**UN COMMITTEE ON THE RIGHTS OF PERSON WITH DISABILITIES**

**LOCAL GOVERNMENT ASSOCIATION EVIDENCE**

**July 2017**

**About this submission**

1. This submission builds on our submission to the UN Committee from March 2017. The vast majority of that previous submission still stands and represents the LGA’s key positions. This submission therefore replicates the March material (with some minor amendments) and adds ‘July 2017 updates’ where relevant. These updates cover policy developments since March, along with commentary on particular points raised in the UK Government’s response to the UN Committee’s ‘list of issues’.

**About the Local Government Association**

1. The Local Government Association (LGA) is the national voice of local government, working with councils to support, promote and improve local government.
2. The LGA is a politically-led, cross-party organisation that works on behalf of councils to ensure local government has a strong, credible voice with national government. We aim to influence and set the political agenda on the issues that matter to councils so they are able to deliver local solutions to national problems.
3. For more information visit: [www.local.gov.uk](http://www.local.gov.uk)

**Executive summary**

1. Local government in England provides a huge range of services to local communities. This includes services that benefit all people, including disabled people, as well as more targeted services that support people with particular needs.
2. Councils are committed to promoting the wellbeing of all disabled people and support the principles of the UN convention on the rights of persons with a disability.
3. However, in recent years national government funding for councils has reduced dramatically. This has inevitably impacted on the full range of services that councils offer, including those that disabled people use and rely on. The need for financial stability is now urgent if councils are to continue supporting all disabled people with quality services that span the full spectrum of local government’s offer to residents.
4. This submission outlines the work that councils do in supporting disabled people and the issues facing the sector in delivering services. The LGA would be pleased to provide further evidence if the Committee would find that helpful.

**Local government: financial context**

1. Local councils provide vital services to local communities such as roads, transport and leisure that support all citizens as they go about their daily lives. They also provide or commission other targeted and complex services to support those citizens with particular needs. Local government is therefore an essential mainstay of public services for disabled people, both in terms of building communities that work for disabled people day to day and in terms of ensuring disabled people can access those communities to fulfil their own aspirations.
2. However, local government’s continued ability to deliver must be set in the financial context in which councils currently operate. Central government funding to local government reduced by 40 per cent in real terms over the course of the last Parliament and, looking forward, councils will not receive any increase in funding over the remaining years of the decade. This means that any cost pressures arising up to the end of the decade will have to be offset by further savings. Conservatively we estimate that the funding gap facing councils by 2019/20 will stand at £5.8 billion.
3. Local government has a strong track record on efficiency, value for money and innovation. But the reality of reductions and savings on this scale – both to date and in the future – constitutes a significant constraint on council services, despite best efforts to protect them. These pressures are recognised internationally. In the most recent internationally peer reviewed assessment of the UK’s compliance with the Council of Europe’s ‘Charter of Local Self-Government’ (2014) it was found that the UK is in general compliance with the vast majority of the Charter’s 18 articles (and 40 plus sub-articles) and that compliance has improved since the previous review in 1998. However, the 2014 monitoring review did conclude that the UK was non-compliant under 9 (2): “local authorities’ financial resources shall be commensurate with the responsibilities provided for by the constitution and the law”.

**Adult social care and support**

**Article 3: General principles; Article 4: General obligations; Article 9: Accessibility; Article 16: Freedom from exploitation, violence and abuse; Article 19: Living independently and being included in the community**

1. The commissioning and provision of adult social care is a vital council service that can transform people’s lives. It supports some of the most vulnerable members of society and promotes the wellbeing and independence of many more. Latest national data demonstrates how councils have managed to preserve outcomes whilst dealing with major funding pressures. For example:
	1. In 2015-16, 85.4 per cent of service users in England reported that the

services they received helped make them feel safe and secure. This is a statistically significant increase compared to the 84.5 per cent reported in 2014-15.

* 1. The proportion of people who use services who say they have control over their daily lives has remained stable (76.6 per cent in 2015/16 compared to 77.3 per cent in 2014/15).
	2. Overall satisfaction of people who use services has remained stable (64.4 per cent in 2015/16 compared to 64.7 per cent in 2014/15).
1. Adult social care is framed in legal terms by the 2014 Care Act, a landmark piece of legislation that brings together numerous separate laws and policies into a single, modern statute. At the heart of the legislation is a duty on councils to promote people’s wellbeing, which is purposefully defined in broad terms. Included in the definition (alongside more ‘typical’ defining features, such as personal dignity and protection from abuse and neglect) is ‘participation in work, education, training and recreation’ and ‘economic wellbeing’. The importance of wellbeing, in its various forms, is reinforced in the Act’s statutory guidance. This underlines the idea that the core purpose of adult social care and support is ‘to help people achieve the outcomes that matter to them in their life’. This philosophy runs through the many features of the legislation, be it the process of assessing individuals to designing their care plans and arranging appropriate services.
2. However, a lack of recognition in terms of profile has combined with a lack of recognition in terms of funding to place our care and support system under enormous pressure and the Care Act at risk in terms of deliverability. The situation is now critical and our care and support system is in crisis. This is not just the message from local government and is instead the message from across the wider care and support sector.[[1]](#footnote-1)
3. Looking back, the Institute of Fiscal Studies (Britain’s leading independent economic research institute) estimates that:

	1. Council-funded adult social care fell from £17.5 billion in 2009/10 to £14.6 billion in 2015/16.
	2. Council-funded adult social care plus NHS transfers fell from £17.5 billion in 2009/10 to £16.4 billion in 2015/16.
	3. Spending per adult on social care has fallen by 11 per cent between 2009/10 and 2015/16 after taking NHS transfers into account.[[2]](#footnote-2)
4. The consequences of underfunding in adult social care are manifold. The independent provider market (which is commissioned by councils and directly provides the vast majority of care and support) is becoming ever more fragile, informal carers are under greater strain, unmet need is growing, and pressure on the NHS is increasing. All of these consequences will impact on disabled people.

**July 2017 update**

In its response to the UN CRPD ‘list of issues’, the UK Government promotes the importance of the Care Act 2014. The LGA agrees (as above) that this is a landmark piece of legislation but argues what is missing from the UK Government’s commentary in this area is the severe financial pressures facing adult social care.

In the 2017 Spring Budget the UK Government did helpfully announce an additional £2 billion for adult social care, with £1 billion in 2017/18 and the remainder distributed across 2018/19 and 2019/20. This was helpful recognition of the pressures facing social care but it is not a short- or long-term sustainable solution as the funding is one off and non-recurrent. The LGA therefore estimates that, even with the additional £2 billion, social care faces an annual funding gap of £2.3 billion by 2020, which includes the money desperately needed to stabilise the provider market.

Furthermore, the UK Government’s response does not cover recent developments regarding the use of the £2 billion. When the funding was announced the UK Government made clear that the money was to be used to: meet adult social care need; support the provider market; and help relieve pressure on the NHS, including reducing delayed transfers of care (DTOC) from hospital. However, in July, guidance was published which placed a much greater emphasis on the third of these priorities, with rigid targets on DTOC and – crucially – the threat of withholding a proportion of councils’ 2018/19 allocations for areas performing poorly on DTOC.

The Government has been clear any withheld money will remain in local government but this development, so late in the process, is deeply unhelpful and undermines local flexibility in tackling the causes and consequences of social care pressures.

**Safeguarding and liberty**

**Article 14: Liberty and security of the person; Article 16: Freedom from exploitation, violence and abuse**

1. The Mental Capacity Act (MCA) 2005 promotes a person-centred approach which promotes autonomy and for those who may lack mental capacity, ensures that decisions made on their behalf are made in their best interests and with the least possible restriction of freedoms**.** It is recognised that much has already been achieved but that more needs to be done across the system to fully implement this important piece of legislation[[3]](#footnote-3). Building on the work carried out in individual authorities, the LGA and the Association of Directors of Social Services (ADASS) have produced a range of [resources](http://www.local.gov.uk/adult-social-care/-/journal_content/56/10180/7395321/ARTICLE) that can assist local areas in their implementation of the Act, including the Deprivation of Liberty Safeguards (DoLS).  This includes self-assessment tools, regional networks and good practice guides.
2. We have also worked jointly with the Law Commission on its [review](http://www.lawcom.gov.uk/project/mental-capacity-and-deprivation-of-liberty/) of DoLS, with legislation expected shortly to address what is widely seen to be an overly bureaucratic and complex system. A Supreme Court judgment from March 2014 has meant that thousands more people will need to be assessed under DoLS. We want to work with government so that the costs of new burdens including DoLS be fully funded so that vulnerable people's rights can be maintained. A Law Commission [impact assessment](http://www.lawcom.gov.uk/wp-content/uploads/2015/08/cp222_mental_capacity_impact_assessment.pdf) concluded that on-going and unfunded costs to local authorities of authorisations under DoLS were around £172 million per year, with authorisations outside the DoLS around £341 million per year to local authorities and NHS.

**July 2017 update**

The LGA draws the UN Committee’s attention to the following material provided by the UK Government in its response to the UN CRPD ‘list of issues’.

“The Mental Capacity Act 2005 sets out the safeguards which must be met to authorise deprivations of liberty. A 2014 Supreme Court decision resulted in significantly more individuals coming into the category of people whose deprivation of liberty requires authorisation by the Court. In light of criticisms, UKG asked the Law Commission to investigate and make recommendations on the process. The report was published in March 2017 and is currently under consideration.”

The 2017 Queen’s Speech (normally an annual event which sets the government’s legislative programme for the year ahead) made no reference to this work, and the Law Commission has not been asked to consider interim measures. We therefore remain concerned at the lack of progress on reforming deprivation of liberty safeguards.

“UKG is committed to supporting disabled people to live independently and be included in the community, including upholding the right to choice and control of residence and healthcare. In England and Wales, the Deprivation of Liberty Safeguards protect people’s rights by ensuring any deprivation of liberty is in the person’s best interests, the least restrictive possible, assessed independently and challengeable in court. In practice, care homes and hospitals must apply to LAs to authorise a deprivation and the Care Quality Commission monitors the use of the safeguards.”

Numbers of people unlawfully detained continue to rise. At the end of 2015/16 90,789 were awaiting assessment, most of whom will be unlawfully detained. The current deprivation of liberty safeguards system is not working and consequently large numbers of people are not getting independent assessment to ensure the deprivation of liberty is in their best interests and the less restrictive option. Those being deprived of liberty in other settings than care homes and hospitals are having to have this authorised by the Courts; this is a piecemeal and time-consuming process.

We would expect that any new Mental Health Act includes the work of the Law Commission on legislative reform of deprivation of liberty safeguards to simplify the current complex legislation. This should better protect the rights of the very vulnerable and address the current financial burden on councils associated with this reform

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**Employment and education**

**Article 27: Work and employment; Article 24: Education**

1. Across England, people are out of work for any number of reasons and every area has unique labour market conditions, which will affect job prospects. The current system of supporting people into work is designed, managed and run centrally by the Department for Work and Pensions (DWP), which delivers provision through its national agency, Jobcentre Plus (JCP), and contracted out support including the Work Programme (WP) and its new successor, the Work and Health Programme (WHP).
2. However, without effective partnership with local partners, DWP’s national approach to commissioning means provision struggles to respond to economic and demographic variations. This makes national interventions, let alone local services, hard to coordinate amongst one another. This results in a service that is not as comprehensive as we would like for individuals who most need support, including people with health conditions and disabilities, who interact with a number of services. It also contributes to a costly, complex, and fragmented services and programmes.
3. In 2015, when the LGA knew DWP was looking to set up successor arrangements to the Work Programme, we sought to influence the process. Building on local successes of interventions we put forward a vision for an optimal employment support service for people with multiple needs, including those with health conditions and disabilities. Designed, commissioned and managed by groups of councils and combined authorities where they exist, our proposal would include integrated and devolved employment, skills and health interventions through a local case worker to coordinate support for people who require the support of multiple services.[[4]](#footnote-4)
4. The DWP chose not to accept this. Instead it chose the same model to succeed the WP through the Work and Health Programme. While we welcome DWP’s co-commissioning and co-design of the WHP with nine devolution areas, we feel it was a missed opportunity that it could not go further with the ‘WHP national offer’; reduced funding, large geographic contracting areas, limited local involvement (design, commissioning, performance management), and lack of integration with health and skills interventions, will result in too few claimants being supported, or insufficient support.
5. Therefore, despite funding for employment support remaining in the hands of national government, we know that locally designed schemes, which target and tailor support, are the best way of supporting people into sustained jobs.

**July 2017 update**

On education, the UK Government states in its response to the UN CRPD’s ‘list of issues’ that: “In England, staff working with disabled children and young people in mainstream schools must include them in all opportunities to participate with other young people, in line with SDG 4. All teachers in maintained schools and special schools must hold Qualified Teacher Status.”

It would be helpful for the Government to differentiate between ‘maintained schools’ where teachers must hold Qualified Teacher Status, and ‘academy and free schools’, where this qualification is not required. The Government retains an ambition that all schools should become academies or free schools, with 69 per cent of secondary schools being either standalone academies, or in Multi Academy Trusts or free schools, with the figure being 23 per cent for primary schools.

**Housing and the environment**

**Article 9: Accessibility; Article 19: Living independently and being included in the community; Article 28: Adequate standard of living and social protection**

1. It is important that national policy and local action meets the need for good quality accessible homes for our ageing population, and that plans to increase housebuilding cover all types of households. The Government should support partnership efforts by developing a viable long-term strategy and funding model that enables local housing and health partners to increase the mix of quality specialised and supported housing options, to rent or buy, for older and vulnerable people.
2. People willing and able to stay in their own homes may need adaptations to make them fully accessible. Councils play a key role in providing information, advice and support with property repairs and adaptations. The Government could help councils provide this essential service by creating a more stable funding environment for housing adaptation.
3. Disabled Facilities Grant (DFG) funding was increased to £394 million in 2016/17, up from £220 million in 2015/16, providing a welcomed injection of additional capital into home adaptations. However, this was at the expense of the Social Care Capital Grant (SCCG), worth £134 million, so the increase in funding was not as significant as we were led to believe. The LGA has expressed its concern that Government did not make clear at the time of the 2015 Spending Review that the SCCG would be lost in favour of the additional funding to the DFG, and councils had financially planned to have both elements of funding available.
4. The LGA has welcomed the Government announcement that the application of the Local Housing Allowance (LHA) cap to the rents of supported housing has now been delayed until 2019/20 whilst the development of an alternative funding solution for this important sector is developed. Supported housing provides housing and support solutions for vulnerable and disabled people, including those with learning disabilities and mental health issues. Bringing a greater role for the commissioning of supported housing within the local health and care landscape provides more opportunities for the integration of these services that will ultimately provide better support for vulnerable and disabled people.
5. Councils continue to play a key leadership role in influencing the design of the wider built environment where people live, work and visit through local plan making which aims to promote higher standards of design and layout of new developments to improve accessibility for all. Now that the new accessibility and space standards have been in place for more than a year, the Government should review how the standards are working in practice in enabling local authorities to meet the wider accessibility needs of their communities.

**Transport**

**Article 9: Accessibility; Article 19: Living independently and being included in the community; Article 30: Participation in cultural life, recreation, leisure and sport**

1. Bus services everywhere in England, apart from Greater London, are deregulated and therefore in the main provided by private operators. Ultimately the range, breadth and quality of the service is determined by what is commercially viable.  However, under section 63 of the Transport Act 1985, as amended, English local authorities outside London have a duty to secure bus services as the council considers appropriate to meet the requirements of their authority area where these would not otherwise be met. Services usually are tendered and let to commercial operators in return for payment from the council.
2. In 2015/16, English local authorities provided 144 million vehicle miles of supported bus services, about 15 per cent of all bus vehicle miles, with commercial operators providing the remaining 805 million miles.  Faced with cuts in core central government funding of 40 per cent in the last Parliament, and ongoing demand pressures in other statutory services, such as adult social care, there has been a 41 per cent reduction in council supported provision since it peaked in 2009/10.
3. This has also affected councils’ ability to support community transport organisations. Councils do what they can to protect bus services, which includes engaging the public and passengers when planning changes in provision, helping to make supported services more commercially viable and through stronger partnership working with operators.  Local authorities would like to do more if they had the resources to do so.
4. Councils have called for the money that central Government spends on subsidising private operators for the fuel they use, approximately £250 million, to be devolved to councils as they will be better placed to target tax-payers’ money more efficiently.
5. Councils are also responsible for administering the national Government’s mandatory concessionary bus fares scheme for older and disabled people. The LGA has estimated a gap of at least £200 million a year in the funding that councils get from central government to administer the scheme. As the scheme is a statutory one, councils are forced to divert resources from other transport budgets, including supported bus services that they buy in as well as support for community transport, to fund the national scheme.
6. The LGA has therefore called for the national concessionary scheme to be fully funded.  The Bus Services Act 2017 should help with local provision and make buses more commercially attractive, but faced with on-going spending pressures, it is likely that councils will continue to be challenged in their ability to support local bus and community transport provision. Separate national regulations, set by Government through the PSVAR (Public Service Vehicle Accessibility Regulations), determines the minimum standards of bus accessibility – these are not set by councils, although councils can influence the standards of bus service through their own tendered services.

**July 2017 update**

Since our March 2017 submission, the Bus Services Bill has completed its passage through Parliament and become law under the Bus Services Act 2017. The UK Government’s response to the UNCRPD’s ‘list of issues’ fails to mention the role councils play in securing bus provision, the challenges they face in doing so, and what councils think some of the solutions are to these challenges (as outlined above).

**Welfare
Article 28: Adequate standard of living and social protection**

1. Welfare reforms are putting particular pressure on disabled people. Disability benefits have reduced and conditionality has increased.  Councils obviously have no control over these national spending reductions.
2. Despite this Government has not reduced spending by anywhere near their original estimates.  This is at least partly attributable to the fact that the number of people Government assumed were on Disability Living Allowance that did not need to be included a large proportion who were in fact genuinely entitled to Personal Independence Payment (PIP), so the caseload did not reduce in line with original estimates.
3. Due to problems with the process of PIP assessments and the work capability assessment for Employment and Support Allowance some people experienced being without the money they were entitled to for considerable periods. These people often turned to councils for local assistance, putting pressure on already stretched local budgets and services.
4. Councils do have control over some small, discretionary pots of money that may help offset the impacts of reduced benefits on people such as the Independent Living Fund and Discretionary Housing Payment, which might, for example, be used to cover the under-occupancy penalty (‘bedroom tax’) for someone living in an adapted property, and local welfare assistance (the former Social Fund).
5. However, the Independent Living Fund and the former Social Fund were both reduced when they were localised. Discretionary Housing Payment grants have varied year-on-year throughout the reforms, which has made forward planning very difficult.  Some councils top up their Discretionary Housing Payment pot from the general fund, others choose not to due to budgetary constraints, and exercise tighter eligibility criteria.  In London nearly all Discretionary Housing Payment goes towards dealing with the crisis in housing affordability and homelessness, and is used to pay for Temporary Accommodation.
6. The implementation of Universal Credit has inevitably led to far less personalised social security advice and support for claimants with more complex needs.  This has created additional pressure on councils and their local voluntary and community sector partners as they have largely been expected to pick up this responsibility, but without adequate funding, support or recognition to do this as effectively as we would like.  As we have argued, the idea of ‘universal support’ is sound but in reality the money allocated for this (£200 million) across England is not enough to provide a proper local safety net.

**July 2017 update**

Local government remains unconvinced that the UK Government has a clear picture of the impact of its welfare reforms on disabled people. As its response to the UNCRPD ‘list of issues’ says, “Reforms to the UK Government welfare system…were *intended* [emphasis added] to ensure adequate standards of living”. In order to fully understand whether this intention has been realised specifically for disabled people, we would want to see more detailed Government analysis of the consequences of its reforms for this group of people. The UK Government’s response also refers to “safeguards in the welfare system to protect vulnerable people”. But again, the UK Government’s response does not provide evidence of whether these safeguards are working – either generally, or for disabled people specifically.

**Culture and sport
Article 30: Participation in cultural life, recreation, leisure and sport**

1. Councils remain the biggest public sector investors in culture, sport and physical activity, spending over £2 billion per year (excluding capital spend) and continue to provide opportunities to disabled people to engage in culture, sport and physical activity at both grassroots and elite levels.
2. Councils have for many years been at the forefront of developing accessible provision for disabled people and have ensured that many of its recreational facilities are accessible to disabled people. For over ten years, many councils have been working with the English Federation of Disability Sport (EFDS) to implement the Inclusive Fitness Initiative (IFI) scheme, which enables councils and other leisure facility providers to make their facilities accessible to disabled people.
3. Councils have also worked innovatively to encourage disabled people and people who have long term illnesses to take up more physical activity via the ‘Exercise on Prescription scheme’ or ‘GP referral scheme’, whereby GPs refer patients to council leisure facilities to take up physical activity.
4. Since 2013, when the responsibility for public health transferred to councils, many councils have started to integrate their sport, cultural and physical activity provision within the council’s public health work, in order to reduce demand for costly health and social care interventions. These initiatives have included work with disabled people.
5. The recent 2016 Rio Paralympic Games resulted in Team GB finishing second in the medals table. Many disabled competitors in the Paralympic teams have started their sporting careers in council owned facilities. For example, Sasha Kindred, one of the most successful GB Paralympic swimmers was helped by Oldham council during his early swimming career, through provision of subsidised coaching provision.  Despite budget pressures, many councils still offer elite sports performers subsidised/free access to their recreational facilities to enable them to train.
6. Councils continue to face challenges through reducing budgets, but they are ensuring that access to recreational and cultural opportunities are available to disabled people. The LGA is liaising with Sport England to ensure that greater funding is made available to councils and its partners to increase opportunities for disabled people. The LGA also worked in partnership with Disability Rights UK to produce a good practice guide  [Local Authorities and inclusive communities - Disability Rights UK](https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0ahUKEwjTvp-8p7DSAhWoDcAKHXa8D7MQFgghMAE&url=https%3A%2F%2Fwww.disabilityrightsuk.org%2Fsites%2Fdefault%2Ffiles%2Fword%2F1%2520%2520InclusivecommunitiesLAguidancept.docx&usg=AFQjCNE80Qfte1Rl9gFFy54LcWWhD8lFFg&bvm=bv.148073327,d.ZGg)

**July 2017 update**

The UK Government’s response on Article 30 (Participation in cultural life, recreation, leisure and sport) is disappointing in its brevity, implying an inadequate grasp of the importance of accessible culture, recreation, leisure and sport to disabled people.

Councils have worked hard to ensure that cultural facilities and activities are accessible to everyone in their communities. In particular, library services have been at the forefront of introducing measures to make people with mental and sensory disabilities welcome. Many museums and libraries are now designed to be autism and dementia friendly, and others are rapidly following suit; while almost all libraries have disabled access or provide a home delivery service for those who are unable to visit the library. However, reductions in local government finance (as set out above) have meant that some facilities and services have had to be reduced, and this will have impacted on disabled people in those areas, despite attempts to mitigate the effect.

**Best practice examples**

1. As above, local government plays a vital role in supporting disabled people across a range of service areas. The following table provides links to a range of case studies or short information that showcases this work.

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| **Article** | **Topic** | **Link/information** |
| 19: living independently and being included in the community | LGA’s adult social care efficiency programme on learning disability | This project aimed to share new and innovative ways to making savings in learning disability services whilst promoting independence, and co-producing improved outcomes. [http://www.local.gov.uk/documents/10180/11779/LGA+Learning+disability+services+efficiency+project+final+report/00d6c1a7-a60d-4e17-9925-08df6ecc75a6](http://www.local.gov.uk/documents/10180/11779/LGA%2BLearning%2Bdisability%2Bservices%2Befficiency%2Bproject%2Bfinal%2Breport/00d6c1a7-a60d-4e17-9925-08df6ecc75a6)  |
| 27: work and employment | Gloucestershire County Council’s employment strategy for people with learning disabilities | <http://publicservicetransformation.org/images/Gloucestershire_final.pdf>  |
| Leeds City Council’s ‘Workplace Leeds’ scheme | The scheme helps 500 people a year with mental health problems stay in work or find new employment. Last year, nine in 10 people helped through the scheme were helped into jobs, including nurses, teachers and IT professionals. |
| Hertfordshire County Council’s ‘Work Solutions’ programme | Hertfordshire County Council’s in-house Work Solutions programme helps the long-term unemployed with health conditions or learning disabilities and has an annual budget of £850,000. Participants are helped with confidence building, interview techniques, CV preparation and applying for jobs. More than 100 people found employment last year at a range of employers including cleaning agencies to coffee shops and the local library.  |
| 28: adequate standard of living and social protection | LGA submission to consultation on the future of supported housing | [http://www.local.gov.uk/documents/10180/49942/170213\_LGA+Supported+Housing+Consultation+Submission\_FINAL.pdf/b9c592af-e4d0-44da-a2bc-29408eaafd0e](http://www.local.gov.uk/documents/10180/49942/170213_LGA%2BSupported%2BHousing%2BConsultation%2BSubmission_FINAL.pdf/b9c592af-e4d0-44da-a2bc-29408eaafd0e)  |
| 29: participation in political and public life | LGA’s ‘Become a councillor’ programme | The LGA promotes the inclusion of those with disabilities in public appointments, and has produced support information for anyone with a disability seeking to become a councillor. This is part of the LGA ‘Become a Councillor’ programme - <http://www.local.gov.uk/c/document_library/get_file?uuid=b7193d96-8eed-4097-9561-733c110874bb>  |
| 30: participation in cultural life, recreation, leisure and sport | East Riding of Yorkshire’s ‘Live Well’ programme | This programme had over 1000 GP referrals last year and the council has developed an IT booking system that enables GPs to book inductions at sports centres, where participants are met by a trained staff member who develop a programme for the participant. |
| Birmingham City Council’s ‘Be Active’ programme | This scheme provides free access to leisure provision to its residents. Over 400,000 residents have taken up the offer, including disabled people, who the scheme targets. |

1. ‘Adult social care funding: 2016 state of the nation [report’](http://www.local.gov.uk/documents/10180/7632544/1%2B24%2BASCF%2Bstate%2Bof%2Bthe%2Bnation%2B2016_WEB.pdf/e5943f2d-4dbd-41a8-b73e-da0c7209ec12), Local Government Association, 2016. [↑](#footnote-ref-1)
2. ‘IFS Green [Budget’](https://www.ifs.org.uk/uploads/publications/budgets/gb2017/gb2017ch5.pdf#page=22), Institute for Fiscal Studies, February 2017. (Note: all figures real terms and based on 2016/17 prices). [↑](#footnote-ref-2)
3. See, for example, <http://www.parliament.uk/business/committees/committees-a-z/lords-select/mental-capacity-act-2005/news/mca-press-release---13-march-2014/> [↑](#footnote-ref-3)
4. ‘Realising talent: supporting people with multiple needs into work’, LGA [report](http://www.local.gov.uk/documents/10180/11527/LGA%2BPROPOSAL%2BEMPLOYMENT%2BSUPPORT%2BNOVEMBER%2B2015.pdf/3056ccb2-8e28-4457-9fc8-3bd380e65e39), November 2015. [↑](#footnote-ref-4)