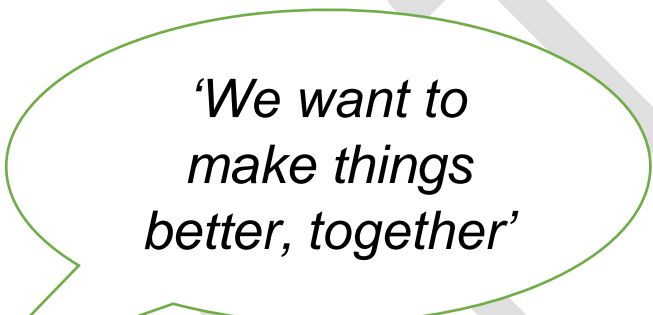


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Our Learning Disability Commissioning Strategy:

Building Foundations – Changing Lives
2020 – 2025



*'We want to
make things
better, together'*

Wandsworth Council and Merton &
Wandsworth Clinical Commissioning Group

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Foreword

Building Foundations – Changing Lives

This strategy represents an exciting collaboration between Wandsworth Council and Wandsworth NHS Clinical Commissioning Group, committing to improving the outcomes for people with a learning disability in Wandsworth over the next 5 years and beyond. Our ambition is to ensure that people with a learning disability are supported to live as independently as possible whilst ensuring they receive the right care for their needs. People with a learning disability will not be excluded and separated from mainstream society but will lead meaningful lives, making valuable contributions as part of the Wandsworth community. This means carefully listening to and amplifying the voice of people with a learning disability from the very start, ensuring their meaningful involvement in monitoring the development of this strategy and modelling our co-creation approach in everything we do.

People with a Learning Disability in the borough have told us: We want to be *'part of making things better,' 'we want to count,' 'we want to co-create plans' , 'it's about time we had a real say'* and they said *'we want to see what is changing for the better.'* They also said: *'when different professionals really listen to us, we feel good'.*

The delivery of this strategy will be grounded in the principles of Co-production which are equality, diversity, accessibility and reciprocity which will build on people's desire to feel valued and doing things together from the start.

Throughout the life of this strategy our co-produced commissioning plans will focus on innovation, prevention and improving wellbeing whilst optimising resources to provide services that will improve outcomes and by working together, transforming the lives of people with a learning disability. Co-production will be imperative. Services can only be effective if they are designed and built in partnership with the people who matter most - our service users, parents, carers and families.

Seeing people as individuals and looking beyond their presenting care needs and instead to people's strengths whilst providing the appropriate support, will be a key component of how we look to transform provision. This will require "working with" people to be as independent as possible, rather than providing help and services which "do things to" people.

Our vision is for people with a learning disability to *live ordinary lives*. We know that, for some people with a Learning Disability, this can require *extra-ordinary conditions* including increased accessibility, reduced stigma, cultural and social change and making appropriate adjustments to enable people with a Learning Disability to live a full, meaningful and healthy life.

Economic challenges are likely to persist over the next 5 years, but this will not be used as a justification not to improve opportunities for people with a learning disability. Indeed, times

of challenge often present the greatest opportunity and drive innovation – technology, as an example, will be embraced to deliver improvement and provide real choice for people with a learning disability to access services.

Co-production and engagement work with local stakeholders have identified five key priorities for this strategy built on the key themes of:

- Listening to and amplifying the direct voice of people with a Learning Disability
- Promoting Independence, health and wellbeing
- Enabling people to have choice and control and culturally diverse services
- Integrating services with partners to deliver better outcomes for residents
- Proportionate and adaptable processes and interventions
- Using local networks and community assets to build resilience

We hope you enjoy reading about the key priorities and the important improvements we will make, together, within each of these areas to improve the lives of people with a learning disability in Wandsworth, now and in the future.

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Our Priorities

A strengths-based approach to care and support will underpin the priorities we will implement. We understand that every individual in the community has their own unique abilities and strengths. This is true for our residents with learning disabilities. This understanding will underpin our approach to implementing a strengths-based approach to all care and support. This requires not only the local authority, but also individuals, their families, carers and providers seeing individuals for who they are and looking beyond their presenting needs. This will involve:

- Putting the voice of the individual at the centre of their care and support
- Gathering a holistic picture of a person's life and aspirations
- Finding out what is important to an individual and supporting them to utilise their skills and resources
- Considering what the people around a person can do within in their relationships and local communities
- Exploring positive risk-taking whilst safeguarding people
- Working in a collaborative way with residents, families, local communities and local services and providers of care and support

A strengths-based approach is fundamentally about taking an enabling approach to service provision and “working with” people to be as independent as possible, rather than providing help which “do things for” and “to” people.

Priority One: Where People Live – Housing and Care Support

- Ensuring there are a range of accommodation options matched to the needs of individuals which support our residents to retain their independence as well offering greater choice.
- Commissioners and providers working proactively to develop innovative services which are driven by the needs of our population – e.g. considering the use of technology.
- Providing local accommodation which allows people with a learning disability to remain in or close to the borough and being active participants in mainstream society.

Priority Two: What People Do – Employment and Day Opportunities

- People with a learning disability are empowered to be active citizens.
- Embedding a shared expectation that more people with a learning disability can and want to work or learn skills that provide more choices for their own lives.
- Clear employment pathways which maximise people's potential to engage in meaningful and sustainable paid employment.
- Providing greater access to targeted support to develop the skills and the confidence so people can make their own travel arrangements where they are able.

Priority Three: Moving to Adulthood – Transition

- Information sharing will be improved. A clear, well communicated transition process for young people moving to adulthood will be in place with support arrangements matched to people's needs, reducing reliance upon services that create dependency.
- Development of individualised support arrangements for young people which allows them to reach their potential.
- Young people will be supported through transition to adulthood to live as independently as possible promoting self-reliance and self-determination.

Priority Four: Keeping People Well – Improving Health Services

- Commissioning preventative services that avoid crisis and emergency admissions to hospitals or other restrictive settings.
- Development of a Community and Health Support workforce with the right training and skills to better support people and their carers – such as specialist learning disability nurses.
- Establishing a model of care for people that reduces the need to make placements in specialist learning disability hospitals / assessment and treatment units.
- Increasing the uptake of annual health checks, cancer screening services and access to mainstream services which in turn will prevent ill health and premature death by enhancing the quality of life for people with long term conditions.

Priority Five: Increasing Life Opportunities – Choice and Control

- Encouraging greater financial choice for people with a learning disability using Personal Budgets which facilitate Direct Payments to providers. This is part of our ambition to provide service users with greater choice and control of the services they need and how they wish those services to be delivered.
- Innovation will be promoted with a commitment to listen to proposals from our service users. An example could be the pooling of budgets by several service users so collectively they can purchase services from a provider.

Our Budgets

The tables below outline the Council and the NHS Clinical Commissioning Group areas of spend for its learning disability population in 2019-20 and demonstrates our joint commitment to meeting the needs of its residents whilst implementing a Strengths-based approach to the delivery of services.

Wandsworth Council Expenditure on Learning Disability Provision

Service Area	Expenditure
Residential Care	21,339,600
Supported Living	7,355,600
Direct Payments	4,000,000
Day Care	3,102,400
Transport	1,504,600
Support Costs	1,273,900
Outreach	941,300
Home Care	660,000
Shared Lives	763,700
Nursing Care	567,500
Other	218,000
2019/20 Gross Budget	<u>41,726,600</u>

Wandsworth NHS Clinical Commissioning Group Expenditure on Learning Disability Provision

Service Area	Expenditure
Learning Disabilities Placements	2,138,000
Learning Disabilities Placements Joint Funded with the Council (the figure incorporates Council funding)	1,352,000
Acute Liaison Service for People with Learning Disabilities	90,000
Personal Health Budgets for clients with a Physical & Learning Disability	100,000
Specialist Learning Disabilities Social Worker	59,000
Community Physical & Learning Disabilities Team	1,906,000
Mental and Learning Disabilities Team	1,083,000
2019/20 Gross Budget	<u>6,728,000</u>

Our Principles and Values – Co-production

We know that people with experience of accessing Learning Disability services and support are the best people to tell us what works best for them. This requires people with a Learning Disability, their carers, families, and staff that support them all working together. We believe that delivery of this strategy is not possible without doing this in equal partnership. We aspire to adopt a Co-production approach to deliver and monitor this strategy working together with people who have a Learning Disability. We are committed to adopting the principles of Co-production which are equality, diversity, accessibility and reciprocity building a model which values the strengths and new perspectives that people with a Learning Disability bring.

Evidence tells us that effective co-production results in increased satisfaction with increased confidence and trust in services that leads to better outcomes for people and communities.

To deliver this strategy, we want to work more closely with our local community and build on our involvement of people with a Learning Disability and their carers to ensure we achieve the best possible outcomes with the resources we have available.

Where we are now:

In February 2020 we worked with groups of people with Learning Disabilities to test the strategy prior to our strategy engagement period in March 2020. We wanted to find out what matters most to people in the borough, reflect on their involvement so far and ensure the direct voice of people with a Learning Disability runs through this strategy and shapes how it will be delivered.

We wanted to know how we can continually improve how we engage with people so we can move towards a more meaningful model of co-creating good services. We know that we can be doing more to get this right.

What we heard:

- *Listen!*
- *We want to be the 'Make Things Better' group.*
- *It's about time we are part of what is happening.*
- *We want to create with you.*
- *Be more patient with us.*
- *Give more time.*
- *We want to be braver.*
- *When things are put into pictures, we feel more in control.*
- *We feel very happy showing you what we want to say.*

- *We want to count! Sometimes we feel people with a Learning Disability don't count.*
- *We want to know what we can change. We are invited but we don't know what for.*
- *It is important. We can test things out and tell the groups what is best.*
- *Explain what you are going to do.*
- *Monthly discussions help us to think about what to say.*
- *We need visual information.*
- *We need feedback on what has changed.*
- *We would like training and support to chair meetings.*
- *We would like communication passports for creating with you.*
- *We can show you how to involve us. We can train you.*
- *We like to create and see the meeting rules.*
- *We need space to move around when we come together.*
- *We don't want to travel too far.*
- *We need reminders of what we want to talk about.*
- *We want to see what is changing for the better.*

We also spoke to our Patient and Public Involvement Reference Group members in Wandsworth involving carers, the Voluntary Sector Coordination Service and Healthwatch.

What we heard:

- *People with a Learning Disability need to be involved in shaping and helping to develop plans.*
- *Service users need to be made aware what their power is to influence, and effect change so they can contribute in a meaningful way.*
- *We need to take a positive approach that focusses on making things better and highlighting the positives.*
- *Be careful about the language used in the strategy and when we are delivering it. We need to have a shared language and understanding.*
- *We have an opportunity to create something much more effective in the borough.*
- *We need to create a 'go to' place in the borough for influencing change.*
- *People with a Learning Disability need to live safe, worthwhile and reassured lives to enable an ordinary life. If things are going to change people need reassurance they will improve.*
- *There have been diminishing opportunities for people with a Learning Disability to speak out. By not being able to make a noise, they could become a more at-risk group.*
- *We have a good opportunity to strengthen the joint reference group and ways for people to be more meaningfully involved. The strategy will give this group a clear purpose.*
- *We need to build user groups and work together going forward with user experience running through everything we do.*
- *We need to clarify our definition of and commitment to co-production.*

- *People with a Learning Disability are best placed to deliver training on how to co-create.*
- *People with a Learning Disability communicate very well with creative methods like visual storytelling boards, forum and verbatim theatre and books-beyond-words conversation methods.*
- *People with a Learning Disability can be supported to visit and audit services.*

What we will do:

- We will develop our definition of and model of co-production with people who have a Learning Disability in Wandsworth.
- We will develop a co-production charter together in equal partnership with people with a Learning Disability.
- We will strengthen the current Clinical Reference Group and Health Action Group ensuring there is improved representation of people with a Learning Disability.
- We will provide support and training for people with a Learning Disability to co-chair these groups.
- We will ensure there is support for a user led group in the community to support and link into the Clinical Reference Group and health action group.
- We will adopt creative, visual and effective methods to enable meaningful co-production. This approach will reflect the communication preferences of people we are cocreating with.
- We will support the development of five groups to co-design and monitor the workplan of the five priorities in this strategy.
- We will regularly review our approach to co-production and commit to develop it in response to feedback.
- We will encourage people with a Learning Disability to train us on how to co-design better services.
- We will explore ways for people with a Learning Disability to audit services.
- We will continue to raise awareness of this strategy in the community and of our *go to place* to influence how the strategy is developed, delivered and monitored.
- We will hold annual listening events to ensure a broader community of interest can find out about this work and contribute to the plans.

The Learning Disability Population in Wandsworth

- **Wandsworth is the largest inner London Borough and has a growing population, currently estimated at 314,544 residents¹.**
- **At a national level, approximately 20 people in every thousand are predicted to have a learning disability².**
- **There are currently 910 adults with a learning disability whom are supported by Wandsworth Council.**
- **In 2018-19 there were 174 adults placed out of borough in residential accommodation with 35 adults placed out of borough in sheltered housing accommodation.**
- **In 2018-19 there were 1,158 patients with a learning disability registered with a Wandsworth GP.**

1. Learning Disability Service User Population in Wandsworth

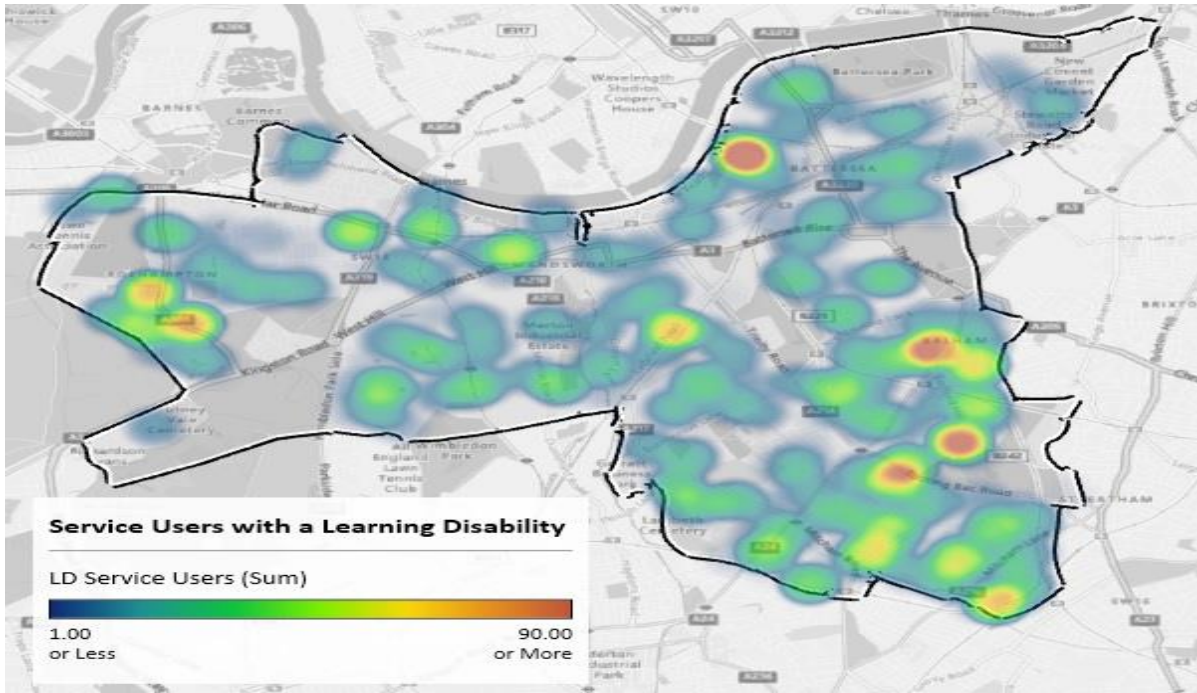
There are currently 910 adults with a learning disability whom are supported by Wandsworth Council. It has been predicted that by 2025 the overall number of adults with a learning disability in Wandsworth will have increased by 1.69% and the number of adults with a moderate or severe learning disability will have increased by 1.5%. By 2025, the percentage of adults with a learning disability living in Wandsworth that is moderate or severe will be approximately 21.83% (PANSI)³.

The heat map overleaf shows the proportion and location of services users with a learning disability who live in the London Borough of Wandsworth according to their postcodes. The map shows an even spread with higher prevalence areas being in the wards of Balham, Bedford, Roehampton and Putney Heath and St Mary's Park.

¹ Joint Strategic Needs Assessment (2017/18)

² Local Government Knowledge Navigator (2017)

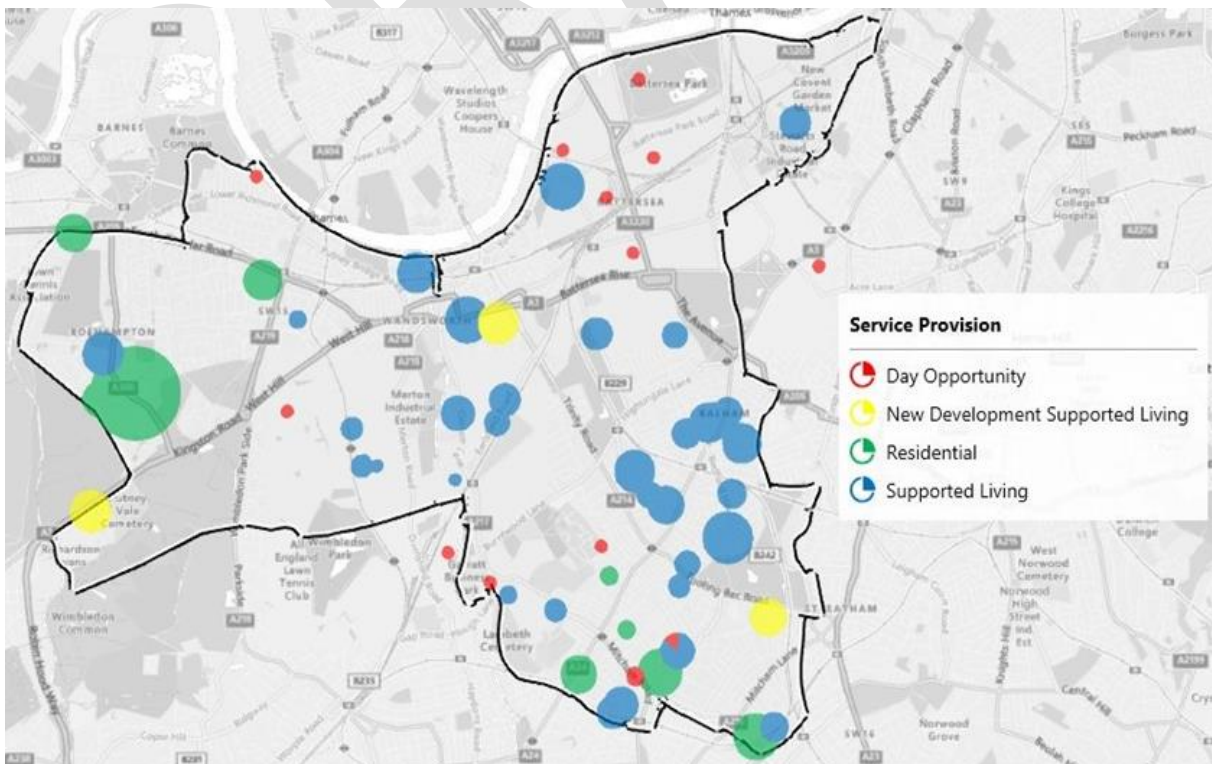
³ Projecting Adult Needs and Service Information System (2017/18)



Bedford and Balham wards have a disproportionately high number of people with a learning disability compared to other wards in Wandsworth, partially explained by the location of several supported living housing developments located in these areas.

2. Location of learning disability services

The map below shows where residential and supported living accommodation as well as day opportunity provision is located within the borough. The size of the dots for residential and supported living increases proportionately with the number of units at each site.



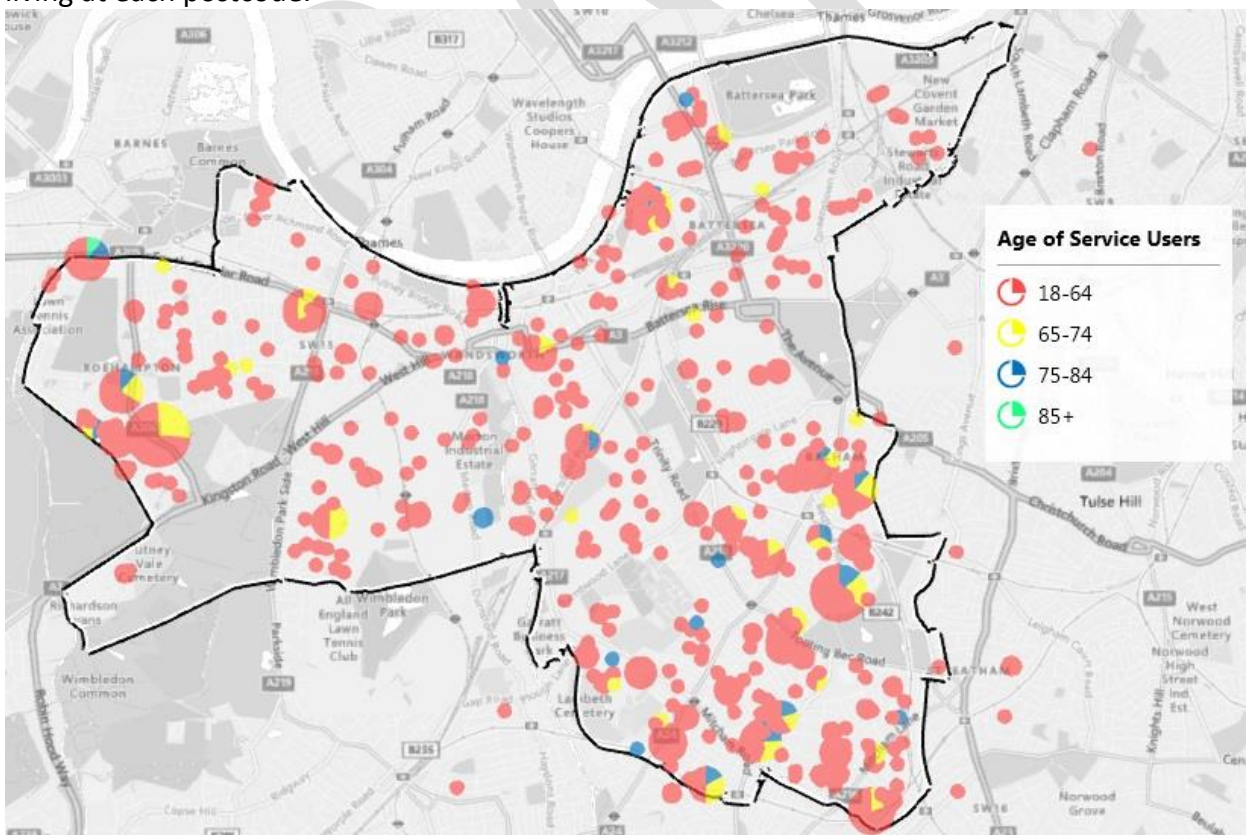
The Care Quality Commission confirmed that in 2019 there were 119 residential care home places catering for the needs of people with a learning disability within the borough. In 2018-19 there were also 174 adults living in out of borough residential accommodation and 35 adults housed out of borough in sheltered housing accommodation.

Over the next 10 years the previous maps will start to reflect a different picture aligned to the Council and CCG's intention to house more people with a learning disability within the borough. Accommodation will be sought across the borough to ensure there are enough homes for people to live in. Additionally, population projections show a 11% increase in the learning disability population by 2035, which represents an increase of approximately 51 new users with a learning disability who will also require accommodation-based support.

A strength-based approach to care delivery will focus on increased supported living arrangements based on a model of self-contained flats with communal areas, as well as a reduction in the demand for residential care. A small amount of specialist residential provision may still be needed for groups including older people with a learning disability, particularly as the average life expectancy of adults with a learning disability is expected to increase over the next 10 years.

3. The ages of people with a learning disability

The map below shows where adults with a learning disability live in Wandsworth, by age categories. The increasing size of each dot correlates with increasing number of people living at each postcode.



Population projections suggest that over the next 10 years the largest increase in need for learning disability accommodation will be in the 18-64 years age group, with approximately 49 new service users by 2035. There will also start to be significant increases in the middle age and older population of learning disability service users.

The average life expectancy of the learning disability population is expected to increase in line with several national and local programmes in Wandsworth focused on improving the health of adults with a learning disability. This includes the increase in uptake of health checks and health actions plans promoted by the CCG and GP Consortium.

The number of patients with a learning disability who have had an annual health check in Wandsworth is 686 (59.2% of all patients with a learning disability). This is higher than the national percentage of 48.9%, but still needs to be improved. The prevention of the premature death of people with a learning disability will also continue to be a key priority of the CCG through helping people recover from episodes of ill health or injury with targeted interventions, improving access to mainstream health services and screening programmes. These programmes need to make reasonable adjustments to enable people with a learning disability to use them.

The above diagrams show some correlation between the locations of residential services and adults with a learning disability aged 65 years of age and above. Over the next 10 years there will be an increase in the numbers of service users aged over 65 for whom suitable provision will need to be made to allow their continued independence in the community. An example could be the design of homes which allow adequate access, utilising technology with access to good public transport facilities to support people as they age.

The table below shows the numbers of school-age individuals who have a Special Education Need (SEN) in Wandsworth (*School Census 2017*)⁴.

Pupils with SEN by primary type of need	Primary	Secondary	Special Schools	TOTAL
Moderate learning difficulty	400	205	39	644
Severe learning difficulty	14	6	74	94
Profound and Multiple learning difficulty	3	0	26	29

These numbers are useful in understanding the number of people with a learning disability who will become young adults and who may also have some support needs. Both the Council and the CCG are committed to providing support using a strength-based approach for these young adults (as they will become) through the course of their journeys in further education, employment and other activities that they may choose to undertake.

Over the next 5 years children with a learning disability who are reaching adulthood will seek support in two principal ways: those wanting to leave the family home to be more independent; as well as those with complex needs who can no longer stay at home. Learning disability provision will need to reflect these needs.

⁴ School Census is a statutory data collection for all maintained schools in England.

Priority One: Where People Live – Housing and Support

Stable housing and safe living environments enable people with a learning disability to live independently, taking greater control over the lives they want to live. Housing will be developed over the next 5 years to ensure it meets the range of needs of people with a learning disability in Wandsworth. These new homes will be positioned in community settings, close to transport and other amenities to promote a sense of belonging and inclusiveness. Buildings are being designed with technology in mind which will make them better equipped to deliver support both now and in the future. As innovation increases it is important that people with a learning disability also have access to these new experiences in their daily lives.

In 2019 the Council published the *Wandsworth Housing and Homelessness Strategy*, which reflected the needs of the borough's more vulnerable residents, including those with a physical disability, learning disability and mental health challenges.

The Council also published the *Adult Social Care Market Position Statement (2018)*, which informed the development of commissioning intentions for the provision of housing and support in the borough. The Market Position Statement has provided some information for the future housing needs of people with a learning disability including data on young people in transition and identification of overarching trends, but more detailed work is being planned analysing data across all age groups. Future housing provision, over the next 5 years and beyond, will take account of the timescale required to develop new properties, which can take up to 2 years or more for each new scheme to be built and ready to live in.

Future Accommodation needs for people with a learning disability – overarching trends

- **Overall accommodation support:** Population projections show a 11% increase in the learning disability (LD) population by 2035. This represents approximately 51 new people with a learning disability in receipt of accommodation-based support by 2035.
- **Residential care:** Based on a projection model forecasting trends in service use over the last three years, the number of residential placements for people with LD in Wandsworth has shown a reduction (276 in 2016/17 to 248 in 2018/19). Progression of this trend would reduce usage to 124 by 2035. Part of this reduction could be attributed to the drive to promote options such as supported living which encourage greater independence through a strengths-based approach to care and support. It should also be noted that for some individuals with complex needs that a residential setting would be most appropriate for them.

An element of Learning Disability specialist in-borough provision will remain to ensure where appropriate, individuals are placed as locally as possible. Aligned to the intention to reduce residential care usage will be the development of local supported living capacity to meet this need.

- **Nursing care:** The need for nursing care is low, with a total of 10 service users in nursing care in 2018-19 with future population projections to 2035, suggesting demand will remain static or increase only marginally. It must be stated that it is difficult to forecast with assurance so far into the future noting that the client group in question is one with a complex level of need which may change in specific years. Demand at present is limited by life expectancy of 65 years for people with a learning disability but slight increases over the next 10 years may affect the provision that is needed. Currently there is no specialist nursing care provision for people with a learning disability with service users being accommodated within mainstream residential nursing provision – this will be reviewed on a continual basis for appropriateness in line with overall learning disability housing needs in future years.
- **Supported Living:** Four-year trends to 2018-19 for the number of placements (185) show a reduction of people in supported living between 2017/18 and 2018/19. Analysis of this data also demonstrates the complexity in forecasting from this baseline given there were 22 placements in 2018-19, which is a significant increase from the 4 placements in 2016-17. It is imperative that commissioners in conjunction with housing colleagues remain proactive and continually review the numbers of accommodation that will be needed, and more importantly build this into house building cycles.

Conversations with service users have revealed a need for more in-borough specialist provision based on a model of self-contained flats, with communal areas, catering for younger people with complex and challenging behaviours as well as older people with a learning disability (in their 50's) who have become more dependent. In addition, supported living is a key destination for those transitioning from residential educational settings (although the overall trend of residential care is one of declining numbers this is one area within that group with a slight increase).

Based on the statements above there is a need to develop at least 32 new local supported living placements by 2025 although this will need continual review to take account of fluctuations in population demographics which may occur. This figure also takes account of those individuals currently in residential accommodation who may return to local settings. The Council has embarked on a major review of current residential placements which will last for two years. This will review the quality and value propositions of these placements and propose alternative local arrangements where it is appropriate to do so for the individual concerned.

- **Transition:** There is continuing demand from younger people transitioning from residential educational settings to supported living or residential care at a slightly later stage than 18 years of age. In 2018/19 to date, of the 6 young people who transitioned to accommodation settings with required support, 2 moved in to supported living.

As well as specialist accommodation for younger learning disability service users and those individuals with complex and challenging need, there is a requirement to also provide for older people with a learning disability whose needs have increased. A model of self-contained flats, with a communal area to prevent isolation whilst promoting independence, is seen as an ideal style of accommodation and is supported by engagement undertaken.

- **Extra care:** Over the past four years, the number of service users with a learning disability accessing extra care housing has seen an increase from 2 in 2014/15 to 9 in 2018-19. People with a learning disability are living longer in Wandsworth and in some instances support related to old-age is the predominant need rather than a learning disability specific requirement. As such, local provisions in extra care will be developed where appropriate to provide this support – for the cohort of people in their 50s and above. This is part of our commitment to ensuring mainstream service provision is made more accessible to people with a learning disability.
- **Demographic changes:** If the number of placements, as at 2018-19, increases in line with population projections (11%), then by 2035 demand will increase by approximately 51 service users in total as per Table 1 below:

Table 1: Projections based on PANSI population projections to 2035

Accommodation Type	2018-19	2035	11% Increase
Residential	248	275	27
Nursing	10	12	2
Supported Living	185	205	20
Extra Care	9	11	2
Total	452	503	51

The biggest increase will be in the 18-64 years age group, with approximately 49 new service users with a learning disability by 2035. The average life expectancy for service users with a learning disability in Wandsworth is 65.1 years for women and 65.5 years for men. It should be noted that towards the end of the next ten-year period we may start to see projected increases in the 85 years plus cohort which will require dedicated commissioning arrangements if the general older persons housing options are unsuitable.

Where we are now:

In meeting the current housing and support needs for people with a learning disability, the Council commissions residential care, supported living, floating support, respite and extra care.

The focus of the commissioning model for learning disability services is to promote individual independence and choice through adoption of a strengths-based approach to planning care and support. For people with a Learning Disability in Wandsworth, this will mean:

- Our plans should be based not just on a needs-assessment, but also on an understanding of assets and opportunities;
- All our work must be driven by a commitment to improved outcomes for service users, and we must ensure that their views are central to our plans;
- We must always be aware that people with a learning disability do not exist in isolation, and take account of their carers, family, friends and communities.

The Council recognises the need to work with local providers, including those from voluntary and community settings to develop provision that can embrace a strength-based model of care delivery and work with families to ensure effective outcomes, centred on choice and independence are delivered. There will also be specific focus on reviewing out-of-borough placements for people with a learning disability, to determine if appropriate, needs can be met for individuals back in-borough, closer to home.

The Council's approach to designing homes for people with a learning disability draws on a range of expertise, to ensure they not only are they built to the highest quality standards but are homes which are fully accessible, technology compatible as well set in established community settings to epitomise modern community living. This approach has been demonstrated in the design of two new medium-sized supported living schemes in the borough, one at Melody Road completed in 2019 and another at Stag Lane to be completed in 2020. The developments at Melody Road and Stag Lane are supported living schemes of self-contained flats with adjoining care and support staff flats that will increase provision across the borough by an additional 20 units.

What we will do:

The Council will develop new housing services to meet the growing demand over the next 5 years. These homes will be established in the community, make use of future technology to aid assisted living and embed a culture of strength-based support in the delivery of care and support within these schemes. Importantly, these services will be co-designed with people with a learning disability and their families and carers to ensure they deliver the outcomes that they need.

Innovation in all aspects of commissioning will be at the forefront. Access to assistive technologies and social media inclusion of young people and adults with a learning disability will allow them to shape the care they receive. Assistive technology pilot programmes are underway in supported living schemes in Wandsworth. The learning from these projects will drive implementation across our whole portfolio of projects across the next 5 years, where appropriate for the needs of the individual.

Wandsworth population growth and need will be reviewed annually to ensure Council house building cycles take account of requirements in good time. Traditional models of care and support will also be challenged. It may be appropriate that when a person with a learning disability approaches old-age that their age-related frailty requires support that can be met in an extra-care setting or elsewhere in the community with appropriate support, rather than a dedicated care and support provider for a person with a learning disability.

This will further promote themes of community inclusion, challenging historical stereotypes of separation for people with a learning disability.

There will be an ongoing commitment to increasing access to independent housing options as alternatives to residential care. There will always be a requirement for specialist, residential accommodation but the Council will seek to develop this high-need provision in small numbers as close to home as possible. This will cater for both young people with complex and challenging behaviours as well as for older people with a learning disability whose needs require specialist intervention.

The Council and the CCG will maintain the physical and emotional health of people with a learning disability when in community settings. The Council will continue to work with local providers of care and support in adopting *the Learning disabilities health charter for social care providers, (2017)*

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/655146/Health Charter 2017 self-assessment tool.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/655146/Health_Charter_2017_self-assessment_tool.pdf)
<https://www.england.nhs.uk/learning-disabilities/care/housing/>

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Priority Two: What People Do – Employment and Day Opportunities

Employment, training and other day opportunities are important factors in ensuring social inclusion in mainstream society for all people with a learning disability who choose to seek employment. Although employment is not the sole responsibility of any single department, service or indeed organisation, the Council will continue to invest in a supported employment service and other training activities whilst working with local employers to provide meaningful employment opportunities.

The employment rates of people with a learning disability will only improve if there is a shared expectation that more people with a learning disability can and want to work, and if the adjustments are made in the way services work together to achieve this. The Council, CCG, voluntary sector, and the provider market have a key role to play in working together to support and encourage organisations to work towards this vision of a more inclusive workforce.

Where we are now:

The independent and voluntary sector in Wandsworth has continued to grow, providing a diverse range of day services, which provide people with choice and purposeful activities. Engagement with providers for the development of the strategy highlighted the need for a common set of outcome measures across employment provision. In addition, engagement highlighted the importance of recognising day opportunities in the community delivering key outcomes through community programmes, which develop skills for employment and independent living. This will become a priority going forwards.

In 2018 the Council re-commissioned a single contract for employment services across Wandsworth with Choice Support. The service supports people with autism, learning disabilities, mental health needs, physical disabilities and sensory impairments to gain and keep paid employment. The service links with other employment providers and is a member of a large local employment provider forum. Regular awareness training with employers is delivered with employers as well as providing the following assistance for people who may require their support in:

- Preparation of CVs and application forms
- Job searches that match an individual's skills
- Interview preparation and joint attendance if support is required
- Working with employers to make reasonable adjustments to the interview process
- Identifying changes or adjustments at work
- Providing support with understanding of rights as an employee or volunteer

Alongside supported employment services provided by Choice Support, there is the *Work Right* employment advice and support service provided by a team working within Wandsworth Council. The team works with all people with a disability, including young people with special educational needs and people with long-term mental health problems. *Work Right* provides disabled people the opportunity to try out job roles at the Council in keeping with their interests and job aspirations. The aim is to provide work experience and training that will improve the person's employability.

The *Work Right* team also provide in-work support for disabled staff working at the Council. This includes six staff with a learning disability who work in job care roles as well as other staff who have gained paid work at the Council on completion of their work placements who require ongoing support to sustain their jobs.

What we will do:

The Strength-based approach to providing support will place people's aspirations at the centre of our employment plans. The Council will support people with a learning disability with their goals for achieving employment, where they choose to do so. This might mean working part-time, full-time or doing voluntary work. This will also place a focus on supporting individuals if they encounter difficulties at work such as being ill or struggling with work. This could be by working with both employee and employer to find the best solution to any short-term difficulties being faced.

- **Day Opportunities:** Day provision in Wandsworth is currently under review. Over the next two years a comprehensive co-produced review of services will be undertaken looking to develop a vision for day care provision in the borough over the next 5 years and beyond. The review will be conducted with people with a learning disability, their carers and families as well as local providers. This will be built upon strength-based principles of care and support looking to empower individuals with key skills which will promote an individual's independence in the community, ultimately leading to happier and more productive lives with real choice in the activities they want to undertake daily.
- **Supported Employment:** More people with a learning disability should feel confident to find jobs, and employers should feel confident about employing them. Health and social care professionals will discuss a person's employment wishes with them and include these as part of the health and care planning process. Commissioned services will be expected to facilitate a person's employment wishes, through active discussion and onward referral. This should include maximising opportunities for people to engage in meaningful and sustainable paid employment. All specialist learning disability providers in the borough will be encouraged to offer employment opportunities within their own organisations.

There are currently plans to develop 'Job Clubs' in partnership with local organisations, as well as collaborating with them in creating a comprehensive 'employment pathway' so that people have a clear understanding about what employment support is available and which is the most suitable service for them. An initial strand of the current day care

review in Wandsworth will consider how employment pathways can be embedded with all commissioned day care provision in future.

This will mean when a person with a learning disability begins a new training course or skills activity with a Wandsworth day provider, they will know what the course will deliver, how long it will last, the qualification or skill they will attain and when they may reasonably expect to be in employment. The Council will expect these outcomes of our commissioned providers going forwards to ensure people with a learning disability are not left unsupported. Part of this work will also involve continuing to build relationships with local employers; enhancing their understanding of learning disabilities in the workplace and therefore generating inclusive employment opportunities.

- **‘Work Right’ Programme:** This Council-operated programme will offer a supported internship programme for young people with special educational needs in partnership with local colleges. Work placements and opportunities with partner organisations such as the NHS, schools and the private and voluntary sector will continue to be offered. There will also be a focus on increasing the number of jobs and roles available within the Council.
- **Transport:** The Council’s engagement and review programme, including consultation with residents, is underway to develop a Transport Assistance Policy. The proposal for a new policy seeks to;
 - Replace existing arrangements for the assessment and provision of travel assistance and support.
 - Adopt a strengths-based approach to assessment, which supports our commitment to support residents to be as independent as possible.
 - Introduce clear and consistent eligibility criteria for the provision of transport assistance and support.
 - Include transport costs within a person’s care and support plan and personal budget.

Additionally, all young people in transition will be offered travel support if they have the potential to use public transport. If people with a learning disability can gain skills to travel independently then this will increase their prospects of employment. The Council will work in partnership with the police to develop an action plan that supports making it safer for people with a learning disability to travel on public transport.

Many people with a learning disability choose to travel independently, using their Freedom-Passes in the evening and at weekends to access public transport with the help of care support, travel buddies or volunteers. Only a small number of people with a learning disability now use specialist Council transport to attend day opportunities. Over the next 5 years this level of independence will increase with individuals being empowered through appropriate training.

Priority Three: Moving to Adulthood - Transition

Transition to adulthood can be an exciting stage in a young person's life, but it can also be a source of considerable anxiety for young people and their families, because of uncertainty about what to expect and whether help is going to be available. In Wandsworth our transition work aims to address these concerns by ensuring that young people and their families know where to go for help and support as well as have a positive experience of transition to adulthood. Importantly, this process needs to start at the age of 14 if not sooner to allow enough time for options to be considered and the young person's wishes to be expressed and put at the forefront in decision making.

Where we are now:

The Council have appointed a Transitions Lead who will maintain oversight of current arrangements between services as a young person moves into adulthood. The wishes of the individual will continue to be considered from the outset of any transitional process whilst promoting independence through a strengths-based approach to care, support and inclusion. This includes work to improve forecasting of future service needs and how partners across the Council, CCG and in Education can work together to meet the changing needs of a young person with a learning disability as they become older.

Young people will be supported to be as independent as possible as they prepare for their transition to adulthood by ensuring their voice is heard and incorporating their wishes and aspirations into the care planning process at the earliest opportunity.

A Strategic Transition Protocol exists in Wandsworth, which seeks to strengthen support for parents and improve professional practice. This outlines the obligations of all agencies involved in transition. An important product of this work is that a transition panel, with membership from practitioners who deliver services for young people as well as adults, meet jointly to share information about young people and to agree what further support can be offered to young people and their families.

There has been significant progress in this area and transitional arrangements have improved – but further development is required. Departments will work together to manage parental expectations providing clear information on all support that can be offered. Accurate and timely information sharing will be enabled by improved IT systems in order to provide support to families without unnecessary delay.

The Council has continued to resource and develop information provision for a *local offer* on what support is available in Wandsworth and how to access services. The *local offer* information for 0-25 years can be accessed through the Thrive Wandsworth website: <https://thrive.wandsworth.gov.uk/kb5/wandsworth/fsd/home.page>

Additionally, The Local Care and Support Offer for Adults can be accessed via the National Care Place website:

<https://www.careplace.org.uk/Services/15685>

Employment will remain a key priority over the next 5 years. There will be a dedicated employment task group which will develop a range of pathways and provision that meet the aspirations of young people to secure employment. The Work Right Employment Scheme is an existing project run by Wandsworth Council and supports disabled people aged 18 years of age and above living in the Borough, to gain experience and skills which will help them to gain a permanent job and stay in employment. This scheme is for people with physical disabilities, learning disabilities and long-term mental health problems. The principal aims are to increase the number of disabled people employed by Wandsworth Council; and by the Council's contractors and partners.

What we will do:

- **Improve the quality of transitional arrangements:** This will involve the implementation of robust transitional arrangements which put in place clear pathways, jointly agreed between Council departments, Education and Health.
- **Strengths-based approach:** The Council will ensure strength-based approaches are embedded in transition planning between respective departments. This will focus on what is positive and possible for the young person rather than proposals being determined on a pre-determined set of transition options. The aspiration of future provision will be for young people to achieve their full potential.
- **Provide better Advice and Information:** This will address barriers to information sharing across the Council to ensure children and young people are supported through transition to live as independently as possible in adulthood.
- **Sexual Health:** People with a Learning Disability will be supported, and services will be made available to promote safe and healthy relationships. Life skills' courses will be identified and promoted routinely as part of a person's care planning process. Parents and Carers will have access to training and information to support a person transitioning to adult life and their developing sexuality.
- **Engagement:** An annual 'listening' programme will be implemented, focussing on learning from younger people who have gone through transition.
- **Workforce development:** A skilled workforce can assist young people and families in planning for their future. Implementation of a training and development programme based on strength-based principles which will raise awareness of the Children and Adults Social Care Academies joint working initiatives, will raise workforce standards.
- **Further Education:** Work will be undertaken with colleges and further education providers to build on the model used for the Merton site of South Thames College for young people with more complex needs, as an alternative to residential colleges.

Priority Four: Keeping People Well – Improving Health Service

Merton and Wandsworth Clinical Commissioning Group in partnership with the South West London Alliance of Clinical Commissioning Groups⁵ commission services that prevent crisis and avoidable hospital admissions. This includes behaviour support, improving discharge planning, commissioning specialist learning disability hospital nurses and developing the health workforce with the right training and skills to better support people and their carers’.

Over the next 5 years we will continue to work jointly with the Council and across partner agencies as well as service users and carers through the Learning Disability Partnership Clinical Reference Group⁶; to increase people’s choice and control in the way their care is delivered by using personal health budgets, personal budgets and direct payments.⁷ The Learning Disability Partnership Clinical Reference Group works jointly with the Council Commissioning Team and Public Health.

Where we are now:

Established Transforming Care Partnerships: The well-established Wandsworth Transforming Care Partnership meets bi-monthly to review patient treatment pathways. This ensures that treatment, care and support are appropriate to patients’ needs ensuring that they are less likely to require an unplanned hospital admission.

Improving the hospital experience and shortening stays for People with a Learning Disability: The St Georges Hospital in-house LD liaison nurse service is a highly successful service commissioned by Wandsworth CCG to support and advise on the clinical care of patients with a learning disability. The service provides advice and training to clinical staff and managers in the St Georges Hospital NHS Trust and liaises with teaching and training staff at the St. Georges Medical School. We will continue to develop plans to address the health needs of people with a learning disability in line with best practice and NHS England guidelines.

⁵ <https://www.swlondon.nhs.uk/about/>

⁶ Following the White Paper *Valuing People: A New Strategy for Learning Disability for the 21st Century (2001)*, Learning Disability Partnership Boards were established throughout the country. The Wandsworth Learning Disability Partnership Board brought together relevant local agencies and stakeholders, including people with a learning disability and their Carers. The main purpose of the Board has been to drive forward the “*Valuing People*” agenda, contribute to the planning of services, including the setting of priorities, and scrutinise the performance of the statutory agencies. The Board has had action plans informed by the annual Joint Health and Social Care LD Self-Assessments submitted to NHS England.

⁷ <https://www.england.nhs.uk/learning-disabilities/>

The learning disability nursing service provides support to people with a learning disability and their carers to access St George's Hospital. The objectives are:

- To enable patients with a learning disability to access high quality care and treatment through navigation of services provided by SGUHFT
- To work in partnership with the other professionals and agencies to ensure that the patient remains safe along the pathway of care from the point of admission to discharge.
- To facilitate discussion and guidance around best interest decision making in accordance with the Mental Capacity Act (2005).

Annual Health Checks: Physical health outcomes for people with a learning disability who are registered with a Wandsworth GP continue to improve with the uptake of annual health checks increasing. The CCG and GP Consortium with the GP Chaired Clinical Reference Group (CRG) will actively promote best practice in engaging with patients who have a learning disability to ensure health checks continue to rise over the next 5 years. This work will promote a flexible and structured way to complete annual health checks that encompass the full NHS England guidelines⁸. They will incorporate the Enhanced Service⁹ (ES), which is designed to encourage practices to;

- Identify all patients aged 14 and over with a learning disability;
- maintain a learning disability 'health check' register; and
- offer them an annual health check.

The Learning Disability Mortality Review (LeDeR)¹⁰: The CCG contribute to research into health improvement for people with a Learning Disability by participating in the ongoing LeDeR project which seeks to;

- Identify potentially avoidable contributory factors to the deaths of people with a learning disability.
- Identify differences in health and social care delivery across England and ways of improving services to prevent early deaths of people with a learning disability.
- Develop plans to make any necessary changes to health and social care services for people with a learning disability.
- Actively engage Commissioners and Safeguarding Managers in the review process and offer scrutiny and oversight of the LeDeR process and lessons learned from it.

Health Action Plans: Health Action Plans¹¹ will continue to be promoted for all patients with a learning disability. A Health Action Plan is an individualised plan drawn up by the patient together with a 'health facilitator'¹², who is usually a community nurse but may be another healthcare professional or a carer.

⁸ <https://www.nhs.uk/conditions/learning-disabilities/annual-health-checks/>

⁹ <https://www.england.nhs.uk/wp-content/uploads/2017/02/model-service-spec-2017.pdf>

¹⁰ <http://www.bristol.ac.uk/sps/leder/about/>

¹¹ https://www.ipaget.nhs.uk/media/186362/health_action_plans.pdf

¹² <https://www.england.nhs.uk/learning-disabilities/tcp/>

The plan records the person's health needs and any specific targets that need to be achieved. The patient can then take the plan to all their healthcare appointments, which should improve communication with health professionals, improve access to mainstream services and reduce health inequalities.

Stopping Over Medication of People with a Learning Disability, Autism or Both (STOMP):

The CCG supports the STOMP programme, which is commissioned by NHS England to reduce over medication of people with a learning disability with anti-psychotics. The STOMP staff engage with care providers and GPs to review medication with the aim of implementing guidelines for reducing over medication and prescription levels.

Care and Treatment Reviews (CTRs) and Enhanced Care Register: Wandsworth CCG health commissioners arrange and chair the Care and Treatment Reviews¹³ (CTRs), which are part of NHS England's commitment to transforming services for people with a learning disability (LD), autism (ASD) or both. CTRs are for people whose behaviour is challenging because of an LD/MH/ASD condition. They are used by commissioners for people living in the community on admission to hospital or at risk of admission to hospital.

CTRs also help to improve the quality of care people receive in hospital by asking key questions and making recommendations that lead to improvements in safety, care and treatment. They reduce the amount of time people spend in hospital and bring people together to address any barriers, which can keep people in hospital longer than necessary. They do this by helping to improve current and future care planning, including plans for leaving hospital.

CTRs are carried out by an independent panel of people. This includes an expert by experience, who is a person with a learning disability or autism, or a family carer with experience of services. The panel also includes a clinical expert who is qualified to work in healthcare and the commissioner who pays for the person's care.

Enhanced Care Register: The Enhanced Care Register considers people who might be at risk of an admission to hospital. Key commissioner and provider representatives from health and the Council meet regularly to review risks and consider responses to such risk, which might include changes to care packages or holding Care and Treatment Reviews (CTRs).

Positive Behavioural Support (PBS): South West London Health and Care Partnership has identified commissioning PBS training to improve outcomes for people with a learning disability with unwanted behaviours.

The overall aim of PBS is to improve the quality of the person's life and the quality of life for those around them. Some people with a learning disability present unwanted behaviour, which can lead to service breakdown or at worst lead them to be hospitalised or detained.

PBS means that people receive the right kind of support at the right time.

¹³ <https://www.england.nhs.uk/wp-content/uploads/2015/10/ctr-policy-guid.pdf>

Wandsworth CCG and Council commissioners will promote the use of PBS to improve the lives of people with LD who present unwanted behaviours, ensuring support for local providers to access training and disseminate.

Personal Health Budgets: Best practice guidance from the national cross-organisational Learning Disability Programme¹⁴ will lead work in this area. The aspiration will be for individuals to live in homes not hospitals, stop people dying too soon and improve people's quality of care and quality of life.

What we will do:

- **Improving health outcomes and patient experience:** Maintaining good health outcomes is fundamental to the overall well-being for a person with a learning disability and will continue to be prioritised over the next 5 years. Preventing people with a learning disability from dying prematurely, enhancing quality of life for people with long term conditions and helping people recover from episodes of ill health or following injury will be achieved by;
 - ✓ Improving access to mainstream health services and screening programmes for people with a learning disability through reasonable adjustments.
 - ✓ Develop an action plan across health and social care to tackle the growing problem of obesity.
 - ✓ To ensure the Winterbourne View targets are achieved and to further develop an alternative model of care for people with challenging behaviour thereby reducing the need to make placements in specialist learning disability hospitals/assessment and treatment units.
 - ✓ Increase the take up of annual health checks and cancer screening services.
 - ✓ To improve transition arrangements, including having an input into the Local Offer.
 - ✓ People with a learning disability have greater access and take up of quality eye care services.
 - ✓ Improving access to sexual health support and training programmes for people with a Learning Disability to have safe and healthy relationships and reasonable adjustments are made available to enable access to sexual health screening. This will involve ensuring sexual health is featured in all person-centred planning and reviews.
- **Personal Health Budgets:** Increase the uptake of Personal Health Budgets so that people with a learning disability in Wandsworth have more choice in the type of care they receive and the way that this care is delivered.
- **Public Health:** Develop with Public Health, joint health strategies for people with a learning disability. This is an important way in which local commissioning partners can

¹⁴ To coordinate and implement reasonable adjustments where appropriate as required in accordance with the [Equality Act \(2010\)](#).

plan to allocate resources where our population will need services over the next 10 years.

- **Stopping Over Medication of people with Learning Disabilities:** ¹⁵Working with GP practices and community learning disability health services to ensure that patients medications are reviewed and correctly adjusted. There has historically been a practice to over-prescribe anti-psychotic drugs to people with a learning disability to manage their behaviours. This will not continue.
- **Learning Disability Mortality Review (LeDeR):** Using the learning from the LeDeR report to inform any adjustments to our commissioning plans for the management of acute and long-term healthcare for people with a learning disability.

¹⁵ <https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/>

Priority Five: Increasing Life Opportunities – Choice and Control

Direct payments along with personal budgets, person-centred care and support planning will provide the basis for a modern care and support system in Wandsworth over the next 5 years. This means making direct payments a real possibility for everyone and enabling people to commission their own care and support to meet their assessed eligible needs.

Unlocking control over the finances governing an individual's care and support will offer real choice for that person in planning effectively for their own future. Providers will be expected to offer a wider range of personalised and bespoke services including access to personal assistants who can be commissioned via personal budgets and direct payments. This can also benefit people with a learning disability who wish to pool budgets to buy services collectively.

Where we are now:

- We are committed to the use of Direct Payments to ensure people with a learning disability have greater choice, flexibility and control over their care and support needs.
- We are continuing to promote the use of pooled budgets to increase flexibility over care and support needs. Pooled budgets provide an option which enables two or more people (group members) to take their budget as a direct payment and pool their resources to achieve mutually agreed aims such as employing a personal assistant (PA) to support the group to pursue outdoor activities in the community. Pooled budgets may be suitable for different reasons. They may be beneficial for individuals who would like peer support and wish to share their budget with friends whom they consider as 'peers', or who wish to be in the company of those in similar circumstances or have shared experiences and hobbies/interests.
- A group of personal budget holders will contribute an agreed amount from their budget so they can meet up regularly, socialise and offer peer support or pursue shared interests in arts, sports or other interesting activities. For personalisation to be made real, pooling budgets is another way that empowers people and promotes their choice in how they wish to lead and take part in mainstream community life. This will also reduce gaps in service delivery, improve value for money, and encourage a tailored set of services designed to fulfil the needs of service users.
- The target on personal budgets has been exceeded but the numbers utilising direct payments remains low. The number of registered service users with a learning disability accessing direct payments and personal budgets was 651 in 2016/17 and 621 in 2017/18.

The direct payment process including the referral to the direct payment support providers is currently being reviewed with a view to making direct payments easier through a prepaid card as an alternative to managing a bank account. 5-year targets are currently being developed to ensure this area remains in constant focus through the life of this strategy.

- The Council's information about services and support is wide ranging now that the Adult Care Information Service has been further developed. A programme is under way to review whether the Learning Disability website should be relaunched and used to share positive experiences of personal budgets and direct payments uptake. The Council's commissioned Information Advice service provider will run a monthly forum, which provides service users with an opportunity to share positive experiences which will help to allay concerns some service users and families may feel with the concept of managing aspects of their own finances.
- Advocacy services remain an important aspect of the Council's current commissioned arrangements for people with a learning disability. Independent advocates are available to support people with a learning disability and enable participation; care assessments, care and support planning, care and support reviews, safeguarding enquiries and safeguarding adult reviews (previously known as serious case reviews).

What We Will Do:

- We will increase flexibility of our direct payment offer through a focus on creative and innovative models of delivery which utilise assistive technology solutions and pooling of budgets. Widening access to assistive technology solutions will support people to live independently in their own home for longer and prevent the need for more intensive and long-term support. There is a wealth of technological applications designed to create "smart" environments" to make home life more manageable, or to provide reassurance to family and carers. The Council are in the process of planning a pilot project in supported living accommodation where we will be working with service users in a person-centred approach to help them to understand how Assistive Technology can support them. Our ambition is to embed the use of Direct Payments to maximise the opportunities assistive technologies can offer and to embed the consideration of assistive technology solutions into the heart of our support services. One way we are doing this is ensuring technology becomes an intrinsic component within service specifications when commissioning new services.
- The Council will continue to work with the CCG to ensure support delivered from professionals, advocates, families and carers enable a person with a learning disability to exercise choice and control where this is appropriate.
- Wandsworth Council will offer and promote a prepaid card mechanism as a means of receiving and managing direct payments.
- Personal budgets will be flexible enough to respond quickly to desired changes in services/providers as requested by people with a learning disability.

- The Council will work with providers to ensure there is enough capacity of Personal Assistants (PAs) to meet local demand by people with a learning disability who may wish to employ PAs with their Direct Payment. One way this will be undertaken will be for Direct Payment service providers to attract prospective PAs through their own resource websites as well as mainstream jobsites and targeted recruitment drives.

Going Forward

This strategy is a 'live' document – it will evolve over the next 5 years with the development of an associated action plan held jointly by the Council and the CCG with progress monitored at the Wandsworth Clinical Reference Group. Commissioners together with service users and other local stakeholders will review its content bi-annually to measure progress and review priorities to determine whether these need to change to respond to any changing national and local policy.

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Statutory Safeguarding Responsibilities

For information on our statutory responsibilities please see the web links below:

http://www.wandsworth.gov.uk/info/200385/safeguarding_adults/1440/about_adult_abuse/3

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Appendix One: Key Documents

National Learning Disability Strategies and Other Key Publications

Valuing People: a new strategy for learning disability for the 21st Century (2001)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/250877/5086.pdf

Valuing People Now a new three-year strategy for people with learning disabilities (2009)
https://webarchive.nationalarchives.gov.uk/20130105064234/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_093375.pdf

White Paper: Our Health, Our Care, Our Say (2006): A New Direction for Community Services
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/272238/6737.pdf

The Care Act
<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

What is co-production? (2013): Social Care Institute for Excellence
<https://www.scie.org.uk/publications/guides/guide51/what-is-co-production/principles-of-co-production.asp>

Local Strategies and Pieces of Work

The Wandsworth Joint Strategic Needs Assessment and Annual Report of the Director of Public Health 2017/18
<https://www.datawand.info/wp-content/uploads/2018/05/Wandsworth-JSNA-Annual-Summary-2017-18-Final.pdf>

Market Position Statement for Wandsworth
http://www.wandsworth.gov.uk/downloads/file/13623/wandsworth_adults_market_position_statement_2018-19

Housing and Homelessness Strategy for Wandsworth
<http://wbcvmmod01/ieListDocuments.aspx?CId=575&MId=6151&Ver=4>

Wandsworth Safeguarding Adults Board
<https://www.wandsworth.gov.uk/health-and-social-care/adult-social-care/adult-social-care-information-and-advice/staying-safe/safeguarding-and-adult-abuse/adult-safeguarding/>

Health and Transforming Care

Transforming Care: A national response to Winterbourne View Hospital: Department of Health Review Final Report (June 2013)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf

Building the Right Support (2015)

<https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

Six Lives: Department of Health Progress Report (July 2013)

<https://www.gov.uk/government/publications/six-lives-department-of-health-second-progress-report>

Stopping over medication of people with a learning disability, autism or both (STOMP)

<https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/>

Care and Treatment Reviews

<https://www.england.nhs.uk/learning-disabilities/care/ctr/>

Learning Disabilities Mortality Review (LeDeR)

<http://www.bristol.ac.uk/sps/leder/>

Local Information Sources

Thrive Online (Family Service Information Directory)

<https://thrive.wandsworth.gov.uk/kb5/wandsworth/fsd/home.page>

Care Place: London's centralised source for care and community services, information and guidance

<https://www.careplace.org.uk/>

Other Useful Information

Autism Self-Assessment Framework

<https://www.local.gov.uk/sites/default/files/documents/autism-strategy-self-assessment.pdf>

Strengths Based Approach

<https://www.scie.org.uk/strengths-based-approaches/guidance>

Projecting Adult Needs and Service Information (PANSI)

<https://www.pansi.org.uk/index.php?page=forget-password>

Positive Behavioural Support (PBS)

<https://www.england.nhs.uk/6cs/wp-content/uploads/sites/25/2016/07/bild-key-questions.pdf>

Community-based day activities and supports for people with learning disabilities

<https://www.scie.org.uk/publications/guides/guide16/>

Personal budgets and direct payments

<https://www.nhs.uk/conditions/social-care-and-support-guide/money-work-and-benefits/personal-budgets/>

Appendix Two: Summary of Stakeholder feedback – “What You Told Us”

Learning Disability Commissioning Strategy Engagement: Summary of Key Themes

Commissioning Priority	Key Points
<p>Keeping People Well - Improving Health and Transforming Care</p>	<p>Health checks:</p> <ul style="list-style-type: none"> • It can be a challenging to encourage individuals with a learning disability to go to the doctor. • Positive that six checks are done at one contact • Need for GPs to promote health checks more (some better than others) • Could be that there are more health checks being done than figures show due to coding issues • The LD nursing team promote health checks to their patients and directly intervene to get health checks for their patients. • Perhaps student nurses could carry out health-check drop-ins as part of their training to maximise capacity • Need to consider people who aren't in touch with services to access health checks • There could be a benefit to learning from boroughs who are successful regarding number of health checks <p>Learning disability and health conditions/ needs</p> <ul style="list-style-type: none"> • Important that work is carried out to prevent Diabetes • Important to have understanding around epilepsy and individuals with a learning disability • Perhaps physiotherapy programmes could be rolled out beyond specialists to maximise the amount of need being met (reducing hospital admissions) • Specialist health care professionals are needed, e.g. dentists. • Where service users access mainstream services, there must be reasonable adjustments and good awareness of learning disability (especially around communications and behaviours). • There are frustrations from service users referred to services like a psychologist and having to wait a long

Commissioning Priority	Key Points
	<p>time, these frustrations can result in challenging behaviours</p> <ul style="list-style-type: none"> • Speech therapists are important as they can help prevent behaviours, we find challenging (i.e. frustrations resulting from struggling to communicate needs and wishes). • Merton and Wandsworth CCG have a list of people who are “at risk”, for instance those with ageing carers. • Important to move people out of long-stay hospitals into the community <p>Understanding and awareness:</p> <ul style="list-style-type: none"> • Positive responses to the Positive Behavioural Support training • Positive responses to the mortality review programme (LeDeR) looking into preventable deaths • Important to help patients with a learning disability to be aware of health issues (both health conditions, good health and making positive health choices). • There needs to be good communication between health and social care professionals regarding the care of service users
<p>-Moving to Adulthood – Transitions</p>	<p>Connectivity between Children’s and Adult’s Services</p> <ul style="list-style-type: none"> • There needs to be an effective partnership between children’s services and adult services • There needs to be streamlined processes. • When service users are in the transition period, support needs to begin to encourage them to think about job readiness and preparation towards making a valuable contribution to society (this shouldn’t just start in adulthood) • Data from children’s services can help with strategic planning regarding emerging need, commissioned services and market shaping
<p>Where People Live - Housing and Support</p>	<p>Type of housing and support:</p> <ul style="list-style-type: none"> • The range of housing and support available should reflect the extremely varied needs of service users, to incorporate independent living, housing for people with complex needs, support for people with low level need but who may be at risk of bullying etc, respite options, people with physical needs, people with a learning disability and autism

Commissioning Priority	Key Points
	<ul style="list-style-type: none"> • There is a need to define which types of support are available to generate good understanding • Accommodation should be within the borough • A phased approach to gradually support service users to move out of family home – for instance to supported shared housing and then progress to more independent living. • Family carers are concerned about what may happen when they are no longer able to support the person at home. • Supported living, for those who need it, to make good of staff resource – communal areas enable staff to support more than one service user at any one time • Crisis House (different from planned respite) – a short-stay option for a crisis to maintain the person with a learning disability being able to live at home and reduce hospital admission • Information needed about local learning disability population (figures and percentages) • The Council have a special programme working with providers to identify placements for service users <p>The building design, layout and location:</p> <ul style="list-style-type: none"> • Building design should include a balance of communal space and private space • An inviting and easily visible communal area to encourage socialisation • Visible staff area – service users feel welcome to approach staff regarding any needs (this minimises the risk of problems escalating towards behaviours that challenge) • Private staff space for privacy when needed (supervision and confidential conversations) • Safe entry systems to minimise risk • Layout that is easy to orientate – to encourage independent living • Location is important – for example close to local amenities and transport options, to encourage independent living <p>Support from housing staff:</p> <ul style="list-style-type: none"> • Staff to promote the independence of service users and support them to learn new skills

Commissioning Priority	Key Points
	<ul style="list-style-type: none"> • Staff to provide the appropriate level of support according to assessed need • A skilled workforce with appropriate training • Staff to support service users to maintain positive health and wellbeing <p>Partnership working and links to other pieces of work:</p> <ul style="list-style-type: none"> • Housing services being connected to one another, to promote shared learning. • Consider complex relationship between providers, landlords and the Council • Connection between supported living providers and day care services/ supported employment providers • Links with the Housing and Homelessness Strategy • Links with the Autism Strategy
<p>Increasing Life Opportunities - Choice and Control</p>	<p>Enabling choice and control for service users with a learning disability</p> <ul style="list-style-type: none"> • Awareness and understanding needed regarding new information around benefits. • Support needed for people who lack capacity around managing money. • Important to work with service users around getting the best out of your income • Important to have accessible information on services • Day opportunities services could support people in learning skills to manage money • Pre-paid card – enable easier access to services. • Spot-purchasing enables choice and ease of access by service users • An approved provider list could be helpful in ensuring quality assurance and standards • Individuals with a learning disability often need time to think about options and prepare, as it can be hard to think on the spot. This is a more enabling approach.
<p>What People Do - Employment and Day Opportunities</p>	<p>Day opportunities services to teach people meaningful life skills, which could enable them to do a paid job where possible, and to support service users to provide a valuable contribution to their community</p> <ul style="list-style-type: none"> • Improving, retaining and learning different skills, for instance: communication skills, working as a team, specific skills such as cooking, IT, cleaning • Gaining experience and improving CV • A desire to ultimately earn money (where possible)

Commissioning Priority	Key Points
	<ul style="list-style-type: none"> • Paid employment may not be suitable for everybody • Having a valued role in the community is important as well as gaining employment • Training for staff to recognise the skills and talents of service users and helping them to reach their potential • Partnership – foster good links between employment, day services and education • Have a culture for developing skills – avoid a dependency culture • Sharing case studies – positive examples of what is possible • Activities around communication (effective communication can reduce behaviours we find challenging) • Activities around making health life choices <p>Day opportunities to foster good links with community life</p> <ul style="list-style-type: none"> • Connecting to people and places within the community and understanding the wider world • Connecting people with a learning disability to the community leads to greater awareness and inclusion • People with a learning disability have a right to be part of the community and access to community life • Connecting to schools, colleges and universities – to increase understanding about learning disability and break down barriers • Sharing premises with other organisations such as charities to do certain activities • Having another base at other premises such as a hospital or youth centre for certain activities • Connecting with the health providers in the community (chemists, health centres etc.) so that services users feel more comfortable accessing health services – with the aim to reduce hospital admissions • Connecting with businesses (as part of their social responsibility) • Having a valued role and contributing to the community – for instance growing herbs for a local restaurant and making lunches for church groups • When connecting to the community, listen to the individual and their individual needs • Consider how to support people with complex needs to access the community

Commissioning Priority	Key Points
	<p>Measuring meaningful outcomes:</p> <ul style="list-style-type: none"> • Providers using outcomes measurement tools • Working with service users right from the start to identify individual goals • Consider how to support people with complex needs to define and reach goals and measure outcomes • Providers to actively consider how taking part in day opportunities settings can leave to greater independence and improved skills in other areas, such as at home and in the community • Helping service users achieve outcomes such as moving out of the family home, beginning a volunteering role, accessing paid employment <p>Types of day opportunity:</p> <ul style="list-style-type: none"> • A wide marketplace of day opportunities is important • Evening support is also on offer • Important to review what day opportunities are doing well and to build on it <p>Supporting people into employment:</p> <ul style="list-style-type: none"> • A need to educate support workers around their attitudes and approaches to learning disability and employment (these can sometimes limit what the service users achieve). • Understanding of the strengths-based approach can be helpful in raising expectations • A need to ensure that jobs are carved out for people with a learning disability • “Enable” – a Public Health tool for measuring social value. Workers must be specific about employing people with a learning disability • Employers to include the employment of individuals with a learning disability in their contract • There needs to be greater awareness of learning disability among employers in order to create more suitable jobs and to help the service user sustain their employer. • Awareness with employers needs to be around “invisible” needs, i.e. when a person looks physically well but has difficulties around communication and behaviours.

Commissioning Priority	Key Points
	<ul style="list-style-type: none"><li data-bbox="608 241 1366 385">• Awareness with employers should include what an individual with a learning disability is able to do, rather than just what they are unable to do (strength-based approach)

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Strategy Engagement Activities Schedule:

Stakeholders:	Method:	Date:	No. of Participants
Members of the Wandsworth Clinical Reference Group (providers, carers and service users). Merton and Wandsworth CCG Additional providers, carers and service users.	Wandsworth Clinical Reference Group Away Day: Table discussions on the topics of health and housing	10 th May 2017	40
Carers of service users with a learning disability (members of Wandsworth Carers Centre)	Discussion Group at Wandsworth Carers Centre on topic of housing (facilitated with Wandsworth Care Alliance)	8 th August 2017	10
Wandsworth Providers (housing, day opportunities and health services)	Agenda item at Wandsworth Learning Disability Forum	7 th September 2017	8
Learning Disability Healthcare Team (Provider)	Discussions on topic of housing: <ul style="list-style-type: none"> • Meeting with Team Members • Telephone Conversation with Head of Team 	19 th September 2017	15
Service users with a learning Disability Carers of Service users Providers: <ul style="list-style-type: none"> • Day opportunities - One Trust, Action Space, Generate, Share Community, Workshop 305, Baked Beans, Thrive • Learning Disability Healthcare Team • Wandsworth Carers Centre • Wandsworth Care Alliance 	Learning Disability Survey (including easy read version) on topic of housing and day opportunities	August to September 2017	82 Service users 21 carers 36 providers
Merton and Wandsworth CCG Providers: <ul style="list-style-type: none"> • Day opportunities - One Trust, Action Space, Generate, Share Community, Workshop 305, Baked Beans, Thrive 	Day Opportunities Workshop	19 th & 23 rd October 2017 (2 events)	20

Stakeholders:	Method:	Date:	No. of Participants
<ul style="list-style-type: none"> • Learning Disability Healthcare Team • Wandsworth Carers Centre • Wandsworth Care Alliance 			
Wandsworth CCG Providers: <ul style="list-style-type: none"> • Day opportunities – Share Community, Generate • Learning Disability Healthcare Team • Wandsworth Care Alliance • Partners at Wandsworth Council: • Housing • Public Health 	Working Group Meeting – Part 1	12 th March 2019	8
Housing Provider: Brandon Trust	Face-to-face meeting	19 th March 2019	3
Wandsworth Health Action Group Members	Agenda Item at Wandsworth Health Action Group Meeting	21 st March 2019	10
Day Opportunities Provider: One Trust	Face-to-face meeting	26 th March 2019	1
Wandsworth Providers (housing, day opportunities, supported employment)	Agenda Item at Learning Disability Provider Forum	11 th April 2019	10
Wandsworth CCG Providers: <ul style="list-style-type: none"> • Supported Employment – Choice Support • Day opportunities – One Trust, Share Community, Generate • Wandsworth Carers Centre • Wandsworth Care Alliance • Partners at Wandsworth Council: • Housing • Public Health 	Working Group Meeting – Part 2	9 th May 2019	10
Carers of Service Users with a Learning Disability	Meeting at Wandsworth Carers Centre	14 th May 2019	10

Stakeholders:	Method:	Date:	No. of Participants
Members of Wandsworth Learning Disability Clinical Reference Group (Providers, Service Users and Carers) Chaired by Dr Farooq Merton and Wandsworth CRG	Agenda item at Wandsworth Learning Disability Clinical Reference Group	13 th May 2019	15
NHS CCG Patient and Public Involvement Reference Group	Double agenda Item	19 th Feb 2020	16
Share Community	Service user focus group	25 th Feb 2020	13
Generate	Service user focus group	17 th Feb 2020	8
Baked Bean Charity	Service user focus group	21st August 2019 and 27 th February 2020	26
Wandsworth Care Alliance: Monthly Health Forum feeding into Clinical Reference Group	Service user focus group	24 th February 2020	6
Clinical Reference Group member telephone interviews	Telephone interviews	27 th February 2020	2
Katherine Lowe Settlement: Independent Carers Group	Focus Group	25 th February 2020	2
Healthwatch Wandsworth	Face-to face Meeting	24 th February 2020	2

Appendix Three: Glossary

Accessibility - Accessibility is about ensuring that everyone has the same opportunity to take part in an activity fully, in the way that suits them best.

Active Support – This means providing support in a way which focuses on ensuring individuals are engaged and participating in all aspects of life. It involves working *with* people, rather than doing things *to* or *for* them. The intended outcomes of active support include more control, improved confidence and increased independence for service users as well as being able to engage meaningfully in everyday activities.

Advocacy – An advocate is someone who speaks on your behalf or who supports you to speak for yourself. An advocate helps a person to make informed choices and decisions. Advocacy does not always have to be provided by paid professionals.

Adult Social Care Market Position Statement (2018) – A Market Position Statement presents the current state of the care and support market within a locality. It outlines important information for service providers, such as current demand and supply information relevant to the provision of social care in the borough, as well as the commissioning intentions of the local authority and the outcomes we want for our service users. The purpose of the Market Position Statement is to inform the market of our service provider expectations and the needs of service users, affording service providers with an opportunity to develop and adapt their services to meet these requirements.

Annual Health Check – Annual health checks are for adults and young people aged 14 or over with a learning disability. An annual health check helps you stay well by talking about your health and finding any problems early, so you get the right care. During the health check, the GP or practice nurse will do a physical check-up, including weight, heart rate, blood pressure and taking blood and urine samples. The practitioner will also discuss areas such as staying well and talk about help which might be needed with this and discuss conditions which are more common in people with a learning disability.

Anti-psychotics - Antipsychotics are psychiatric drugs which are available on prescription and are licensed to treat types of mental health problems whose symptoms include psychotic experiences. These include: Schizophrenia, Schizoaffective disorder, some forms of Bipolar Disorder, severe Depression, severe anxiety, some physical problems such as persistent hiccups, problems with balance and nausea (feeling sick), agitation.

Assistive Technology – These are products or systems that support and assist individuals with disabilities, restricted mobility or other impairments to perform functions that might otherwise be difficult or impossible. An assistive technology product can be classed either as a medical device or it can be an ‘aid for daily living’.

Autism – Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them.

Care and Treatment Reviews (CTRs) - CTR's are part of a National programme led by NHS England. They bring those together who are responsible for commissioning and providing services. They help to improve the quality of care people receive in hospital by asking key questions including: Am I safe? Is my care adequate? And what happens next? and making recommendations that lead to improvements in safety, care and treatment.

Care assessment - The Care Act 2014 sets out local authorities' duties in relation to assessing people's needs and their eligibility for publicly funded care and support. Anyone has the right to ask for an assessment regardless of their financial situation, as long as: the person appears to have care and support needs because of a physical or mental condition or impairment; is aged 18 or over or is moving from children's services to adult services; and is ordinarily resident in the borough. An assessment takes the form of a conversation which leads to understanding of what help and support might be needed in order to live life independently on a day to day basis. It is also an opportunity to get information and advice about local services and to consider how to prevent needs from getting worse.

Care Quality Commission – The Care Quality Commission is the independent regulator of health and adult social care in England. Its purpose is to ensure health and social care services provide people with safe, effective, compassionate, high-quality care.

Carer – A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.

CCG (Clinical Commissioning Group) – Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012 and replaced Primary Care Trusts on 1 April 2013. They are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. Commissioning is about getting the best possible health outcomes for the local population. This involves assessing local needs, deciding priorities and strategies and then buying services on behalf of the population from providers such as hospitals, clinics, community health bodies etc. CCGs must constantly respond and adapt to changing local circumstances.

Commissioning – Adult Social Care Commissioning is the process of identifying the needs of the local population, including what needs people are likely to have in the future, and securing services in order to meet those needs. The Council works together with partners, such as health and the voluntary sector, to develop the market of services within the borough.

Complex Needs – People with a profound and multiple learning disability may experience a wide range of health conditions and may need help with areas of everyday life such as eating, washing and going to the toilet. Many people have a combination of medical needs

and require specialist support. A person with complex needs may have a learning disability and other disabilities which significantly affect their ability to communicate. With support, many people can learn to communicate, be involved in decisions about themselves, do things they enjoy and achieve more independence.

Co-Production - Co-production is a relationship where professionals and citizens share power to plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities.

Day Opportunities – Day opportunities include activities which promote independence and community inclusion through supporting individuals to achieve mutually agreed (between the individual, social worker and provider) outcomes. These activities should be time limited and seek to equip an individual with a skill that enables meaningful utilisation of that skill – e.g. progression into paid employment or more independent living. Day opportunities should move away from traditional, sometimes restrictive models of care, towards flexible community-based opportunities that increase choice, foster peer support and develop social networks which promote greater independence. Outcomes should be specific, measurable, achievable, relevant and time-based (SMART) goals.

Direct Payments - These are cash payments given to people with a learning disability in lieu of the community care services they have been assessed in needing. They are intended to give people greater choice and control in their care. The payment must be enough to enable the person to purchase services to meet their needs and must be spent on services that he or she needs.

Direct Enhanced Services (DES) – In primary care an “enhanced service” is one not provided through essential or additional services. They offer a key tool to reduce demand on secondary care, with their main purpose to provide an opportunity to extend and develop primary care.

Diversity - Diversity and inclusion are important values in our work. People who use services and are involved in the work of the Council and CCG can experience exclusion because of equalities issues or because of the nature of their impairment. This principle of co-production seeks to ensure that activities are inclusive for all communities and groups and that reasonable adjustments are made so people can take part.

Eligible Need - All councils across England must apply the national minimum threshold for eligibility for care and support as set out in the Care Act 2014. As part of the assessment, Councils are required to consider whether the person meets three conditions set out in the Care Act, all of which must be met for a person’s needs to be eligible for care and support from the Council. These three conditions are as follows: 1) your needs are due to a physical or mental impairment or illness, including physical, mental, sensory, learning or cognitive disabilities or illnesses, brain injuries or substance misuse; 2) as a result, you are unable to achieve two or more of the outcomes specified in the Care Act, such as being able to

prepare your own meals, getting around your home safely, washing yourself or maintain good relationships with family and friends; 3) as a consequence of being unable to achieve these outcomes, there is, or there is likely to be, a significant impact on your wellbeing.

Enhanced Care Register - The Enhanced Care Register considers people who might be at risk of an admission to hospital. Key commissioner and provider representatives from health and social care meet regularly to review risks and consider responses to such risk, which might include changes to care packages or holding Care and Treatment Reviews (CTR).

Equality – everyone has assets - Co-production starts from the idea that no group or person is more important than any other group or person. Everyone is equal and everyone has assets to bring to the process.

Extra Care - Extra Care housing combines accommodation with care and support services. The facilities and care provided will vary, but extra care housing schemes usually include self-contained adapted flats and on-site care and support staff, providing personal care and domestic services. The eligibility criteria will depend on the scheme, but residents are usually above a certain age (e.g. usually 55 or 60) and able to live safely on their own with some support.

Further Education – This is education below degree level for people above school age.

Health Action Plans – These are a guide to a person’s health made by people with a learning disability and the people that know them best. The plans tell doctors and hospitals about the persons health and the best ways to support them to get the right treatment and healthcare.

Learning Disability (LD) liaison nurse service – This is a specialist nursing service provided by St Georges hospital to support adults with learning disabilities and their carers to access St Georges Hospital. Specialist nurses have the core aim to enable people to navigate health services and have access to appropriate support by coordinating reasonable adjustments.

Learning Disability Mortality Review (LeDeR) – This is the first national programme of its kind aimed at making improvements to the lives of people with **learning disabilities**.

Learning Disability – This strategy defines Learning Disability as used in the Government’s white paper, ‘Valuing People’. Learning disability includes the presence of:

(1) A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with; (2) A reduced ability to cope independently (impaired social functioning); (3) Which started before adulthood, with a lasting effect on development.

Mental Capacity – A person who lacks mental capacity, due to an illness or disability, cannot do one or more of the following things: understand information given to them about a particular decision; retain that information long enough to be able to make the decision; weigh up the information available to make the decision; communicate their decision. The

Mental Capacity Act (2005) aims to empower and protect people who may not be able to make some decisions for themselves. The law works on the principle that everyone is assumed to have capacity to make decisions for themselves if they are given enough information, support and time. The act protects a person's right to make their own decisions and be involved in decisions affecting them. A person's capacity must be judged in relation to the specific decision being made (rather than due to the person having an illness or disability, being of a certain age or due to appearance or behaviour). The act protects an individual's right to make what may be deemed by others to be an unwise decision. If a person is deemed to lack the capacity to make a decision, there are legal safeguards which must be followed when making a decision on their behalf and the decision must be in the person's "best interest".

Personal Assistant (PA) – A Personal Assistant supports an individual to live more independently. Personal Assistants work directly with one or more individuals to support them with various aspects of their daily life. This could be in their own home, in the community, at leisure or at work.

Personal health Budgets – these are an allocation of funding given to users of community care services after an assessment at a level that should be enough to meet their assessed needs. People can take them either as direct payments (see above) or – while choosing how their care needs are met and by whom – leave local authorities with the responsibility to commission the services. Or they can have some combination of the two.

Pooled Budgets – Pooled budgets enables two or more people (group members) who use direct payments to pool their resources to achieve mutually agreed aims. For instance, this could include employing a personal assistant (PA) to support the group to take part in a community activity. Pooled budgets are an option which offers flexibility over care and support needs.

Positive Behavioural Support - An understanding of the behaviour of an individual. It is based on an assessment of the social and physical environment in which the behaviour happens, includes the views of the individual and everyone involved, and uses this understanding to develop support that improves the quality of life for the person and others who are involved with them.

Reasonable Adjustment - A reasonable adjustment is a change that has been made to a service so that people with learning disabilities can use them like anyone else. Under the Equality Act 2010, all disabled people have the right to reasonable adjustments when using public services, including healthcare. These adjustments remove barriers that disabled people would otherwise face in accessing these services. Making reasonable adjustments means ensuring disabled people have equal access to good quality healthcare. Taken from <https://www.mencap.org.uk/sites/default/files/2018-06/Treat%20me%20well%20top%2010%20reasonable%20adjustments.pdf>

Reciprocity - Reciprocity' is a key concept in co-production. It has been defined as ensuring that people receive something back for putting something in and building on people's desire to feel needed and valued.

Residential care – A residential care home provides both accommodation and personal care. They comprise of a number of individuals with a learning disability who will each have their own room in a building shared with several other people. There is twenty-four-hour care provided on site and meals are included. Residential care homes are registered with the Care Quality Commission (CQC) under the Care Standards Act 2000 and are regularly inspected.

Respite – Respite is a type of service which provides a short-term break for both the adult with a learning disability and their carer.

Safeguarding - Anyone who may not be able to take care of or protect themselves from abuse or exploitation could be at risk and may need safeguarding. For example, an older or vulnerable person, or someone with a disability or mental health problem. Abuse can take place anywhere and can be committed by anyone, including someone the victim is close to such as a family member, friend, or someone who provides care for them, or could be by a stranger. The following are all types of abuse: physical, sexual, financial, emotional/psychological, neglect and acts of omission, discriminatory, organisational, self-neglect, modern slavery and domestic violence.

NHS Screening programme – Screening is a way of finding out if people are at a higher risk of a health problem, so that early treatment can be offered, or information given to help them make informed decisions.

Special Educational Need (SEN) – Children with a 'Special educational needs' require special health and education support to help them with their learning, due to a learning difficulty or disability.

Stopping Over Medication of People with a Learning Disability, Autism or Both (STOMP) - This is a National programme working with GP practices and community learning disability health services to ensure that patients' medications are reviewed and correctly adjusted.

Strengths-based Support – The Care Act 2014 requires local authorities to “consider the person's own strengths and capabilities, and what support might be available from their wider support network or within their community” to help in considering “what else other than the provision of care and support might assist the person in meeting the outcomes they want to achieve”. In order to do this, the assessor “should lead to an approach that looks at a person's life holistically, considering their needs in the context of their skills, ambitions and priorities”.

Supported Employment – This describes a service which helps people with a learning disability, autism, physical disability, sensory impairment or mental health need to gain and

keep paid employment. For instance, this could include help to write a CV and fill out application forms; searching for suitable jobs; preparation for interviews; working with employers to make adjustments to the interview process or in the work place; help to understand employee or volunteer rights.

Supported Living – There are different types of supported housing, including living in shared accommodation or living alone with care and support. Service users have a tenancy or licence agreement.

Transforming Care Partnerships – are made up of clinical commission groups NHS England's specialised commissioners and local authorities. They work with people with a Learning Disability Autism or both their families and carers to agree and deliver local plans for a programme to improve the lives of children and adults with a Learning Disability with behaviour that challenges including those with a mental health condition and or autism.

Transitions – For children and young people with special educational needs or a disability, when we talk about transition, we mean the change from being a teenager to becoming an adult, and from moving on from children's services to adults' services. During this period young people can experience changes in lots of areas of their lives. These changes may include leaving education, thinking about starting a job or work experience, changes to their state benefits and finances, moving into new accommodation, changes to health and medical services and changes in any social care support.

Travel Buddies - The Travel Buddy Scheme matches individual service users with a Travel Buddy who supports them in accessing activities and opportunities using public transport. This project aims to give service users the confidence to plan routes, travel to and from activities, and attend activities independently.

Winterbourne View – This is now referred to as Transforming Care – Transforming Care is about improving health and care services for people with learning disabilities and/or autism who have behavioural needs. The aim of this programme is to prevent hospital admissions and provide care in a community setting.

Workforce Development - The Adults Workforce Development Team is a part of Service Development, located in Commissioning Care Services, part of the Adult and Community Services Directorate. The aim of workforce development is to provide Learning and Development opportunities for statutory agencies and those in the private and voluntary sectors to enable them to work together to improve the quality and delivery of service to service users, their carer's and local communities. Training will ensure the specific needs of people with mental health problems, dementia, communication difficulties, sensory loss, learning disabilities, physical disabilities, neurological disabilities and serious illness are addressed within the content of the training and where necessary develop additional specialist courses.

DOCUMENT ENDS