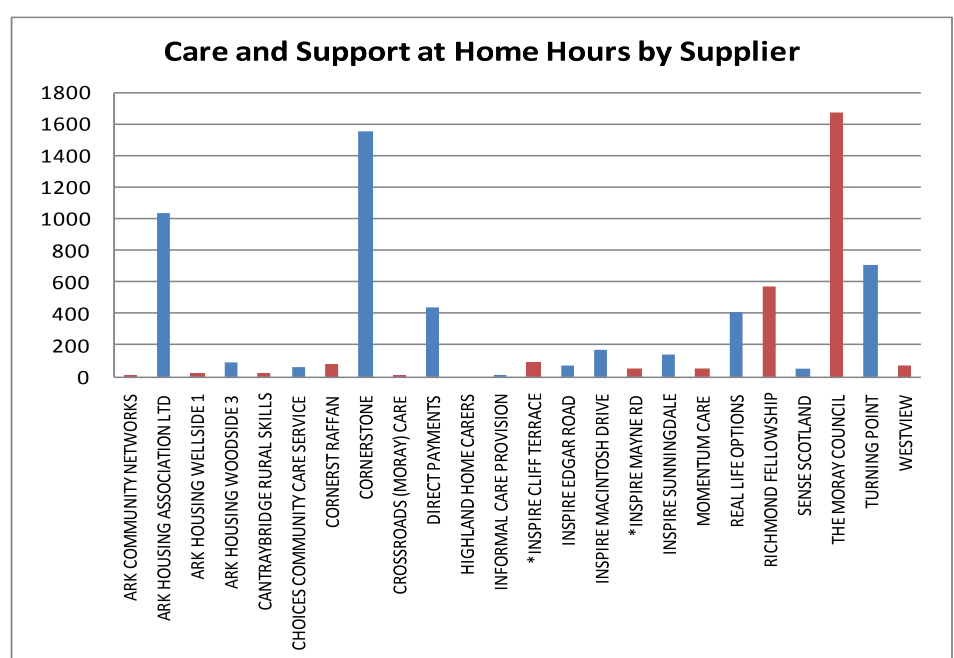
Since start of SBB (December 2011) there have been 11 adults referred who have a learning disability. 9 males and 2 females.

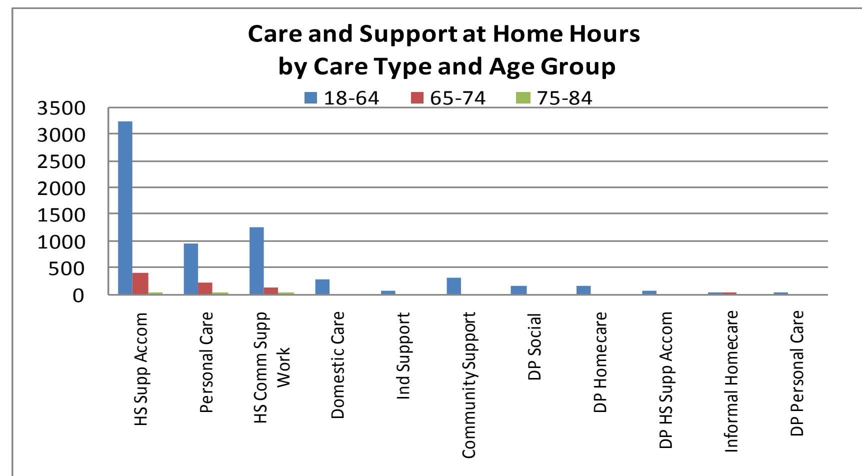
Care and Support at Home



From the data recorded on CareFirst almost half of the care and support at home for people with a learning disability commissioned by the local authority was for housing support in supported accommodation with 3,666 hours per week. The second biggest commissioned service was again for housing support through community support work with 1,423 hours (per week), followed by personal care with 1,175 hours provided per week. Nearly 440 hours per week of community care was purchased through direct payments.

In total there were 24 separate suppliers of care and support at home services in Moray for people with a learning disability. The largest supplier of community care is The Moray Council Homecare service with 1,700 hours supplied each week, the bulk of which was for housing support (community support work). Cornerstone was the next largest supplier of care with 1,556 hours of care delivered per week, the majority of which was for housing support in supported accommodation. It should be noted that at least 10 of the suppliers provided less than 100 hours of care per week, with around 87% of the care hours commissioned provided by seven suppliers.

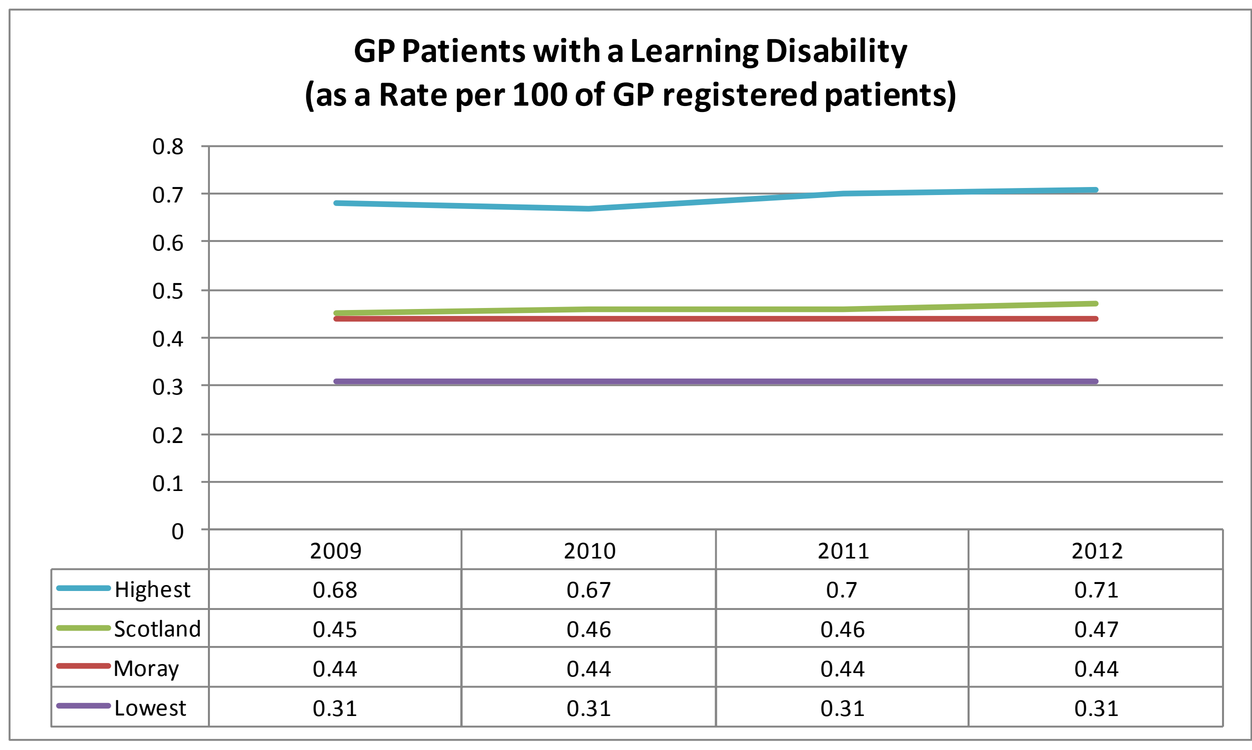




The majority of the care and support at home provided to adults with a learning disability was to those aged between 18 and 64, where over 6,500 hours were delivered or the equivalent of 88.6% of all the learning disability support and care at home hours.

GP Practice Quality and Outcomes Framework Data

There are 14 Health Centres / Medical Practices operating throughout Moray (there were 16 but Dufftown and Tomintoul merged to become the 'Rinnes Practice' and Seafield and Cullen also merged to be the 'Seafield and Cullen Practice'). Data from the Quality and Outcomes Framework[1] can be used to show the number and prevalence of people with a learning disability registered at a general practice[2]. Nationally there is little change over the last 4 years as can be seen in the graph below. Moray is just below the Scottish National average (the highest rate is Mid-Lothian, lowest rate was East Dumbarton).



	2009	2010	2011	2012
Highest	0.68	0.67	0.7	0.71
Scotland	0.45	0.46	0.46	0.47
Moray	0.44	0.44	0.44	0.44
Lowest	0.31	0.31	0.31	0.31

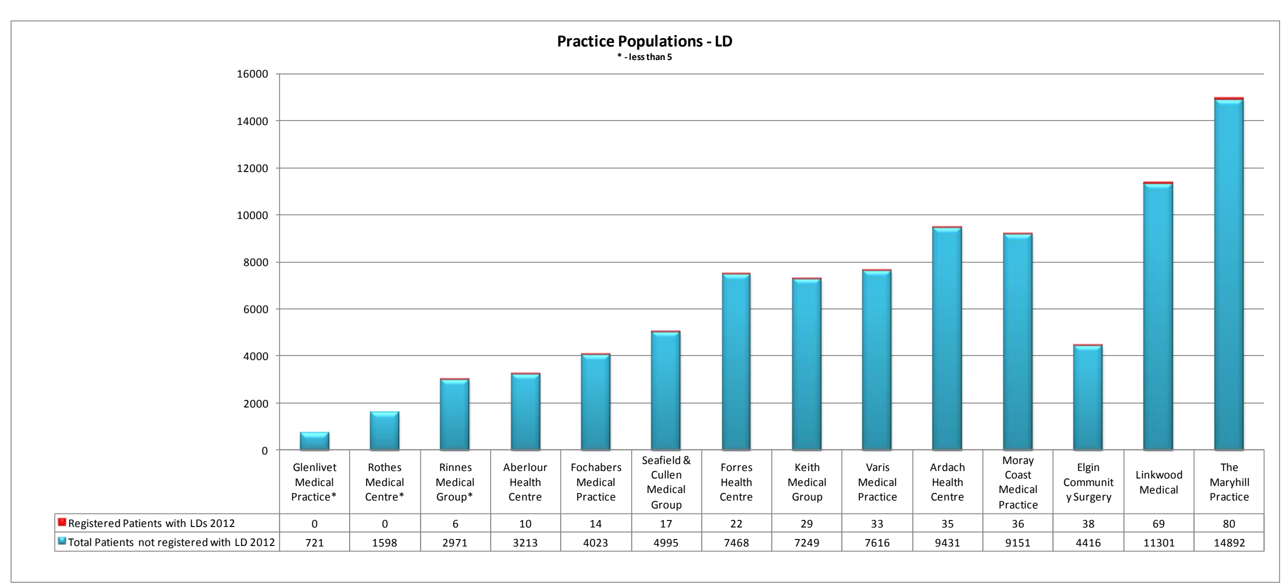
The table below lists the Moray practices including the total number of people registered in each practice (list size), the number registered with a learning disability and the prevalence rate per 100 people.

[1] http://www.gpcontract.co.uk/
[2] http://www.isdscotland.org/Health-Topics/General-Practice/Quality-And-Outcomes-Framework

	Registered Patients with a LD	Total Patients Registered	% of Practice Population / rate per 100 people	Registered Patients with a LD	Total Patients Registered	% of Practice Population / rate per 100 people
Moray GP Practices	2011	2011	2011	2012	2012	2012
Glenlivet Medical Practice*	*	722	*	*	721	*
Rothes Medical Centre*	*	1612	*	*	1598	*
Rinnes Medical Group	*	2989	*	6	2977	0.20
Aberlour Health Centre	10	3220	0.31	10	3223	0.31
Fochabers Medical Practice	13	4100	0.32	14	4037	0.35
Seafield & Cullen Medical Group	15	4955	0.30	17	5012	0.34
Forres Health Centre	23	7469	0.31	22	7490	0.29
Keith Medical Group	30	7351	0.41	29	7278	0.40
Varis Medical Practice	32	7661	0.42	33	7649	0.43
Ardach Health Centre	37	9576	0.39	35	9466	0.37
Moray Coast Medical Practice	42	9169	0.46	36	9187	0.39
Elgin Community Surgery	34	4359	0.78	38	4454	0.85
Linkwood Medical	65	11391	0.57	69	11370	0.61
The Maryhill Practice	82	14821	0.55	80	14972	0.53
Moray CHSCP	395	89395	0.44	395	89434	0.44
Grampian	2206	464649	0.47	2241	471969	0.47
Scotland	23344	4908763	0.48	24335	5044592	0.48
UK	223196	63066338	0.35	243285	65192246	0.37

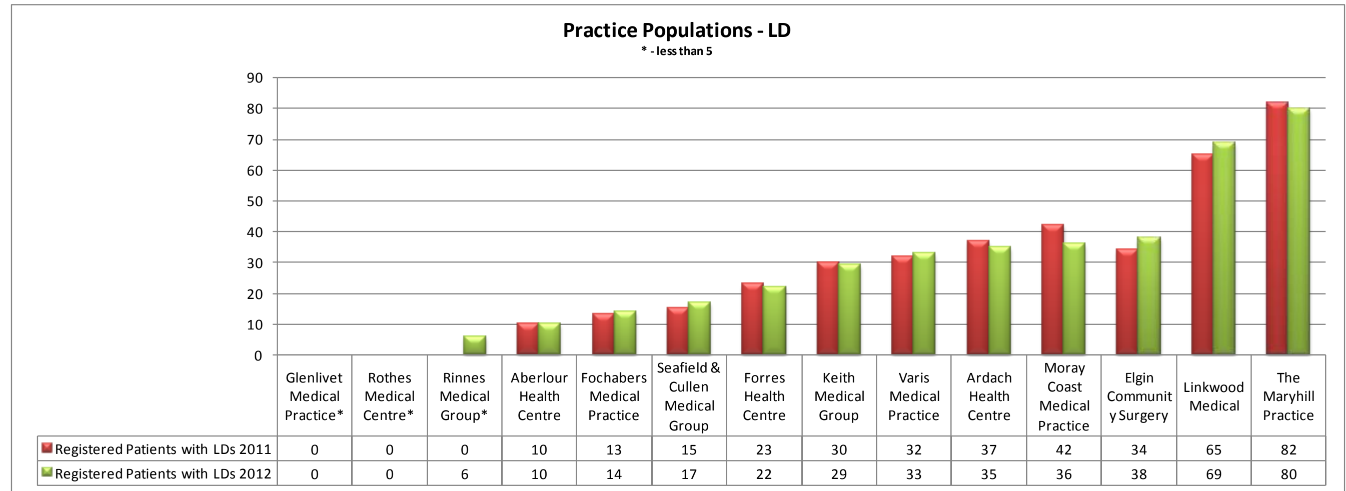
*Numbers small and not published to keep anonymity of GP clients.
(A total of 12 between the Glenlivet; Rothes; and Rinnes Practices gave a combined rate of 0.23 in 2011)
(A total of 6 between the Glenlivet and Rothes Practices in 2012 gave a combined rate of 0.26)

The graph below shows the proportion of Learning Disability Patients to Non Learning Disability Patients



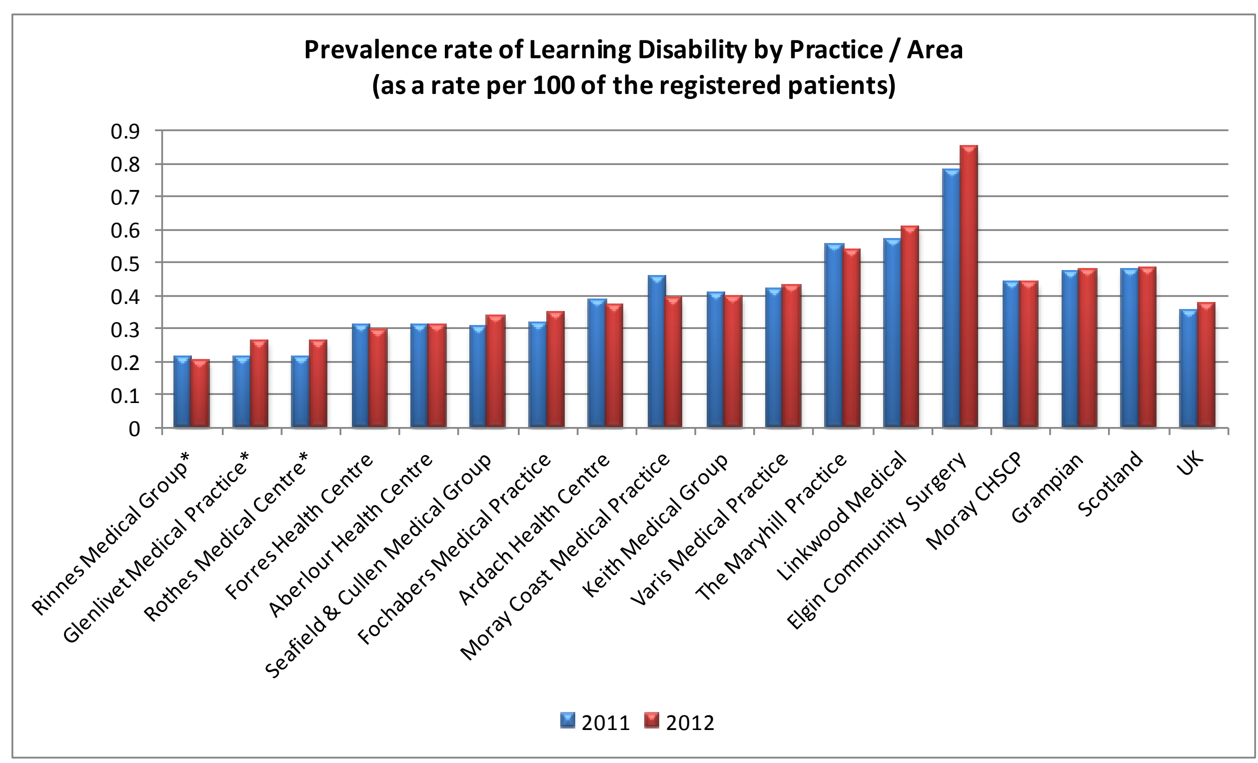
The graph below shows the number of people with a Learning Disability in 2011 and 2012 in ascending order. For each of the practices with an asterisk and a 0 this

represents a number below 5 i.e. Rothes; Glenlivet and Rinnes. It shows that Elgin area has the highest number of patients with a Learning Disability.



	Glenlivet Medical Practice*	Rothes Medical Centre*	Rinnes Medical Group*	Aberlour Health Centre	Fochabers Medical Practice	Seafield & Cullen Medical Group	Forres Health Centre	Keith Medical Group	Varis Medical Practice	Ardach Health Centre	Moray Coast Medical Practice	Elgin Community Surgery	Linkwood Medical	The Maryhill Practice
Registered Patients with LDs 2011	0	0	0	10	13	15	23	30	32	37	42	34	65	82
Registered Patients with LDs 2012	0	0	6	10	14	17	22	29	33	35	36	38	69	80

The graph below orders the GP practices by 2012 prevalence rate, with the lowest prevalence rate on the left then gives area rates to the right (Moray, Grampian etc).



In 2011 and 2012 the three Elgin GP practices had the highest learning disability prevalence rates in Moray. In 2011 this was followed by the Moray Coast Practice and Ardach. In 2012 the Elgin practice prevalence is followed by Varis and Keith. Despite the smaller numbers of Learning Disability registered patients in the Elgin Community Practice, as the total number of patients registered with this practice is much smaller than the other practices its rate per 100 is the highest in Moray. Comparing the years 2007 and 2012, Ardach has shown the greatest difference with 50 Learning Disability patients in 2007 (a prevalence rate of 0.5 per 100) and 35 in 2012 (a prevalence rate of 0.37 per 100) this equates to a fall of 15 (30% of the original number) and 0.13 in the rate. Varis has shown the greatest positive change with 20 Learning Disability patients in 2007 (a prevalence rate of 0.26 per 100) and

33 in 2012 (a prevalence rate of 0.43 per 100), this equates to a rise of 13 in number (65% of the original number) and 0.17 in the rate.

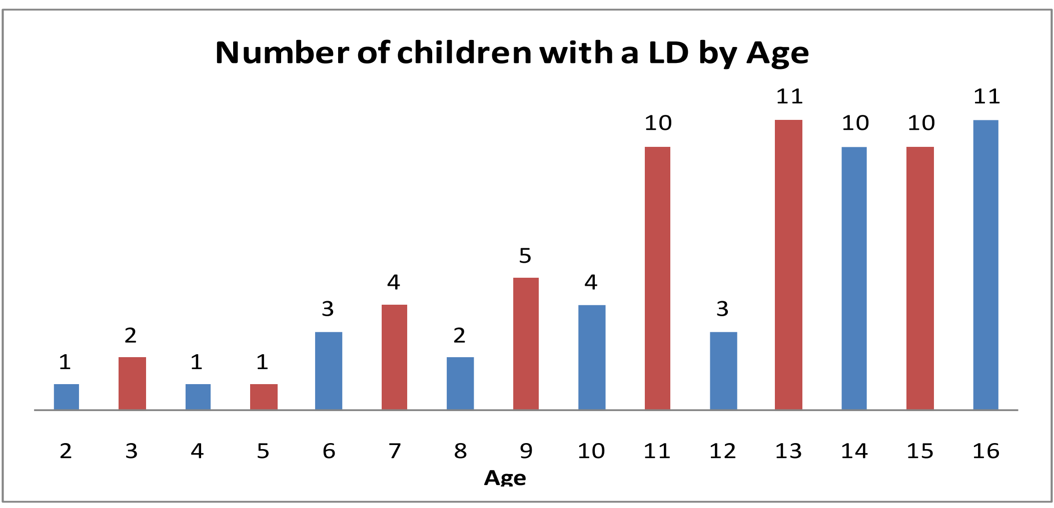
The concentration of Learning Disability Clients in Elgin and the internal movement in numbers may reflect the moving of services and/or ease of access to a wider variety of services and support and may also include access to hospital services and to GP surgeries/staff with specialism's etc.

Children with Learning Disabilities

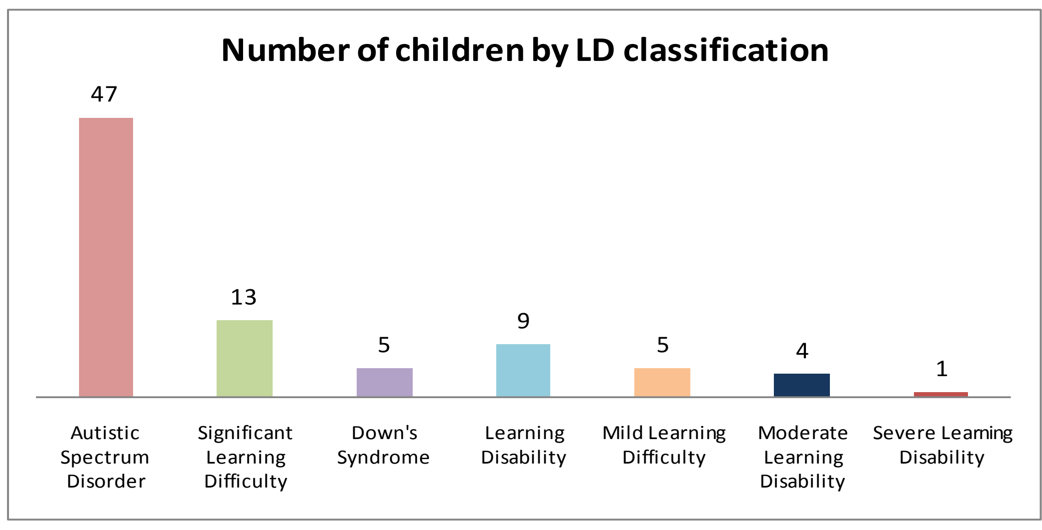
As at March 2012 there were 78 children (aged 16 and under) who are known to the local authority with a learning disability on CareFirst.

Over a third of children were located in the Elgin area (27), this is followed by Keith (14), Buckie (12) and Forres (12). There were five children known to the local authority who are from out with Moray; three were from Aberdeenshire, and one each from Dumfries and Aberdour.

The age range of children identified as having a learning disability goes from 2 years to 16 years old. The largest concentration of children known to the authority with a learning disability is in the older age bracket of 11 to 16 years, with 70% of the children in the age group.



The majority of children with a learning disability had been diagnosed with having Autistic Spectrum Disorder (60%), well ahead of next most common diagnosis of a significant learning difficulty (17%).



The majority of children had been diagnosed with one learning disability (92%), with six children recognised as having two learning disabilities / difficulties.

At the age of 16 years, all people, regardless of disability, legally gain adult status. It is important that the adult status of people with disabilities, and, in particular, people with learning disabilities is recognised, whilst taken into account of their capacity. The rights attached to adult status must not be infringed if a person had a disability. The maturity of every individual will depend on their experiences and the expectations placed upon them. By recognising the adult status of people with disabilities, professionals and others will have expectations of individuals that will encourage maturity[3].

The transition from adolescence to adult maturity will happen at different ages for all young people, including those with disabilities. Different problems and opportunities will be encountered by each young person during this time in his or her life. Where the individual has a disability these problems may be exacerbated by the nature of any impairment or by the disabling and disempowering attitudes of society. It is imperative that appropriate information on available services is accessible to young people with a disability and their carers, and that they are able to use support systems which meet their needs[4].

There are certain objectives for all young people of this age in moving through to adulthood. These may include[5]:

- The development of a sense of identity, personal autonomy and self-advocacy
- Transition from school to higher education, work experience and/or employment developing independence and life skills
- Identification and negotiation of appropriate accommodation and support/care
- Developing a sexual identity and forming adult sexual relationships
- A shift in the parent/child relationship and leaving home where appropriate
- Developing new relationships outside of the home and school

Following the published policy and guidelines for the transition to post School Services[6] the Transitions Service supports young people leaving Children's Services who require the support of Adult Services to have a plan in place and a smooth transition between the two[7].

[3] Moray Community Health and Social Care Partnership – Transitions Policy
[4] Moray Community Health and Social Care Partnership – Transitions Policy
[5] Moray Community Health and Social Care Partnership – Transitions Policy
[6] Moray Transition Planning Guidelines – Transition to Post School Service (Oct 2010)

[7] Moray Adult Community Care Service Plan 2013/14

Parents with a Learning Disability

Twelve adults with a learning disability known to the Moray Council were parents to a total of 25 children. The range in age of their offspring is between 1 and 49 years old, with 9 of the 25 aged over 18. Of the 12 parents, 5 had an additional support need.

The majority of adults lived in their own home (no provider support).

Thirteen of the 25 offspring had previously been or were currently being 'looked after' through the local authority. This may be:

- In kinship care placements
- In respite care
- Under supervision orders based at home
- With foster parents
- In residential care locally and
- In an establishment outside Moray

Adults with a Learning Disability known to Criminal Justice

Six adults with a learning disability were known to the local authority and were also known to the criminal justice system. The adults were aged between 18 to 33, and 4 of the adults were male.

Benchmarking

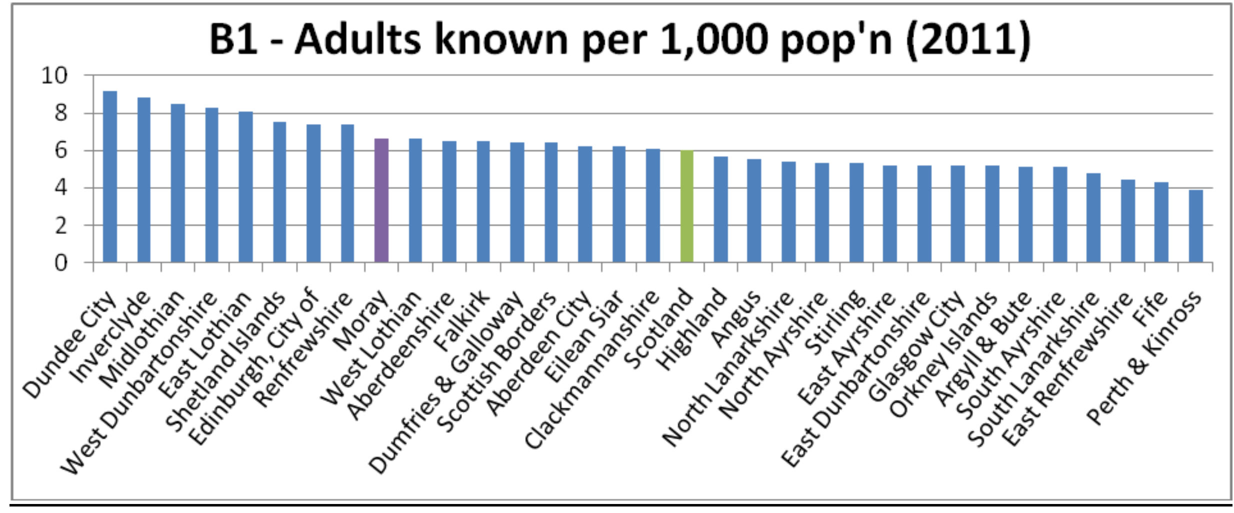
eSAY National Data

The following learning disability analysis is based on the annual eSAY (Same as You) return that each Scottish local authority (LA) is required to complete and submit. Results are available from the 2011 submission. These will be used to compare Moray against other local authorities and the national average as well as identify any trends in the Moray data.

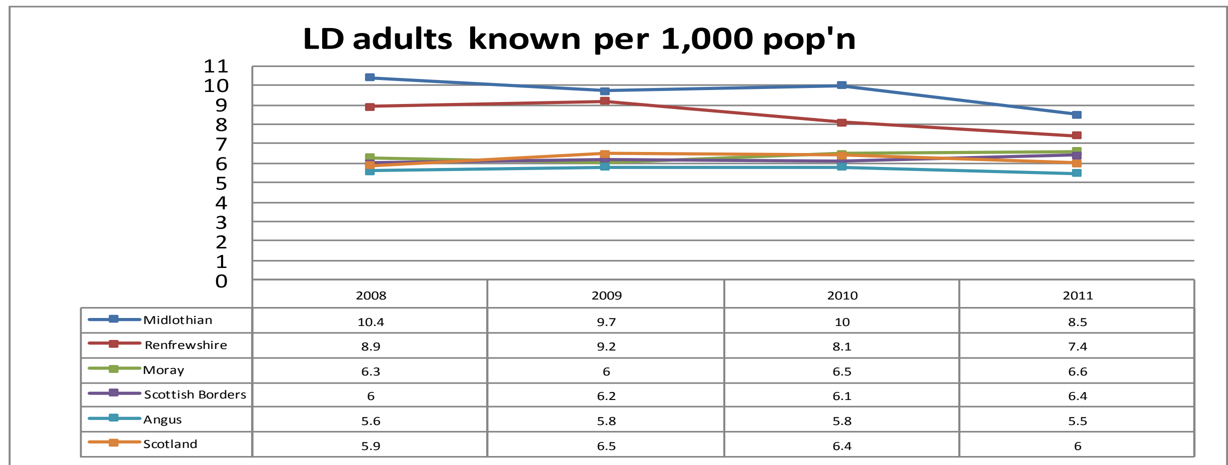
Adults with Learning disabilities known to Local Authorities

In the 2011 eSAY return it was reported that 472 people (aged 16 and over) were known to the Moray Council as having a learning disability, up by 3 from the previous years return. This equated to 6.6 adults per 1,000 Moray population known to the authority as having a learning disability. Of the 472 individuals 59.3% were male, while 81.4% were aged between 21-64 years.

Nationally in 2011 there were 6.0 adults per 1,000 population with a known learning disability, of which 58% were male and 79.1% were aged between 21-64 years. While the proportion of adults known with a learning disability marginally increased in Moray by 0.1 in 2011, the national average fell by 0.4. Overall Moray were ranked 9th highest in 2011 for the proportion of adults per 1,000 population known to the local authority with a learning disability.



Nationally the proportion of adults known to local authorities with a learning disability has increased slightly since 2008 by 0.1 to 6.0, this compares to a rise of 0.3 to 6.6 in Moray.

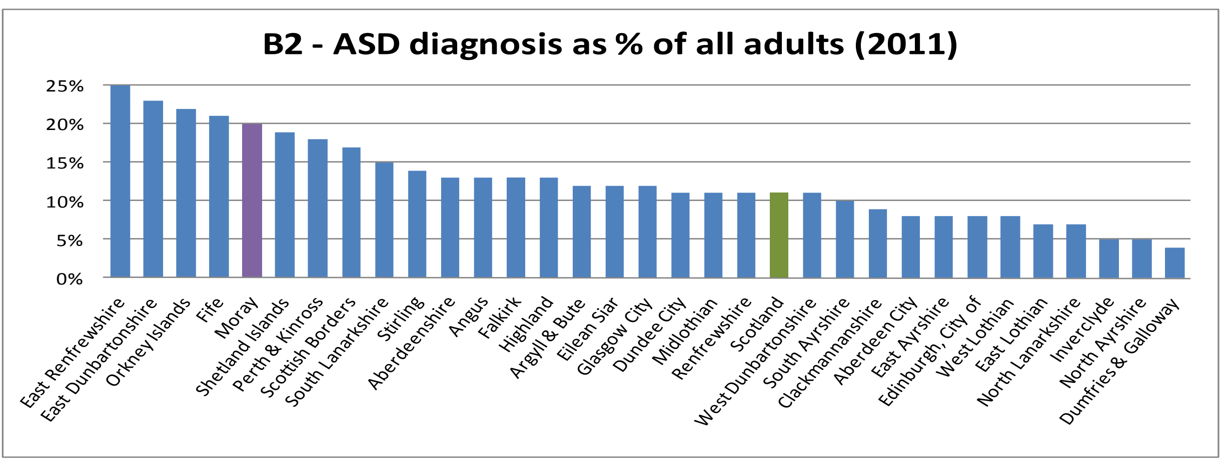


	2008	2009	2010	2011
Midlothian	10.4	9.7	10	8.5
Renfrewshire	8.9	9.2	8.1	7.4
Moray	6.3	6	6.5	6.6
Scottish Borders	6	6.2	6.1	6.4
Angus	5.6	5.8	5.8	5.5
Scotland	5.9	6.5	6.4	6

Compared to the comparator 'family' of local authorities Moray has a slightly higher rate of people with a learning disability in the 2011 census than Angus (5.5) and the Scottish Borders (6.4), however is below that of Midlothian (8.5) and Renfrewshire (7.4). Since 2008 Midlothian have actually recorded a drop (-1.9) in the proportion of adults with a learning disability known to the authority, with Renfrewshire (-1.5) and Angus (-0.1) also showing a decrease over the four year period. The Scottish Borders were the only other authority in the comparator family to record an increase (+0.4) along with Moray (+0.3).

Autism Spectrum Disorder

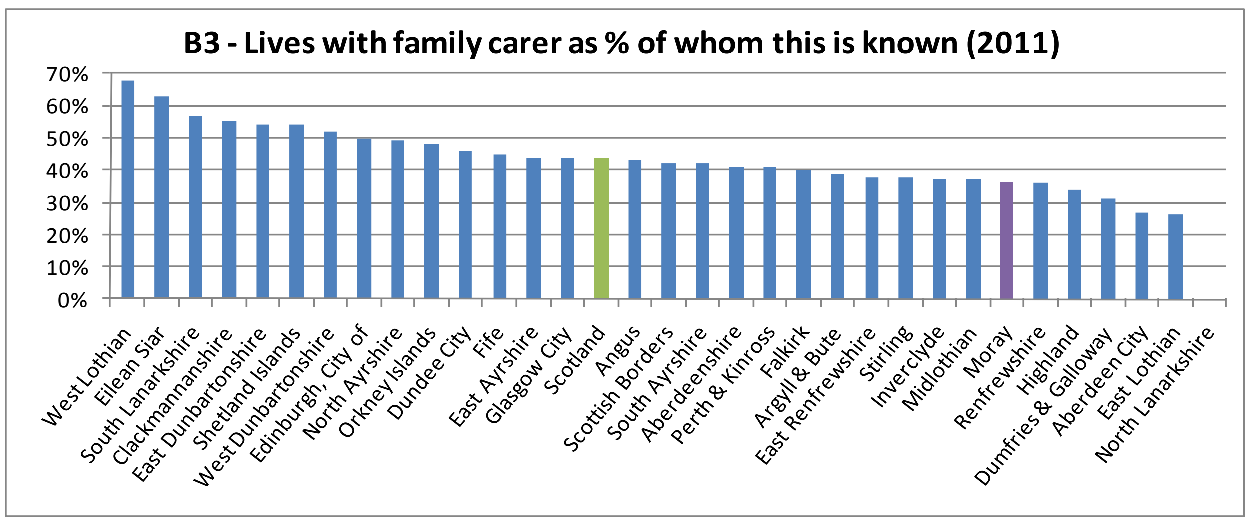
In the 2011 return nationally 11% of adults with a learning disability were diagnosed with Autism Spectrum Disorder. In Moray the rate was significantly higher at 20%; however it should be noted that only 10 local authorities were able to provide a full set of data on ASD, this included Moray. *Nationally data was available for 80% of those with a learning disability*.



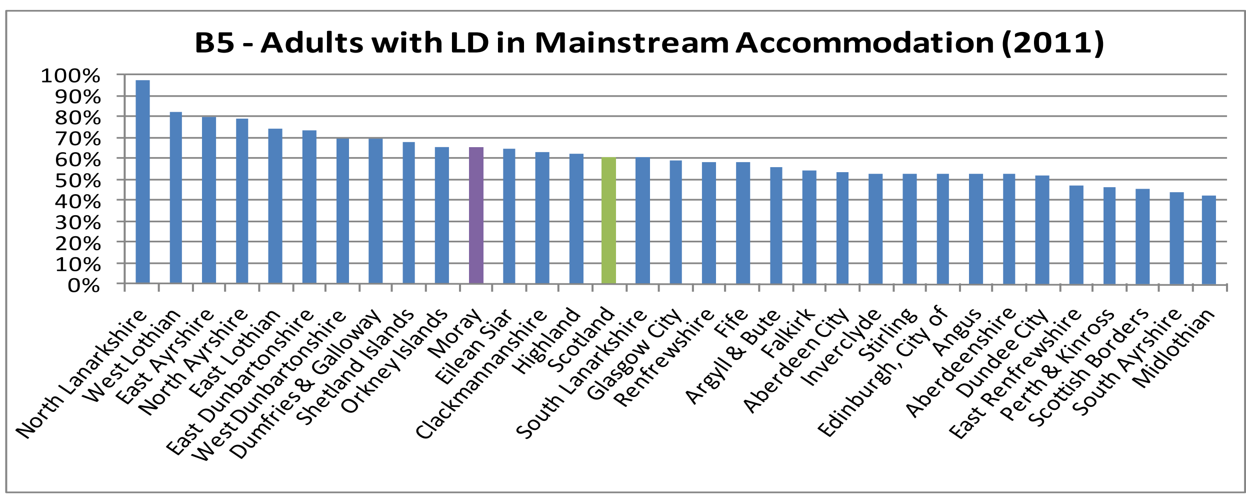
The eSAY statistics have shown that the proportion of adults with ASD has gradually increased both locally and nationally since 2008; however in 2011 there has been a significant jump in Moray with 20% of the 472 LD clients known to the authority having a diagnosis of ASD. The increase in adults with ASD will require further analysis to explain the rise (e.g. previous under recording?).

Accommodation

Nationally 44% of adults with a learning disability (for whom the information was available) were living with a family carer. In Moray this figure was slightly lower at 37%. *Nationally data was available for 82.5% of those with a learning disability.*

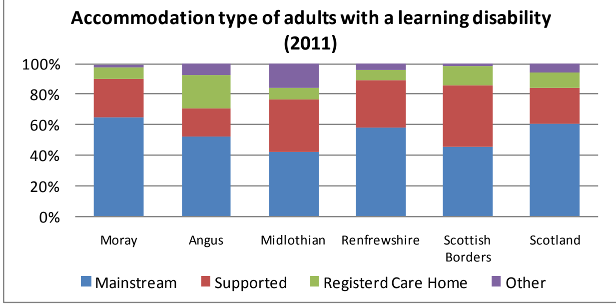


In 2011, 65.4% of Moray LD adults were living in mainstream accommodation (home which has not been adapted for the individuals needs in any way), this is down on the previous year (71.4%). Nationally the proportion living in mainstream accommodation marginally increased to 61%. There was a subsequent increase in the number of adults living in supported accommodation in 2011, increasing from 18.2% to 25.4%. Nationally the proportion remained static at 23.4%. There was a slight decrease in the number of adults residing in registered adult care home, falling from 9.8% to 7.3%, this compares to the national average of 9.8%. 5.9% of adults nationally lived in 'other' accommodation (e.g. sheltered housing, NHS Facilities/Hospitals etc), only 1.9% did so in Moray.



When comparing Moray with their local authority 'family' it is evident that a larger proportion of LD individuals in Moray were residing in mainstream accommodation, with fewer people in a registered care home or 'other' accommodation in 2011.

Accommodation Type	Mainstream	Supported	Registerd Care Home	Other
Moray	65%	25%	7%	2%
Angus	53%	18%	22%	8%
Midlothian	42%	35%	7%	16%
Renfrewshire	59%	30%	7%	4%
Scottish Borders	45%	41%	12%	2%
Scotland	61%	23%	10%	6%



<u>Local Area Co-ordination (in Moray this is part of Care Officer and Community Support Worker Job Descriptions)</u>

Seven local authorities recorded that they do not offer a Local Area Co-ordination (LAC) service, while thirteen authorities offer a service to all adults with a learning disability (including Moray). Nationally 23% of individuals offered the local area co-ordination service use the service. *Note that in the 2011 return LAC information was known for 78.9% of the LD adults.*

In Moray 32% of individuals (for whom data was available) were using the LAC service, while the authority did not have information on 53 of the 472 people with a learning disability known to the authority.

<u>Personal Life Plan (as per Same as you? definition)</u>

Nationally 71.4% of adults for whom information is known have a Personal Life Plan (PLP) in place, this compares to 94.8% in Moray. It should be noted that nationally PLP data was not available for 26.7% of adults, while 3.7% were deemed not applicable for the Plans. Of the 472 Moray LD adults information was not available for 50 adults.

<u>Advocacy</u>

Moray is one of nine local authorities that were unable to provide advocacy details at an individual person level, however aggregate data from the authorities have been provided in the 2011 eSAY return.

Since the 2008 eSAY return the volume of data for whom advocacy information is known at an individual person level has increased from 4,313 individuals to 8,963 in 2011 (108% increase). Nationally 75.2% of adults did not have an advocate or did not require one, while a further 3.6% did not have an advocate but were deemed to require one. Of those who did have an advocate, 12.5% had a professional

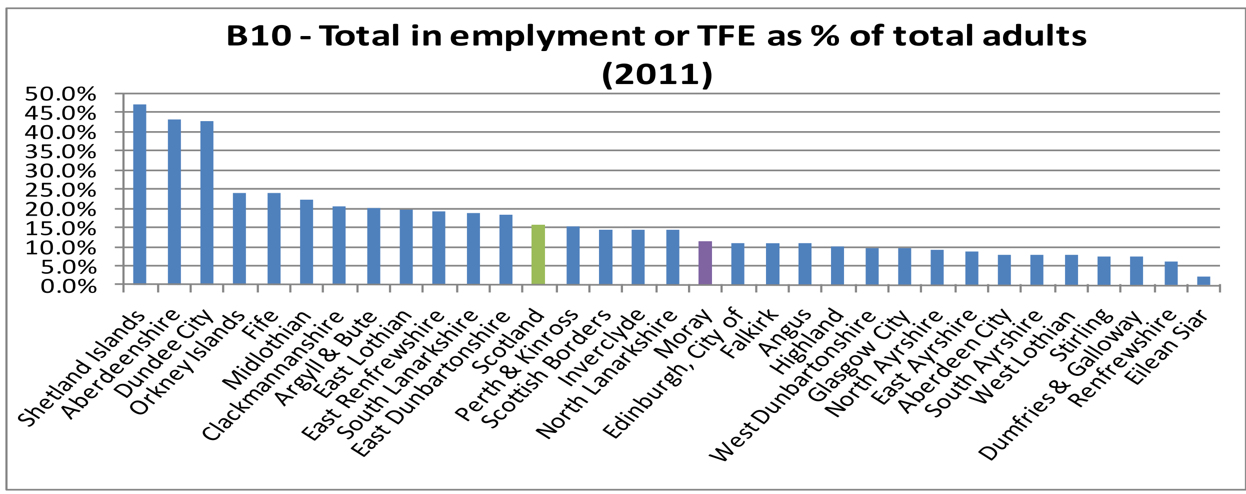
advocate, 2% a citizen/independent advocate, 3% self advocacy and 3.6% had a group/collective advocacy.

The aggregate return from Moray shows a relatively static picture over the last three years, with an estimated 6% of adults accessing advocacy support in 2011.

Employment Opportunities

Nationally the number and proportion of adults known to be in employment or training for employment (TFE) increased in the 2011 return to 15.2%. The number in open employment slightly fell in 2011, while the number in non-open employment and training for employment increased by 11% and 10% respectively. *Note that in the 2011 return employment and training data was known for only 61% of the LD adults.*

In Moray the proportion of adults with a learning disability in employment or TFE slightly increased to 11.2% (53 adults), below the national average. However, it should also be noted that such data was not available for 381 adults (80%).

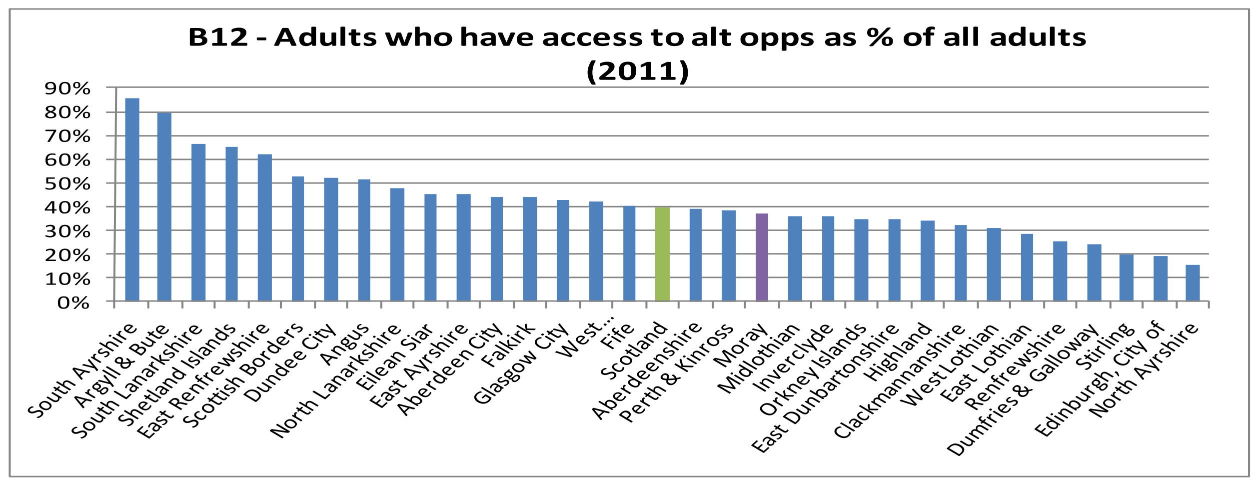


Day Centres and Day Opportunities

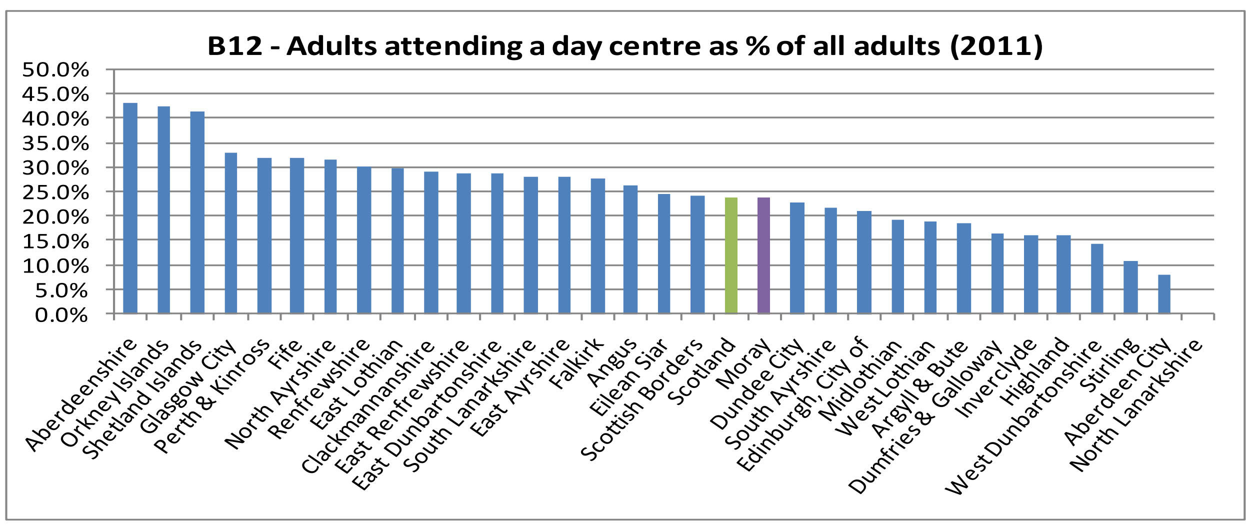
Nationally the number of adults recorded as having alternative day opportunities continued to increase in 2011 (8,872 in 2010 to 10,286 in 2011), this represented 39.5% of all adults having access to alternative opportunities.

The number of adults attending day centres remained relatively static with just over 6,000 adults attending a day centre. The number attending day centres 5 days a week or attending less than 5 days but having no alternative opportunities fell slightly from 2,679 (2010) to 2,573 in 2011.

In Moray 37.5% of adults with a Learning disability have access to other day opportunities, compared to a national average of 39.5%. In total 138 adults were attending something during the day which was not a day service during the census week, slightly down on the 145 recorded in the previous year.



There was a slight increase in the proportion of adults attending a day centre during the census week, increasing from 21% to 23.7% in 2011. Of the adults attending a day centre, 3.2% attend 5 days a week; 12.3% attend a day centre less than 5 days a week with no alternative opportunities and the remaining 8.3% attend a day centre as well as accessing something else during the day.



Transport

LD Day Care and Projects Transport

There are over 40 current tendered contracts with various suppliers for various sizes and functionality of vehicle under Community Service Contracts.

Most contracts are supplied to transport those travelling to and from Day Care e.g. Rothes and Dufftown Day Care, or to transport clients to other Project Activities e.g. the table below lists the Projects in Elgin in a week in August out of a potential 604 person journeys 496 were actually made and the costs are summarised below:

Activity	Number of Journeys	Cost Per Journey	Weekly Cost	Daily Cost (Weekdays only)
Quest	54	£5.68	306.60	61.32
Cedarwood	218	£5.68	1237.77	247.55
Artisians	42	£5.68	238.47	47.69
ODTC	26	£5.68	147.62	29.52
Harlequins	100	£5.68	567.78	113.56
Video	2	£5.68	11.36	2.27
Greenfingers	34	£5.68	193.05	38.61
Start	18	£5.68	102.20	20.44
MRC	2	£5.68	11.36	2.27
Grand Total	496	£5.68	£ 2,816.20	£563.24

Elgin Projects - August 2012 – Public Transport Unit[8]

As of September 2012 there were 683 clients with 839 listed packages on Care First[9] for Day Care or Projects with 1,453 visits per week. Of these there were 261 individual clients with LD service elements, with 400 individual listed packages per week and 791 individual visits per week. Therefore LD clients account for over 38% of the clients, just under 48% of the packages and over 54% of the visits per week.

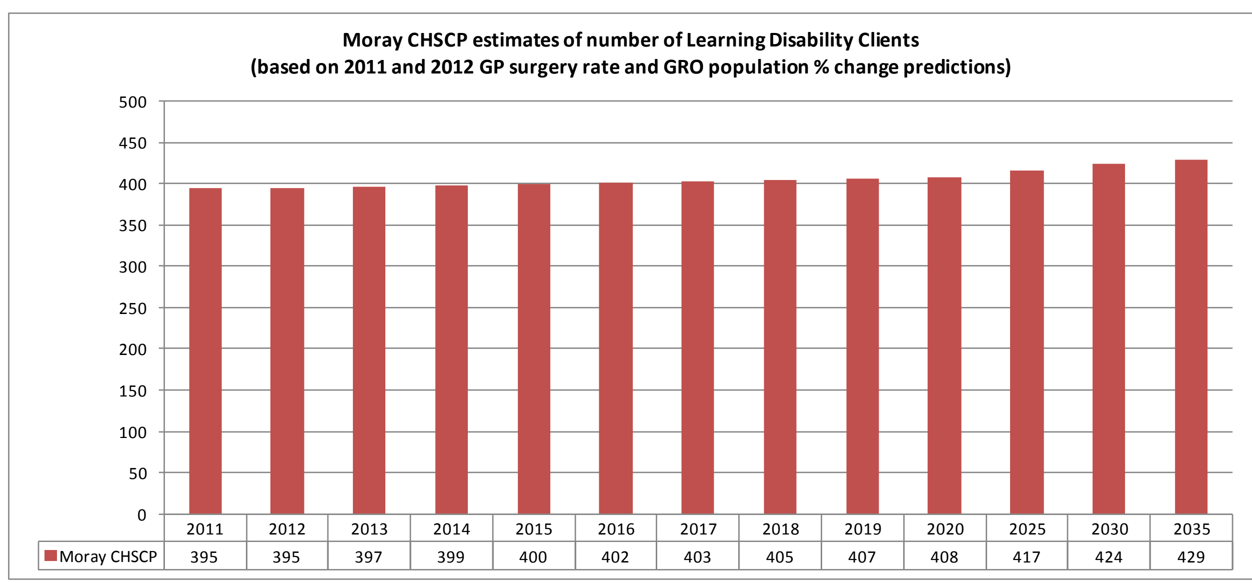
[8] Data comes from Public Transport Unit Spreadsheets for August 2012
[9] Data comes from Business Object reports run against Care First Data for September 2012

GP Prevalence data – projecting forward

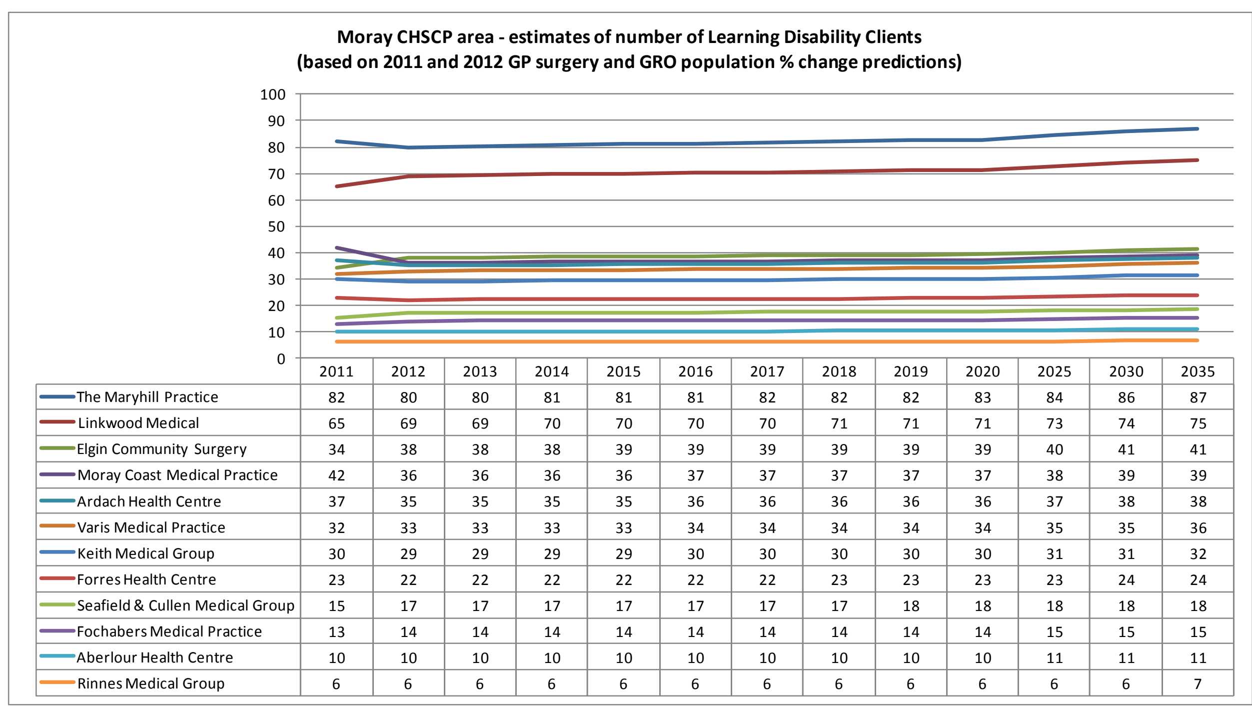
As Learning Disability clients tend to rely on a variety of services then the location of these services may determine where these clients will tend to live perhaps not through personal choice but through necessity. As such, predicting the trends internal to Moray will depend on where specialist services and support are planned to be delivered including access to suitable housing, hospital services and to GP surgeries/staff with specialism's etc.

Looking at the past 6 years and trying to predict change would suggest that a further concentration of services in Elgin (which may come about though the rising cost of transport and costs of providing geographically remote areas with certain services) may continue to increase the numbers and resultant rates in the Elgin, Moray Coastal and Forres practices. In the past 4 years the Moray Community Health and Social Care Partnership prevalence rate has remained at 0.44 per 100 according to the Quality and Outcomes Framework Data.

Using this stable rate and applying it to the General Registrar's Office (GRO) population percentage change predictions (2010) but basing it on a starting figure of the GP populations in 2011 and 2012 which is higher than the GRO mid years estimates for those years then we may have an idea of the total number of Learning Disability clients the service may see in the coming years if rates in both the area and in the practices remained the same. However initial published figures from the 2011 Census estimate the Moray population at a rounded 93,000 rather than the GP figure of 89,395 or the GRO mid-year estimate of 87,320 so this is not an exact science and those making decisions based on these figures should bear this in mind.



These rough estimates show a gradual population related increase in the number of those with a Learning Disability registered with a GP surgery in Moray. The following graph assumes practices retain their 2012 rates per 100. This however is unlikely and even in the changes between 2011 and 2012 it shows how this can vary in the internal picture of Moray (e.g. Moray Coastal Practice fell by 6 patients) and yet there was no change in the total number in Moray.



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2025	2030	2035
The Maryhill Practice	82	80	80	81	81	81	82	82	82	83	84	86	87
Linkwood Medical	65	69	69	70	70	70	70	71	71	71	73	74	75
Elgin Community Surgery	34	38	38	38	39	39	39	39	39	39	40	41	41
Moray Coast Medical Practice	42	36	36	36	36	37	37	37	37	37	38	39	39
Ardach Health Centre	37	35	35	35	35	36	36	36	36	36	37	38	38
Varis Medical Practice	32	33	33	33	33	34	34	34	34	34	35	35	36
Keith Medical Group	30	29	29	29	29	30	30	30	30	30	31	31	32
Forres Health Centre	23	22	22	22	22	22	22	23	23	23	23	24	24
Seafield & Cullen Medical Group	15	17	17	17	17	17	17	17	18	18	18	18	18
Fochabers Medical Practice	13	14	14	14	14	14	14	14	14	14	15	15	15
Aberlour Health Centre	10	10	10	10	10	10	10	10	10	10	11	11	11
Rinnes Medical Group	6	6	6	6	6	6	6	6	6	6	6	6	7

The Glenrinnes and Rothes practices are not included but are predicted to remain below 5 in each case (current and predicted low numbers excluded to protect identity)

[10] The measure of IQ has been used to define the severity of learning disability (though the language associated with IQ scoring is now seen as outdated): a person with an IQ of less than 20 would be described as having a profound learning disability, an IQ of 20-34 a severe learning disability, 35-49 moderate, and 50-70 being a mild learning disability. There are problems in using IQ, in that measurements can vary during a person's growth and development but more importantly it doesn't capture the person's strengths and abilities very well. IQ is an important measurement, but only if it is carried out alongside other assessment and measurement including social functioning and adaptation. People with profound learning disabilities will often need the same level of support for long periods of time. People with mild learning disabilities often require a variable level and type of support, which may change in response to changing circumstances. [11]Epidemiological research shows a prevalence of intellectual disability of about 0.7%. [12] It is estimated that in the UK approximately 20 in 1000 people have mild to moderate LD and 3–4 in 1000 people have severe or profound LD (Department of Health 2001). (A total rate of approximately 2.4 per hundred which would mean that Moray may have approximately 2,250 people with some level of learning disability).

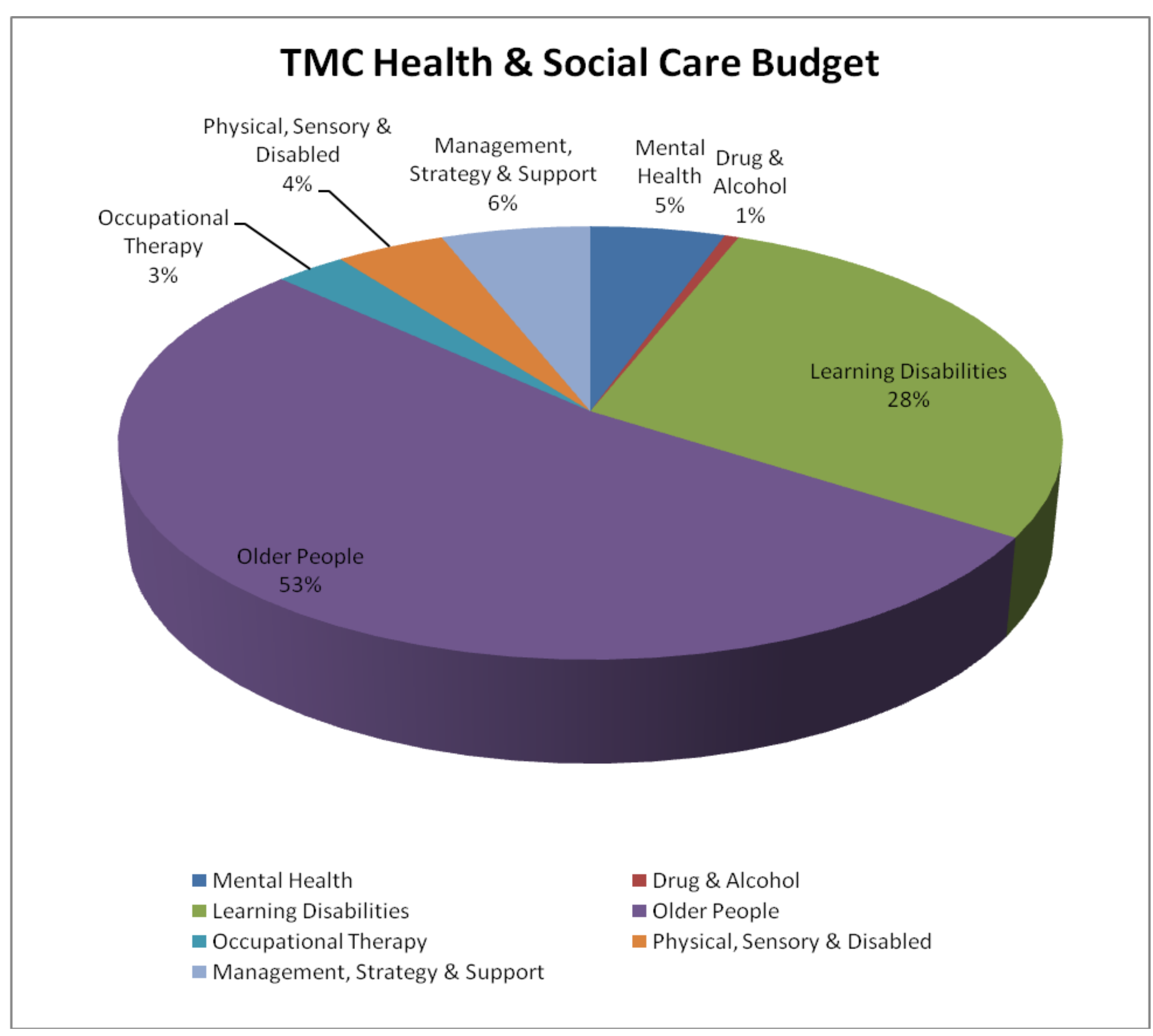
In general terms in Moray there were 407 people receiving a learning disability service in January 2012 (this equates to a rate of 0.43 per 100 of the population compared to 0.47 known to learning disability services in England[13]). Of these roughly a quarter (95) were receiving homecare. Taking the epidemiology figure of 0.7% this could mean that in Moray there is potentially a rate of 0.27 per 100 population (an additional 253) which are receiving no service, and are therefore self

[10] British Institute of Learning Disabilities (and The World Health Organization (WHO) – bild Factsheet Feb 2011)
[11] van Schrojenstein Lantman-de Valk HM, Walsh PN; Managing health problems in people with intellectual disabilities. BMJ. 2008 Dec 8;337:a2507. doi: 10.1136/bmj.a2507.
[12] QOF briefing paper 2010/11: Learning disability
[13] British Institute of Learning Disabilities – bild Factsheet Feb 2011

supporting or supported within families and/or the community, who may at some point require additional support.

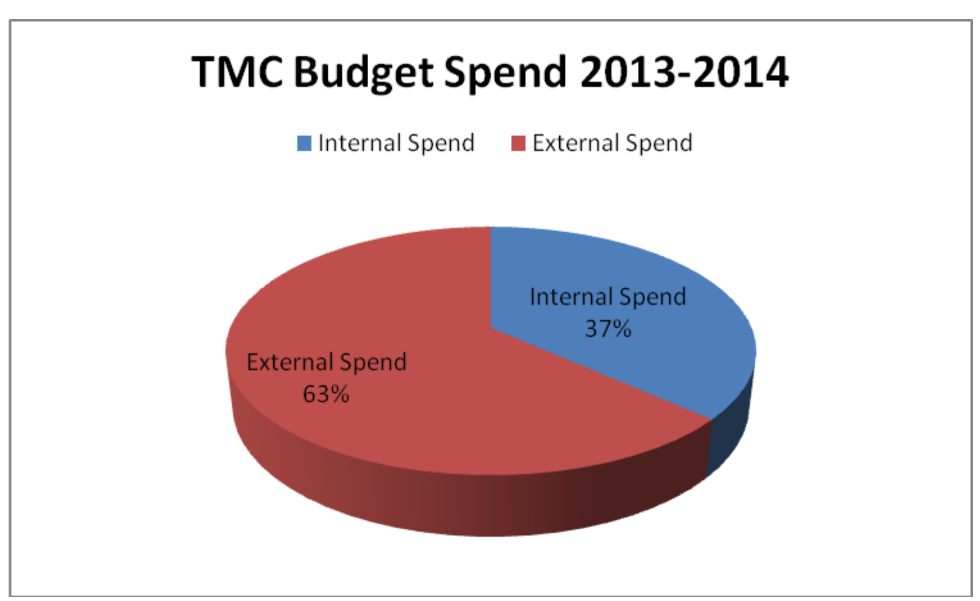
Budget

The 2012/13 budget for Learning Disability services was £10,243,472 million. This is 28% of the overall Social Care budget.



Health & Social Care	Budget
Mental Health	£1,920,895
Drug & Alcohol	£203,192
Learning Disabilities	£10,243,472
Older People	£19,064,591
Occupational Therapy	£1,002,897
Physical, Sensory & Disabled	£1,556,225
Management, Strategy & Support	£2,128,637
Total	£36,119,909

The Moray Council spends 63% on external service providers and 37% is spent on internal service provision.



Learning Disabilities						**Budget**	**12/13**
			Gross	**Resource Transfer**	**Other Income**	**Net**	**FTE**
LD Staff Infrastructure	LD - Specialist Services		389,677	-113,234	0	276,443	9.67
LD Spot Purchase	LD - Specialist Services		2,416,947	-351,000	-110,301	1,955,646	0.00
LD 'Same as you'	LD - Specialist Services		8,412	0	0	8,412	0.00
LD Autism	LD - Specialist Services		55,000	0	-55,000	0	0.00
LD Day Services	Provider Services		1,173,852	-13,000	-46,400	1,114,452	38.08
LD Day Services	Provider Services		402,880	-111,177	-80	291,623	10.86
LD - Barlink	Provider Services		468,369	0	-17,000	451,369	13.29
LD -Maybank	Provider Services		839,000	0	-15,000	824,000	25.72
LD - CSW	Provider Services		1,897,743	0	-44,000	1,853,743	8.27
LD - Murray St	Provider Services		73,593	0	0	73,593	2.00
LD - Contracts	Commissioning		6,565,207	-1,971,898	-534,347	4,058,962	0.00
			14,290,680	-2,560,309	-822,128	10,908,243	98.22
	Internal Spend	5,245,114					
	External Spend	9,045,566					
		14,290,680					

Care Inspectorate Complaints to November 2012

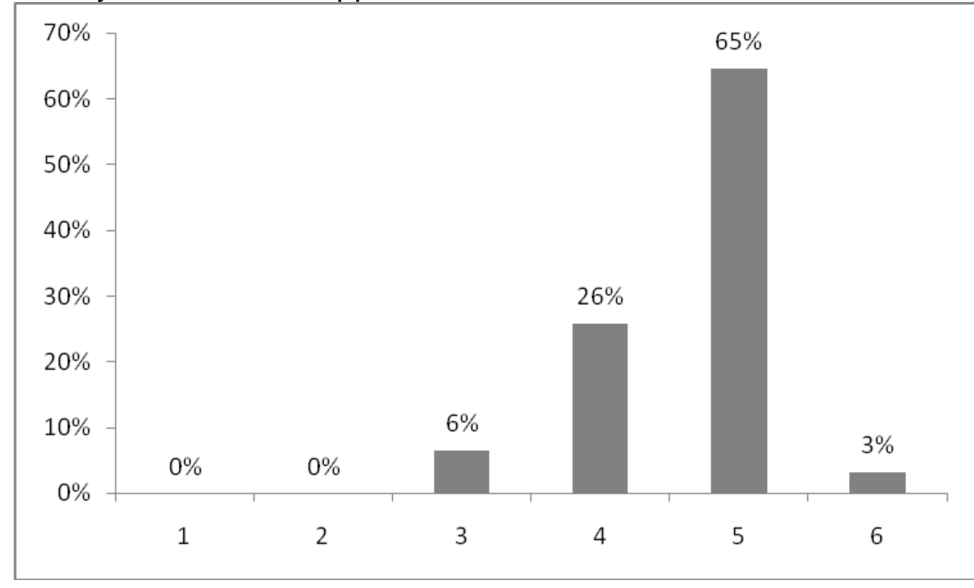
Care Inspectorate Complaints							
C S number	**Care Service**	**Service Name**	**Service Provider Name**	**complaints upheld or partially upheld 01Jan10 to31Mar10**	**complaints upheld or partially upheld 10/11**	**complaints upheld or partially upheld 11/12**	**complaints upheld or partially upheld 12/13**
CS2004079004	Support Service	Community Support Service – Elgin	The Moray Council		1		
CS2003008818	Support Service	Harlequins	The Moray Council			1	
CS2003008791	Housing Support Service	Ark North Housing Support Service	Ark Housing Ass. Ltd			1	

Care Inspectorate Inspection Grades to November 2012

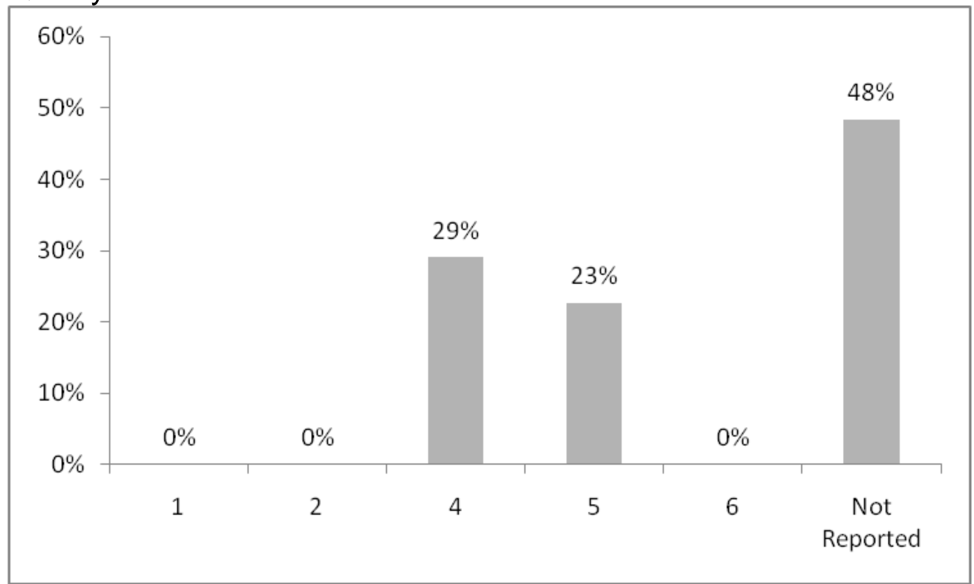
The Care Inspectorate use six grades. The Adequate grade 3 represents performance found to be acceptable but which could be improved. Grades of good 4, very good 5 and excellent 6 represent increasingly better levels of performance. Weak 2 indicates concern about the performance of the service and that there are things which the service must improve. Unsatisfactory 1 represents a more serious level of concern.

Below are tables showing the grades of Learning Disability services in Moray under each theme checked by the Care Inspectorate.

Quality of Care and Support

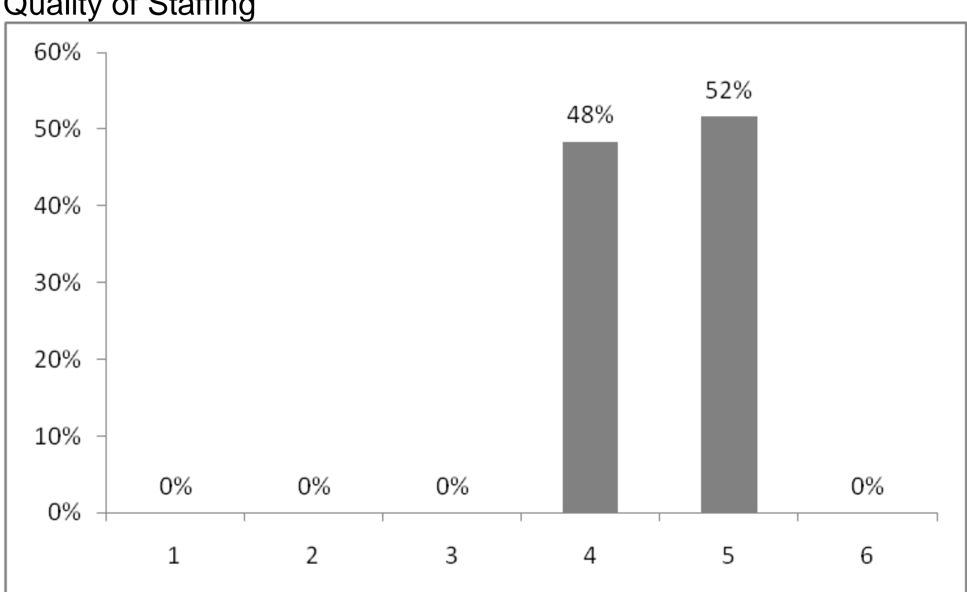


Quality of Environment

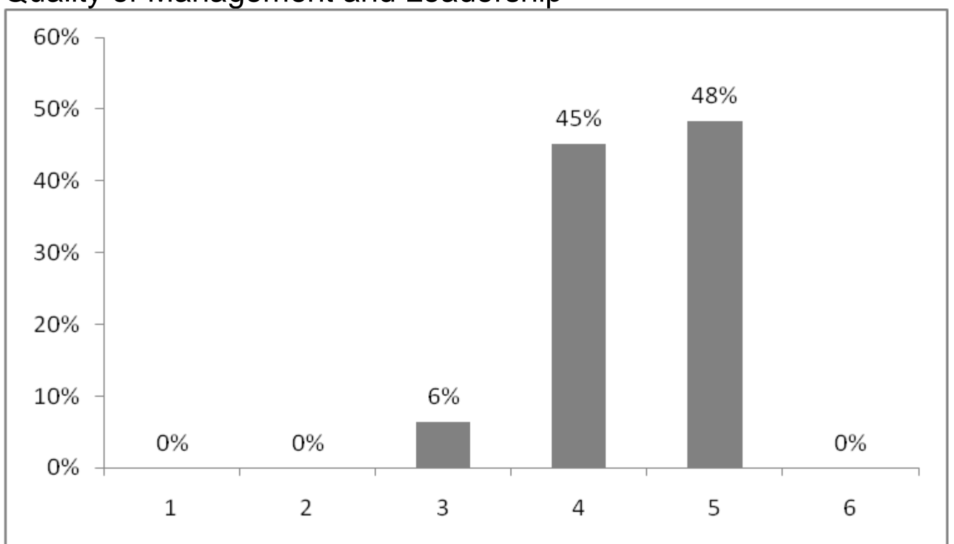


Not reported is for services which do not need their environment to be checked such as an office space.

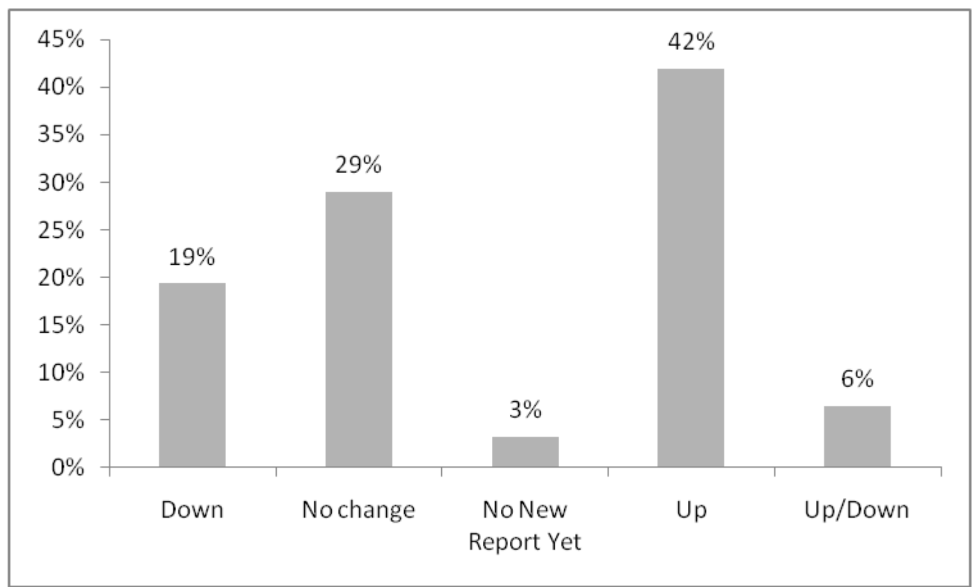
Quality of Staffing



Quality of Management and Leadership



This table show the services whose grades have either gone up, down, not changed or had no new report since their last inspection.



No learning disability services in Moray have had any enforcements, condition notices or moratoriums issues.

APPENDIX 3 – Self Directed Support Case Studies

Case Study – Adapted from a case study on the Self Directed Support Scotland website.

Mum and carer

"Simon has a learning disability he likes to go for walks around town it's his chance to meet people. He likes going to the shops and buying his own lunch, and things he likes. He also likes going out to the local pub and really likes chatting to people and hearing their stories.

I wasn't too happy with the services he went to as his life doesn't just run from 10am to 4pm. So when I heard about Self Directed Support I thought that a direct payment would help me get Simon better services. I thought we should try it. It's brilliant, it's got everything; personal, social support a lot more than he had before and I have the choice of who I want to provide that support.

Direct Payments means that I become an employer and I can employ people to look after Simon, to support him so that he can do some of the things he likes. I am able to employ really good staff. I pay to get help from an organisation to be a good employer.

I use Direct Payments, to give my son a better everyday life. We started with personal care which he receives every day, we have support for him to go and do the shopping which also gives him independence.

I don't have to worry about Simon being washed and clean because Direct Payments have allowed me to put somebody in that can do that and Simon feels comfortable with that person.

The workers fill in a time sheet once a month. I then send the time sheet to Direct Payments and roughly about 2-3 days later, I get the wage slips, the time sheets back with a note of what each person is to get paid. It is so simple. And it costs very little to have that service. They tell me how much I have to pay the taxman. Anybody would benefit from Direct Payments that needed help and support in the community."

APPENDIX 4 – Telecare Case Studies

Case studies from Telecare and Learning Disability - Using telecare effectively in the support of people with learning disabilities (JIT and Stirling University 2010).

Case study 1
Louise lives with her parents and often has seizures at night. Her mother gets very little rest or respite because she is constantly checking Louise during the night. After Louise is provided with a seizure monitor, her mother can sleep knowing that her pager will go off if Louise has a seizure overnight.

Case study 2
Pauline has just moved into her own flat with outreach support from staff. Her family are concerned that she may forget to turn off the cooker, especially as staff will no longer be on hand to check. A temperature monitor is installed in the kitchen so that a selected telephone number is automatically called if extremes of temperature are detected in the kitchen. If this happens, staff will be notified and will visit Pauline immediately, providing help if needed.

Case study 3
Anne has been given a phone with additional picture buttons corresponding to family members and staff. These can be programmed to speed-dial the person pictured. She doesn't always remember when she last spoke to her family and sometimes calls them up to 50 times a day. In addition, she can't remember how to use the answer phone so doesn't pick up any messages. Despite the valid idea of using photographs to help Anne identify who she wants to hone, the benefit of the phone is only partly being seen by Anne and her family.

Appendix 5 - Human Rights

The Human Rights Act 1998
This came into force in the UK in October 2000 and it brings into effect expectations of the European Court of Human Rights with which all public bodies have to comply.
The Act sets out the fundamental rights and freedoms to which individuals in the UK have access, including a right to life, freedom from torture or degrading treatment, the right to liberty and security, freedom from slavery and forced labour as well as the right to a fair trial and that there should be no punishment without law. It also covers respect for private and family life, home and correspondence as well as freedom of thought, belief, religion and expression. It makes clear the right to marry and start a family as well as to be protected from discrimination and to the peaceful enjoyment of your property. It also provides for the right to education and to participate in free elections.

Convention on the Rights of People with Disabilities 2007
The UK Government agreed to the United Nations Convention on the Rights of People with Disabilities in 2007, formally ratifying it in 2009. The Convention is an agreement between different countries whereby those that sign up must ensure that the rights of disabled people are respected and upheld. It means that countries will not treat people differently or unfairly because of their disability and that disabled people are to have the same rights as everyone else. It is not about giving individuals new legal rights but it can be used with the laws already in each country to change things for disabled people.

The European Court for Human Rights explains this as having the right to having a life, saying what you think, having the best possible health, having the opportunity to be educated and to live in the community. It is also makes clear that government and other public organisations have a duty to work together to make this a reality by, for example, producing information in ways that disabled people can understand.

Equality Act 2010
This came into force in October 2010 and replaces previous antidiscrimination law with a consolidated Act to make the law simpler and to remove inconsistencies.
It covers nine protected characteristics which cannot be used to treat people unfairly, those being age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The Act sets out the different ways in which it is unlawful to treat someone, including direct or indirect discrimination, harassment, and victimisation and failing to make a reasonable adjustment for a disabled person. The Act prohibits unfair treatment in the workplace, when providing goods, facilities or services, when exercising public functions, in the disposal and management of premises, in education and by associations (like private clubs).

Appendix 6 Scotland's Human Rights Bodies and what they do

Scotland has two human rights bodies – the Equality and Human Rights Commission (EHRC) and the Scottish Human Rights Commission (SHRC).

The EHRC is a UK statutory body established under the Equality Act 2006 which took over the responsibilities of the Commission of Racial Equality, the Disability Rights Commission and the Equal Opportunities Commission.

The EHRC aims to reduce inequality, eliminate discrimination, strengthen good relationships between people and promote and protect human rights. It enforces equality legislation and encourages compliance with the Human Rights Act as well as giving advice and guidance to businesses, the voluntary and public sectors and to individuals.

One of the EHRC's activities is to conduct Inquiries. An example of one such Inquiry of great relevance to people with learning disabilities is its Disability Harassment Inquiry, Hidden in Plain Sight, which was published in August 2011.

The SHRC was set up through the Scottish Human Rights Act 2006 and is independent of UK and Scottish Parliaments and Governments. It promotes and protects the rights of everyone on Scotland by increasing awareness, recognition and respect for human rights and makes them more relevant and easier to apply in everyday life. It describes its role as being dedicated to helping everyone understand their rights and responsibilities that we have to each other and to our community.

The SHRC is working with all public bodies, civic society and others to develop a Scottish National Action Plan for Human Rights - a road map – to make all human rights real. This will be evidence- based and will use the results of the recently published three year research project, Getting It Right? – Human Rights in Scotland. The latter highlighted both good practice and gaps across eight internationally recognised human rights themes of dignity and care, health, where we live, education and work, private and family life, safety and security, living in detention and access to justice and the right to an effective remedy.

Taken from the National Strategy - The Keys to Life (2013) Improving quality of life for people with learning disabilities

APPENDIX 7 - References

- eSAY – The Scottish Consortium for Learning Disability statistical returns
- The same as you? 2000. The Scottish Government
- The same as you? consultation papers 2012/13. The Scottish Government
- The Keys to Life 2013
- National Strategy for Self-Directed Support 2010
- Self Directed Support Bill
- Welsh Assembly Learning Disability Strategy
- The Christie Report
- The Mansell Report
- Single Outcome Agreement
- Best Value for Moray
- Equality Act (2010)
- Human Rights Act (1998)
- Getting it Right? Human Rights in Scotland published October 2012
- Scottish Human Rights Commission
- The Scottish Government Mental Health Strategy 2012-15
- Adult Support and Protection (Scotland) Act (2007)
- Adults with Incapacity (Scotland) Act (2000)
- Integration of Adult Health and Social Care (Consultation Paper)
- NHS Health Scotland (2004) Health needs assessment report: people with learning disabilities in Scotland. Glasgow: NHS Health Scotland
- Bittles AH et al (2007) The four ages of Down syndrome. European Journal of Public Health
- Durvasula S, Binge H and Baker W (2002) Mortality of people with intellectual disability in Northern Sydney
- Journal of Intellectual and Developmental Disability
- Strengthening the Commitment: Modernising Learning Disabilities Nursing Review 2012
- Royal College of Nursing (2011). Meeting the health needs of people with learning disabilities. London: Royal College of Nursing
- NHS Health Scotland (2004) Health Needs Assessment Report: People with Learning Disabilities in Scotland, Edinburgh.
- Telecare and Learning Disability - Using telecare effectively in the support of people with learning disabilities 2010
- Workforce development and people whose behaviour challenges- A review of the evidence. Written by the Institute of Public Care, Oxford Brookes University Published by Skills for Care November 2012
- Social Enterprise UK
- MENCAP
- No-One Knows – Prisoners with Learning Difficulties and Learning Disabilities, Scotland
- 2011 guide ‘People with Learning Disabilities and the Criminal Justice System’
- Living it Up (LiU) Moray Council information paper
- Moray Autism Strategy 2014-24
- The Moray Council Carefirst
- The Moray Council Community Learning Disability Team statistics
- The Moray Council Caring Together in Moray 2011-15
- The Moray Council A Guide to Commissioning for Community Care 2011-14