

# Richmond Learning Disability Strategy “OUR BIG PLAN” 2015 to 2020

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Adult Social Care

*17 February 2017*

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# Richmond

# Learning Disability

# Strategy

# “OUR BIG PLAN”

## 2015 to 2020

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### Our Vision:

“To commission high quality, person centred, transformational, and value for money services for people with a Learning disability and their carers; that promotes good health, independence, choice, control and wellbeing in their lives”.

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## Foreword

We are really pleased to provide our support for this 5 year Joint London Borough of Richmond and Richmond Clinical Commissioning Group Learning Disability Strategy.

People with a learning disability in Richmond are supported to live as active citizens and rightly aspire to have the same life experiences as everyone else.

Our Joint Learning Disability Strategy will put the individual at the centre of the commissioning process and ensure that people with a learning disability and their carers are supported to enhance their quality of life through increased choice and control, making the best use of available local resources both formal and informal.

We are very grateful for the support of all those who took the time to give their views about the Strategy either in person or through comments and participation in the consultation and engagement process. These have been included or used to inform the strategy.

The strategy provides a local framework for the commissioning intentions and the delivery of commissioned support services for adults and young people with a learning disability and their carers in Richmond.

The strategy has been developed in difficult and challenging economic times and will focus upon targeting and investing resources in services that deliver proven and measurable outcomes that improve the health and wellbeing of people with a learning disability and their carers.

Effective engagement with users and carers is a critical factor in ensuring the delivery of this strategy over its lifetime. To ensure this we continue to hear your views and host an annual engagement event supported by the Learning Disability Partnership Board. The engagement feedback will be used to inform and update the strategy and emerging commissioning plans.

### Signatures:

Graham Lewis, Chair of Richmond  
Clinical Commissioning Group (CCG)

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Councillor David Marlow

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Cathy Kerr, Director, London Borough  
of Richmond upon Thames

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Kathryn Magson Chief Officer,  
Richmond CCG

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## 1. Executive Summary

This is the Joint Health and Social Care Strategy for People with a Learning Disability from The London Borough of Richmond upon Thames (LBRUT) and Richmond Clinical Commissioning Group (RCCG).

It also includes people with autism and a learning disability. Services for adults with higher functioning autism have a separate strategy to address their needs.

The strategy sits alongside other plans and strategies (both local and national) in the borough and will drive forward joint commissioning, procurement, planning and decision making for people with a learning disability living in the LBRUT.

It considers the impact of the new Care Act on services for people with a learning disability (2014), as well as the new Children and Families Act (2014).

The strategy continues to respond to the overarching priorities and principles set out in Valuing People (2001-2008) and Valuing People Now (2008-2013). The Health and Social Care Act 2012, Winterbourne View Concordat, Confidential Inquiry into the premature deaths of adults with a learning disability (2013) (CIPOLD) and other important national strategic reports.

All the above will continue to inform and drive forward the commissioning, planning and decision making processes for people with a learning disability supported by LBRUT and RCCG.

Our joint vision is to enable everyone with a learning disability and their carers to have greater choice and control in order to live a fulfilling and valued life. This is challenging given the demanding economic times and against a background of increasing demand and significant changes in legislation.

Changing the way we commission services through joint commissioning and by focussing on outcomes for individuals will be our driver for change in future.

LRUT can rightly be proud of the support of people with a learning disability and its commitment to choice and control via personal budgets. We now need to ensure this work continuous to:

- x ensure our current services are fit for purpose now,
- x ensure they will be for years to come
- x ensure that we are meeting the needs of our population in a way that supports their choices and those of their carers.

The Richmond Learning Disability Partnership Board will continue to monitor the delivery of our plans and will play a critical role in ensuring that users and carers have a voice in shaping the priorities identified going forward.

The action plan in appendix 4 details the work required to deliver change, more detailed plans will be developed for each area of work.

## 2. Our Vision

By 2020 we aim to achieve our vision by improving the outcomes of people with a learning disability through our commissioning intentions and focus our commissioning to achieve one single overarching objective;

“To commission high quality, person centred, transformational, and value for money services for people with a learning disability and their carers; that promotes good health, independence, choice, control and wellbeing in their lives”.

Whilst the joint vision remains our focus for the next five years this Joint Strategy builds on progress so far and seeks to maintain the very positive service developments achieved to date and deliver even better health and wellbeing outcomes for people with a learning disability and their carers in Richmond.

### What people have told us is important to them

Through meetings, workshops, focus groups and consultations with people who have a learning disability, their carers and key stakeholders, people have told us what is important to them. Below is a list of the key points (in no particular order):

- x Having a voice and being listened to
- x Having a choice about where to live
- x Being healthy
- x Having a job
- x Getting support to be more independent
- x Having accessible information
- x Being able to use mainstream services like everyone else
- x Having friends and relationships
- x Being able to travel independently
- x Being involved in planning and developing new services
- x Having money and support in how to spend it wisely
- x Being able to choose who supports me
- x Having reliable and flexible support
- x More help with personal budgets
- x More services for people with complex needs
- x More support in transition from children’s to adult services

### 3. Strategic Aims

We aim by 2020 to improve the outcomes for people with a learning disability and their carers by focussing on four strategic domains with increased health and social care integration at the centre of how we achieve this. These are:



These four strategic domains will be our focus on whether services we commission both now and in the future achieve real measurable positive outcomes, increase independence and individual wellbeing for people with a learning disability and their carers in Richmond.

It is critically important to our customers in a relatively small borough like Richmond that health and social care commissioning intentions are well coordinated and integrated to deliver the best possible outcomes and utilise all local resources effectively to deliver quality, efficiency and value for money. Joint integrated health and social care commissioning is a key strategic aim of both the London Borough of Richmond upon Thames (LBRUT) and Richmond Clinical Commissioning Group (RCCG).

This strategy will link to other services jointly commissioned by LBRUT and RCCG as they are commissioned to ensure that reasonable adjustments are made for people with a learning disability to ensure they have the same rights of access to services as others.

Having an outcomes based commissioning focus creates the opportunity to encourage and enable all our commissioned partners to look at how they can provide services differently, offering person centred creativity, choice, control, efficiency and value for money, yet not compromising the quality of any commissioned service provision.

The strategy will identify and address the changes we need to consider in light of all the above and identify areas of priority. In summary this strategy will drive a person centred partnership approach to developing outcomes based support for people with a learning disability in the Borough and in doing so sustain the best quality of life for them and their families.

### 4. Background to the Strategy

This Joint Learning Disability Strategy sets out a clear direction for how services for adults with a learning disability will develop and be commissioned during the next five years, from 2015-2020. It has been written at the request of members of the Richmond Learning Disability Partnership Board in order to clearly lay out how we intend to spend the joint commissioning resources available to give people with a learning disability in Richmond more choice and control over their lives.

This strategy replaces the Joint Commissioning Strategy 2010-2013/14 (Specialist Services for People with a learning disability) in light of changes in national policy, local integrated commissioning intentions, and the delivery and funding of social care in the borough to people with a learning disability.

The Local Learning Disability Partnership Board remains committed to involving people with a learning disability, carers and all other stakeholders in the planning of future services and has supported the co-design of this strategy. Since it is vital that this strategy responds to the needs of people with a learning disability and for those who care for them, the key issues in the strategy have been summarised in easy-to-read language. (Draft - attached). Our progress on this strategy will be kept under review by the Learning Disability Partnership Board and in turn monitored by Richmond's Health and Wellbeing Board.

The local Working Together Group (WTG) has supported engagement and consultation with more than one hundred people with a learning disability, family carers and others involved in their lives. The WTG group as well as family carers and key stakeholder gave up their valuable time to ensure key issues that are important to them, their carers and others are highlighted and have been used to inform both this strategy and our future commissioning intentions.

The Richmond Learning Disability Partnership Board will be responsible for an annual "Big Event" where we will hear from people with a learning disability and their carers directly as well as all our other key stakeholders. We will develop a Communication and Engagement Strategy based on the views of users, carers, stakeholders, market testing and best evidence.

We intend to treat this strategy as a living document which will be updated each year via the "Big Event" supported by the Learning Disability Partnership Board and the Working Together group.

## **5. What do we want to achieve by writing this Strategy?**

We hope that this Joint Strategy will help us to do a range of things:

- x develop a process by which we work together with people who use services, their family and friends about what is important in where they live and how they are supported in the future
- x commission services on a personalised outcomes basis rather than via numbers and activity.
- x work with people with a learning disability; their carers and providers of services to develop a provider quality accreditation system that gives people information when choosing who should provide their care
- x work with people with a learning disability; their carers and providers of services to develop better information to inform decisions, so people know what they can expect from providers and what to do if they are satisfied.
- x develop a market place that offers people more choice from a wide range of personalised community based services that are delivered in the way people want them and to buy them at a fair price, at a time when they want them.
- x jointly commission Council & CCG health and social care services
- x work collaboratively with our neighbouring Borough of Wandsworth

- x set out person centred outcome based commissioning intentions which will ensure the needs of adults with a learning disability are met in future
- x set out priorities for the future, stating clearly and transparently what can and cannot be commissioned within the available resources
- x communicate clearly to all stakeholders a vision for the future of local services and opportunities for people with learning disabilities
- x encourage and enable all our commissioned partners to look at how they can provide services differently, offering person centred creativity, choice, control, efficiency and value for money
- x promote communication between people with a learning disability, providers of services and the wider community
- x use and update our Market position statement annually to increase our understanding of what we need to provide both now and in the future.

Richmond has developed a Cabinet approved 3 year Commissioning and Procurement Plan that is informed by this strategy which states clearly when and how:

- x we will increase the range of local support services for people with a learning disability and their carers.
- x we will improve the market place and increase choices and opportunities for people with a learning disability and their carers.
- x we will ensure our new and existing services are fit for purpose and meet the needs of people with a learning disability in future.

The action plan within the strategy will be reviewed, informed and reported to the Richmond Learning Disability Partnership Board and updated by an annual user, carer and stakeholder engagement event. The Commissioning and Procurement plan is monitored by a range of senior officer and member groups within the Council and Clinical Commissioning Group.

## 6. Drivers for Change

The Commissioning Strategy is led by the need to respond to the changing needs and expectations of people with a learning disability and their carers to deliver the key national and local policy drivers which are outlined below. The following list is not exhaustive since there are many national and local policies and studies that have been used to inform and influence this strategy. The following is a brief summary of the key policy drivers for change for people with a learning disability and their carers.

## 7. National Drivers

### **Valuing People (2001-2008) & Valuing People Now (2009-2013)<sup>1</sup>**

Despite their year of publication these policies continue to maintain the momentum and value base for our services today and have been the real drivers for change in the world of learning disability and commissioning.

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<sup>1</sup> Department of Health (2009). *Valuing People Now*. London: The Stationery Office

The key message and principles they contain are:

“that all people with a learning disability are people first with the right to lead their lives like any others, with the same opportunities and responsibilities, and to be treated with the same dignity and respect. They and their families and carers are entitled to the same aspirations and life chances as other citizens”.

This key message above and principles behind “Valuing People” remain our focus and will be relevant for many generations to come. They continue to inform and guide the way services for people with a learning disability are commissioned and developed.

## Broad Principles

### x **RIGHTS**

People with a learning disability and their families have the same human rights as everyone else.

### x **INDEPENDENT LIVING**

People with a learning disability should be supported to live as independently as possible. This does not mean people living on their own or having to do everything themselves. All disabled people should have greater choice and control over the support they need to go about their daily lives; greater access to housing, education, employment, leisure and transport opportunities and to participation in family and community life.

### x **CONTROL**

People with a learning disability have the right to be involved and in control of decisions made about them. This is not necessarily doing exactly what people want, but is about having information and support to understand the different options and their implications and consequences, so people can make informed decisions about their own lives.

### x **INCLUSION**

People with a learning disability should be able to participate in all the aspects of community life – to work, learn, get about, meet people, be part of social networks and access goods and services – and to have the right support to do so.

## Valuing Employment Now

The employment rate of disabled people in Britain overall has risen steadily to about 48%, but employment of people with a learning disability is much lower – just 10% for people receiving adult social care services.

Valuing Employment Now set out the goal to radically improve employment opportunities for people with a learning disability in England, and particularly for people with moderate and severe learning disabilities.

If real disability equality is to be achieved, work needs no longer to be seen as optional for people with moderate and severe learning disabilities. The default position must be that everyone will have the chance to get a job. There should be choice about what work people do, just as there is for non-disabled people. This needs the support of all services for people with a learning disability, both statutory and voluntary.

People with profound and complex disabilities should not be excluded from the world of work. We know from international evidence that it is possible for people with severe disabilities to make an important economic contribution to society. We will continue to review the way we commission employment support services to include people with complex needs.

## **Personalisation**

In recent years there have been many publications relating to local authority and health service reform.

A fundamental re-think of the relationship between citizens and public services runs through for example:

- x Improving the Life Chances of Disabled People,
- x Our Health, Our Care, Our Say,
- x Putting People First,
- x Vision for Adult Social Care- Capable Communities and Active Citizens 2010
- x Think Local, Act Personal 2011- Sector wide commitment to moving forward with Personalisation and community based support
- x 'Caring for our future: reforming care and support' White Paper

The main messages are very clear. We must provide a personalised approach, where all our citizens, including those with a learning disability:

- x are empowered to have more say and control in all aspects of public life and participate as active and equal citizens.
- x have maximum control of their own lives, including control of their own health and social care needs
- x are supported to live independently, stay healthy and recover quickly from changes in wellbeing.
- x have choice and control so that any support they may need fits the way they wish to live their lives.

Richmond has a proven track record in personalisation and is one of the top performing Boroughs in London for direct payments for people with a learning disability who continue to benefit from increased choice and control in their lives through person centred outcome based support plans. We currently have 246 people with a learning disability receiving a personal budget and 131 who have taken their personal budget as a direct payment and ??? with personal health budgets.

## **Winterbourne (Link6)**

In 2012, the government published its final report into the events at Winterbourne View Hospital and set out a programme of action to transform services so that vulnerable people no longer live inappropriately in hospitals and are cared for in line with nationally recognised best practice. The report highlighted the following:

- x too many people were placed in hospitals for assessment and treatment and stayed there for too long;

- x people were experiencing a model of care which went against published Government guidance that people should have access to the support and services they need locally, near to family and friends;
- x there was widespread poor quality of care, poor care planning, lack of meaningful activities to do in the day and too much reliance on restraining people
- x all parts of the system have a part to play in driving up standards.

Richmond is well ahead with the return of people locally from out of area hospital placements and by June 2014 has supported half the numbers of people out of hospital. We are developing specialist services locally to ensure that people with the most complex needs are supported locally here in Richmond.

The new services being developed will have a particular focus on young people with complex needs to ensure we deliver services that prevent young people going out of the borough at an early age. Actions and recommendations from the Winterbourne report are included in our action plan.

### **Children and Families Act 2014**

As part of the new Children and Families Act the government is transforming the system for children and young people with special educational needs (SEN), including those who have a learning disability, so that services consistently support the best outcomes for them in future. The Act:

- x Introduces a single assessment process and an Education, Health and Care (EHC) Plan to support children, young people and their families from birth to 25 years. The EHC plan will replace statements of special educational needs.
- x Requires health services and local authorities to jointly commission and plan services for children, young people and families
- x Gives children, young people and families the right to a personal budget for the support they receive
- x Local authorities must publish a clear, easy to read “local offer” of services available to children and families
- x Local authorities must involve families and children in discussions and decisions relating to their care and education; and provide impartial advice, support and mediation services if required.

### **The Care Act 2014**

The Care Act represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their support. The Act aims to create a single, modern law that makes clear what kind of care and support people with a learning disability and their carers should expect and to receive care and support through the principle route of a personal budget.

#### **Key Changes in brief:**

- x A minimum eligibility threshold across the country; a set of criteria that makes it clear when local authorities will have to provide support to people.

- x Local authority duty to consider the physical, mental and emotional wellbeing of the individual needing care and support. There is also a new duty to provide preventative services to maintain people’s health and wellbeing.
- x The care system to be built around each person through Personal Budgets.
- x A cap on personal ‘care costs’ (not including accommodation costs) of £72,000, (delayed until 2020).
- x Carers to be entitled to an assessment and services in their own right.
- x Ensure no one goes without care if providers fail, regardless of who pays.
- x Transition from children to adult’s right to an assessment before age 18.

## 8. National & Local Prevalence of Adults with a Learning Disability

It is difficult to be exact with the number of people with a learning disability both nationally and locally because there are a range of complex factors that underlie the predictions in numbers of people. We have therefore chosen to use the most authoritative and widely used research and baseline evidence from (Emerson & Hatton) and (PANSI) data which is the most up to date currently available.

Nationally available data (see below) estimates that there are 808 thousand people aged 18 and over living in England who have some form of learning disability. Of these people approximately 208,000 are estimated to have a moderate to severe learning disability, of which 48,500 aged 18-64 are estimated to have the most complex and severe level of learning disability, and are therefore likely to be in contact with specialist health and social care services.

<b>National Data</b>	<b>2014</b>	<b>2015</b>	<b>2020</b>
People aged 18-24 predicted to have a learning disability	133,825	133,097	124,985
People aged 25-34 predicted to have a learning disability	185,214	186,347	191,723
People aged 35-44 predicted to have a learning disability	173,719	173,362	176,144
People aged 45-54 predicted to have a learning disability	177,564	178,905	173,998
People aged 55-64 predicted to have a learning disability	138,051	139,735	156,810
<b>Total population aged 18-64 predicted to have a learning disability</b>	<b>808,373</b>	<b>811,445</b>	<b>823,660</b>

Figures may not sum due to rounding Crown copyright 2014

National modelling using the Projecting Adult Needs and Information System (PANSI) for 2015 estimates that there are 2916 adults in the London Borough of Richmond upon Thames who have a learning disability, 668 of whom have a learning disability which could be described as a moderate or severe (i.e. 23% of the total with a learning disability).<sup>2</sup>

<sup>2</sup> Data extracted from Projecting Adult Needs and Service Information System for 2014, [www.pansi.org.uk](http://www.pansi.org.uk)

<b>Richmond Data</b>	<b>2014</b>	<b>2015</b>	<b>2020</b>
People aged 18-24 predicted to have a learning disability	333	333	332
People aged 25-34 predicted to have a learning disability	687	682	682
People aged 35-44 predicted to have a learning disability	837	845	860
People aged 45-54 predicted to have a learning disability	659	672	722
People aged 55-64 predicted to have a learning disability	452	459	521
<b>Total population aged 18-64 predicted to have a learning disability</b>	<b>2,968</b>	<b>2,991</b>	<b>3,118</b>

Figures may not sum due to rounding Crown copyright 2014

<b>Richmond Data</b>	<b>2014</b>	<b>2015</b>	<b>2020</b>
People aged 65-74 predicted to have a learning disability	332	341	376
People aged 75-84 predicted to have a learning disability	170	172	200
People aged 85 and over predicted to have a learning disability	82	84	94
<b>Total population aged 65 and over predicted to have a learning disability</b>	<b>584</b>	<b>597</b>	<b>670</b>

Figures may not sum due to rounding Crown copyright 2014

National modelling, again using the Projecting Adult Needs and Information System (PANSI) for 2015 (above) estimates that there are 2,968 adults in the London Borough of Richmond upon Thames who have a learning disability. By 2020 this figure is expected to increase to 3,118. The data also predicts that of the 2,968 of who have a learning disability 682 could be described as a moderate or severe (i.e. 23% of the total with a learning disability).<sup>3</sup>

The prevalence of learning disability is expected to rise by around 1% per annum for the next 10 years and to grow overall by over 10% by 2020. It is also expected that there will be a growth in the complexity of disabilities. This is attributable to improvements in maternal and neonatal care and improvements in general health care for adults which lead to an increased life expectancy.

Overall, this generally matches the demographic of the population as a whole which indicates a high proportion of residents in the 35-44 age bands. The Joint Strategic Needs Assessment completed in 2013 and due to be updated in 2015 indicates however that in the next 10 years there will be an overall increase in the 65+ age group<sup>4</sup>. This group will have increased health care and mobility needs similar to the general population. Likewise the predicted increase in complex needs for young people coming through transition with this older group is likely to exceed the proportion of accessible accommodation services available in the borough and alternative Richmond accessible accommodation resources will be needed in future.

The proportion of black and minority ethnic residents across the whole population of Richmond is expected to increase. Currently only 6% of those in receipt of Local Authority funded services for people with a learning disability in Richmond are from black minority and ethnic groups.

In April 2015, a snapshot of the Richmond Social Work database indicates that there were a total of 246 individuals with a learning disability in receipt of services based on their needs. We recognise that the prevalence based estimates above indicate that there are a large number of people with a learning disability locally who are not currently in receipt of services. Evidence indicates that this is the case nationally which suggests that the prevalence rates supplied are not entirely accurate.

Despite the difficulties in being certain about the numbers of our population in Richmond it is important to estimate both the prevalence and future needs of the learning disability population in order to effectively inform the commissioning and planning of services in future. The analysis of the data highlights the following information:

- x The needs of people with a learning disability are increasing with an average of 180 people in Richmond having a range of complex needs (severe). This is expected to rise by 3% each year for the next 5 years. This is particularly relevant for young people with a learning disability who have a higher prevalence of complex needs attributable to improvements in maternal, neonatal and general health care which lead to increased life expectancy.
- x Richmond has on average 15 young people per year coming through transition to adult services with increasingly complex multiple needs.
- x Richmond also has an ageing population of people with a learning disability with the level of need continuing to rise in the age range of 55 upwards by 10% in each year until 2030.
- x There will be an increase in people aged 55 to 64 from 98 people in 2014 to 135 in 2030
- x There will also be a significant increase in the number of people in the 65-74 age group in the next five years with corresponding increases until 2030.

## **9. What does the 2015 Learning Disability Joint Strategic Needs Assessment tell us?**

The Joint Strategic Needs Assessment (JSNA) for adults with a learning disability is a shared health and social care report between the London Borough of Richmond upon Thames and Richmond Clinical Commissioning Group. The JSNA focuses on the health and social care needs of adults (aged 18 years and over) with a learning disability who are Richmond residents or are registered with a GP practice in Richmond.

This JSNA assesses the current and predicted levels of health and social care need over the next 10-20 years for adults with a learning disability. It also describes current services for this group and identifies any gaps between current and ideal provision and also identifies any inequalities that exist. The JSNA is used to inform future commissioning intentions.

The key critical areas of service need highlighted by the JSNA are:

- x Improving the overall health and wellbeing of people with a learning disability and their carers, via increased Annual Health Checks, Health Action Plans and ensuring reasonable adjustments in all health settings.
- x Increasing housing options for young people in transition with complex needs
- x planning for the future housing needs of the learning disability population both for young people and the ageing population

## 10. Future Service Needs and Developments

Based on the data analysis, feedback from users and carers and the ongoing service review the predicted current and future levels of need, the Strategy highlights that there are gaps in service provision for:

- x **Supported Living Services for young people with multiple complex physical and health needs including behaviour that challenges services.**

This is currently being addressed through the three phase Commissioning & Procurement plan with new supported living accommodation being developed every year from 2015 to 2018.

- x **Accessible quality accommodation for people with a learning disability and physical disabilities**

This is currently being addressed directly with the landlords of the services and our local providers via Phases 2 & 3 of the Learning Disability Commissioning & Procurement Plan. We need to ensure our building based services are fit for purpose now and to meet the accommodation needs of people in future. We also need to make the most effective use of our current buildings and new planned services to ensure we maximise and prioritise the accessible services for our most vulnerable people. This includes the service development and redevelopment plans of local providers within the borough or near to the borough boundaries.

- x **Improving the overall health and wellbeing of people with a learning disability and their carers.**

Richmond CCG currently contracts a specialist Learning Disability Health Team comprising a wide range of clinical staff as well as a wide range of health related services for the whole population. Additional elements of the specialist learning disability health care contract have been agreed that now focus on key health needs of people with a learning disability via:

- x increasing the numbers of Health Action Plans with GP practises in the borough
- x direct support of people with complex needs at GP appointments
- x Ensuring reasonable adjustments in health related appointments, such as longer appointment times with safe and quiet waiting areas.
- x Support to access national screening programmes
- x Support when entering hospital with reasonable adjustments and planned admissions or appointments
- x Support for planned and supported hospital discharges

Mapping of current services indicates that Richmond has an adequate supply of Residential care currently to meet most people’s needs and further independent and 24 hr staffed supported living services need developing.

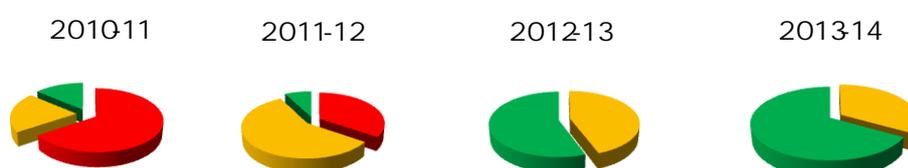
## 11. The Annual Learning Disabilities Self-Assessment Framework

The “Joint Health and Social Care Learning Disability Self-Assessment Framework” is a single national delivery and monitoring tool that supports Clinical Commissioning Groups, and Local Authorities, to check and report on progress and inform commissioning of areas that require further development. It focuses on the three main areas which are;

- x Staying Healthy
- x Being Safe
- x Living Well

In the three main areas above there are between 29 -26 different indicators and we asked to rate ourselves for each indicator using a Red, Amber, Green (RAG status) and required to evidence the rating. Here are the results from the last four years.

	2010-11	2011-12	2012-13	2013-14
<b>Red Rated</b>	19	9	0	0
<b>Amber Rated</b>	6	15	12	8
<b>Green Rated</b>	4	2	15	16
<b>Total Number of Measures</b>	29	27	27	26



Whilst there has been real continuous improvement and considerable progress has been made since 2010 there are three key areas where we need to continue to improve locally. These are:

- x Recording of learning disability status by health services, e.g. GP practices and screening programmes.
- x Evidence of reasonable adjustments by services, such as lifestyle support services and primary and secondary health services and national screening programmes.
- x Annual Health Checks and Health Action Plans completed by GP practices

The Learning Disability Health Improvement Group (HIG) alongside key board members of the Learning Disability Partnership Board (LDPB) will take this work forward and report regularly to the LDPB. Key clinicians from the Learning Disability Specialist Health Team are also directly contracted by Richmond CCG to lead on this critical area of improving the health outcomes for people with a learning disability in Richmond. Work in these areas is

ongoing and actions to continue improvement are referred to in the action plan in the appendix.

## 12. What people have told us is important to them

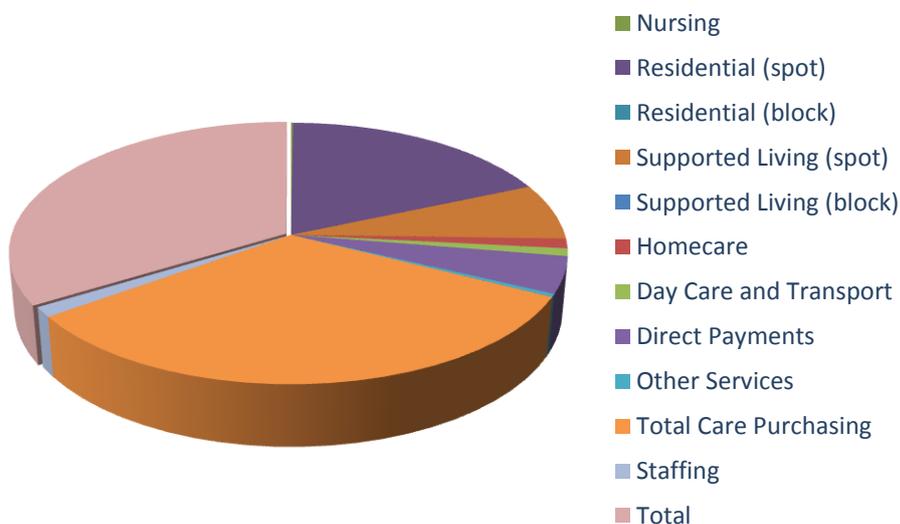
Through a series of meetings, workshops focus groups and engagement events with people who have a learning disability, their carers and key stakeholders people have told us what is important to them. Below is a list of some of their key points in no particular order since all are equally important:

- x Having a voice and being listened to
- x Having a choice about where to live
- x Being healthy
- x Having a job
- x Getting support to be more independent
- x Having accessible information
- x Being able to use mainstream services like everyone else
- x Having friends and relationships
- x Being able to travel independently
- x Being involved in planning and developing new service
- x Having money and support in how to spend it wisely
- x Being able to choose who supports me
- x Having reliable and flexible support
- x More help with personal budgets
- x More services for people with complex needs
- x More support in transition from children's to adult services

Engagement and consultation details, with process and timeframes section is included in appendix 3

## 13. Current Spend

### Proportion of Learning Disability Social Care Budget



**Table 3: Net expenditure**

Service Type	Budget 2014/15 £'000	Forecast 2014/15 £'000	Variance 2014/15 £'000
Nursing	66	64	(2)
Residential (spot)	8,892	9,984	1,092
Residential (block)	0	18	18
Supported Living (spot)	3,372	2,423	(948)
Supported Living (block)	0	0	0
Homecare	583	577	(6)
Day Care and Transport	460	331	(129)
Direct Payments	2,189	2,628	439
Other Services	183	185	1
<b>Total Care Purchasing</b>	<b>15,745</b>	<b>16,026</b>	<b>464</b>
Staffing	600	639	39
<b>Total</b>	<b>16,345</b>	<b>16,849</b>	<b>504</b>



## Personalisation Choice & Control

### 14. Our local Commissioning Intentions

Richmond can be rightly proud of its achievements in leading on personalisation and direct payments. According to Public Health England, Improving Health and Lives: Learning Disabilities Observatory, Learning Disabilities Profile 2013, Richmond is one of the top performing Boroughs in London for direct payments for people with a learning disability and we currently have 131 people receiving direct payments.

Personalisation means starting with the person and supporting their strengths, preferences and aspirations. It means helping each individual to make personal choices about how they are supported, when they are supported and who supports them. It is also about tailoring the support to the persons needs and ensuring they have access to information and advice to make informed decisions about their care and support.

Since April 2014, people eligible for NHS continuing healthcare have the right to ask for a personal health budget, including a direct payment for healthcare. This became a right to have a personal health budget from October 2014.

#### What we will do by 2020:

- x Make Direct Payments more accessible and increase the number of people using them via Pre-Paid cards.
- x Reduce the amount of administration of direct payments via Pre-Paid cards.
- x Work with people with a learning disability; their carers and providers to develop a quality accreditation system which will give them more information when choosing who should provide their care.
- x Work with people with a learning disability; their carers and providers to develop better information to inform their decisions, so they know what they can expect from providers and what to do if they are dissatisfied.
- x Health and social care will work together on Personal Health Budgets.
- x People with a learning disability who qualify for continuing healthcare will be offered a Personal Health Budget.
- x People will know how much money they can have to support them.
- x People will have a choice about who supports them.
- x People will have the choice of when they are supported.



## Quality, Efficiency, Value for Money & Outcomes Based Commissioning

### 15. Our local Commissioning Intentions

#### Background

Reductions in funding nationally have led local authorities and Clinical Commissioning Groups to take a fundamental look at how services are delivered, to ensure that they are making the most effective and efficient use of resources. In Richmond upon Thames, the Council and CCG have agreed a new strategic direction which focuses on commissioning services rather than directly providing services.

As a first step it has established a Joint Collaborative Commissioning Team (JCC) between the Council and the CCG that includes learning disability. To support the work of the JCC, the commissioning intentions of the CCG and the Council have been aligned to ensure the commissioning of more efficient, better value services providing better services for people with a learning disability.

The JCC will also work to influence all aspects of commissioning in Richmond and where not directly responsible, will seek to influence the lead commissioners involved to ensure that people with a learning disability and their carers receive relevant, seamless, accessible services across all JCC commissioned services.

Richmond recognises the need to develop a far more diverse market place for people with a learning disability and their carers. A market place that offers people choice from a wide range of personalised community based services that are delivered in the way individuals want and to buy them at a value for money price at the time when they want them.

The CCG and Council have developed a Market Position Statement (MPS); the purpose of which is to signal to providers how the demand and supply of services is changing for people with a learning disability in future.

The way we measure the quality of our commissioned services will also change for people with a learning disability.

We have traditionally used time, numbers and other activity as measurements of quality in commissioning. Going forward and in line with the national agenda we will move from a target based commissioning model to Outcome Based Commissioning (OBC).

Outcome based commissioning focuses on results for people rather than process, activity or numbers. The point of an outcomes-based approach is to shift thinking from how a service operates (what it does) to the good that it accomplishes (what it achieves) for the person with a learning disability.

The focus of this will be on achieving positive agreed outcomes for each person with a learning disability that increases their independence, choice, control and wellbeing. There

will be less concern with outputs, and those that are monitored will be clearly linked to delivering better individual outcomes.

The Market Position Statement, Joint Commissioning and the change to Outcome Based Commissioning will direct our commissioning intentions and support, encourage and enable providers, (new and current) in the provision of services that: reduce dependency, increase choice, control and wellbeing to transform the way services for people with a learning disability are delivered going forward.

As a result of the changes outlined above future service delivery will require much greater collaboration with users, carers and providers to define outcomes based on individual needs.

### **What we will do by 2020:**

- x Produce a learning disability Commissioning plan for the lifetime of the strategy and beyond (Appendix 4)
- x Re-commission and externalise our in-house services using an Outcome Based Model
- x Review all our current block contracts and re-commission using an Outcome Based Model
- x Work with our Providers and Social Landlords to ensure our commissioned service buildings meet current and future predicted needs.
- x Commission new Supported Living Services for young people in transition with multiple complex needs including behaviour that challenges services.
- x We will add Assistive Technology expertise into the a learning disability social work team and specialist health team to support increased independence
- x Support people with a learning disability to remain at home or live more independently



## Improving Health & Ensuring Reasonable Adjustments to Access Services

### 16. Our local Commissioning Intentions

Every year we are required to complete a national self-assessment return called the Learning Disability Self-Assessment Framework (see page 16). A major part of this self-assessment looks at evidence of how well we are supporting people with a learning disability to improve their health.

We know from this evidence based return that the health needs of people with a learning disability in Richmond are improving. However, we also know from the national picture contained in the Confidential Inquiry into the premature deaths of adults with a learning disability (2013) (CIPOLD) that more is required to improve people's health.

In Richmond we commission a Specialist Learning Disability Health team who support people with a learning disability to access mainstream healthcare services. The team consists of psychiatry, psychology, speech & language therapy, specialist learning disability nurses, occupational therapy, dietetics, physiotherapy, and challenging behaviour specialists. Other specialists can be accessed as and when required.

More local preventative work is needed to catch illnesses sooner; for example, national screening programmes such as cancer or dementia screening. We also need to ensure that all health services make reasonable adjustments such as longer medical appointment times, no waiting times or easy read tools such as hospital passports.

Although we do this well at the moment we want to achieve more and are committed to ensuring people with a learning disability are supported and enabled to improve their health and wellbeing. Richmond Council and Richmond CCG have signed up and are committed to the MENCAP "Getting it Right" Charter <https://www.mencap.org.uk/sites/default/files/documents/2010-06/charter.pdf>. This Strategy and action plan not only supports the charter but wishes to ensure that our learning disability population can expect the same right and access to services as any other citizen.

#### What we will do by 2020:

- Improve access to mainstream health services, via increased learning disability awareness training
- Work with GP surgeries, hospitals and other health services to ensure that the particular needs of people with a learning disability are taken into account in their services, for example by providing longer appointment times and appropriate signage.
- Improve access to mainstream health services, enabling those with the most complex health needs met through Personal Health Budgets to remain in their own home
- Ensure that eligible adults with a learning disability have an annual health screen provided by their general practice
- Ensure that all adults with a learning disability have the opportunity to have a Health Action Plan completed with assistance from a health facilitator if required

- Ensure timely access into mainstream mental health services for adults with a learning disability and concurrent mental health problems
- Provide support to those adults with a learning disability who require pre-planned hospital admission and discharge
- Increase locally the range of health promotion/disease prevention programmes tailored to the needs of people with a learning disability
- Ensure that the wider primary care community (dentists, pharmacists, podiatrists, optometrists etc.) addressing and promoting the better health of people with a learning disability
- Ensure that people with a learning disability and their families/carers are supported to fully contribute to and participate in discussions as well as in the planning, prioritisation and delivery of health services generally
- Facilitate access to mainstream services whilst in hospital and appropriate in-reach or outreach services to facilitate discharge from hospital to home
- Provide an appropriate service response to support people with early onset dementia
- Provide an appropriate service response to support parents with a learning disability
- Develop opportunities for the introduction of Individual Health Budgets, enabling greater choice and personalised care and support for individuals and families with complex health needs.

## 17. Statutory Safeguarding Responsibilities

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

**Richmond upon Thames Safeguarding Adults**

Safeguarding procedures for children can be found through the **Safeguarding Children link**

## 18. Delivering success and monitoring progress of the Learning Disability Strategy

A Joint Health and Social Care Commissioning Collaborative (the Joint Commissioning Collaborative) is now established in the borough of Richmond. This team will lead on health and social care commissioning for Richmond Council and Richmond CCG including carer specific services.

Our progress on this strategy will be kept under review by the Learning Disability Partnership Board and in turn monitored by the Health Improvement Group and Richmond's Health and Wellbeing Board.

The strategy is being seen as a living document and the plan will be informed and updated each year via an annual user, carer and stakeholder engagement event (The Big Event) organised and supported by the Richmond Learning Disability Partnership Board and the Working together Group to review progress.

## 19. Appendices

### Appendix 1 – Glossary of terms used in the strategy

Adult placement	Living with another family who is paid to support someone with a learning disability
Advocacy	Getting your voice heard and being able to say your views and worries
Assessment	finding out what someone's needs are
Assistive technology	alarms and other equipment that can be fitted into the home to get help in an emergency or to do everyday things
Carer / carers	a person who provides support and looks after someone. In this document we mean family carers
Commissioning	planning what services are needed
Community inclusion	working and taking part in the same things as the general population
Consultation	asking for people's views on something
Direct payment	having money from the council to buy your own services
Engagement	Making sure people's views are heard
Independence	having choice and control of your life
Individualised	finding out how each person wants their needs met
Local Learning Disabilities Partnership	a planning group set up with partners working in Richmond in line with Valuing People.
Meaningful life	having lots of choices and opportunities
Monitor	get information about how things are working
Outcomes	the difference that a service makes to someone's life
Person centred	making sure that everything we plan or do for people involves the person concerned and is based on their wishes
Placements	having a service arranged for you
Resources	this could mean money or people.
Review	looking back in the past to see how well things worked out and making changes if needed
Social exclusion	not finding it easy to use the services or enjoy the same things as the general population
Strategy	a plan describing how things will change in the future
Supported employment	having the right support to be able to do a job
Working Together Group	A group of people with a learning disability who act as champions for the rights of local people. The Group is supported by Richmond Mencap
Supported living	being in your own home, either on your own or with others, and having the right support to make a success of it
Transition	a time of change. It applies to those moving from being a child at school to being an adult and going to work or college. This normally happens around 18 years of age

## Appendix 2 – Local Residential & Supported Living Services (Correct as at September 2015)

Provider	Service	Number of beds
Fitzroy Support	Silver Birches	14
Consensus Support	King Edwards Grove	8
Consensus Support	Hampton Road East	8
Voyage Care	Langdon Park,	7
LBRuT	Crane Way, (SLS)	4
LBRuT	Munster Road, (SLS)	4
LBRuT	Princes Road,	6
LBRuT	Tudor Avenue,	6
LBRuT	Egerton Rd (Respite)	6
LBRuT	Cross Street	4
LBRuT	Cambridge Park	8
Dimensions (UK) Limited	The Swallows,	6
Dimensions (UK) Limited	Harvey Road	5
Dimensions (UK) Limited	Lion Road	8
Regard Partnership	London Rd	6
Regard Partnership	Chertsey Road,	5
Regard Partnership	Kneller Rd	5
Richmond Psychosocial Foundation International	The White House	5
Richmond Psychosocial Foundation International	The White House (SLS)	3
Richmond Homes and Lifestyle Trust	Mayfair Avenue	4
Richmond Homes and Lifestyle Trust	Cedars Road	8
Richmond Homes and Lifestyle Trust	Crinan Lodge	4
Richmond Homes and Lifestyle Trust	Hampton Road,	5
Choice Support	Roy Kinnear House	5
Richmond Mencap	Richmond	
Royal Mencap	Lyndhurst Ave,	4
Royal Mencap	Woodlawn Crescent	4
Royal Mencap	Glamorgan Rd	10
Royal Mencap	Chudleigh Road (SLS)	4
Royal Mencap)	Holmesdale Rd (SLS)	8
Royal Mencap reopened May 2014	Hampton Rd (SLS)	3
Orione Care	St John's House	6
United Response	Curtis Road	4
United Response	Powdermill Lane	5
United Response	Hampton Rd	5
United Response	Kneller Rd,	6
United Response	Seymour Road	5
United Response	Lincoln Avenue,	5
United Response	Richmond Community Support Service	
London Care Partnership	Lichfield Lane,	7
London Care Partnership	Park Road,	7
Walsingham (New Service)	Walsingham South London Outreach Service (SLS)	TBC
Yarrow Housing	Station Road, (SLS move on service)	
Metropolitan Support Trust	Langdon Park,	3 units x 3 = 9 total

# Richmond

# Learning Disability

# Strategy Plan

## “OUR BIG ACTION PLAN”

## 2015 to 2020

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### Our Vision:

“To commission high quality, person centred, transformational, and value for money services for people with a Learning Disability and their carers; that promotes good health, independence, choice, control and wellbeing in their lives”.

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# 1. Background

- 1.1 Research tells us that outcomes experienced by those with learning disability both nationally and in Richmond are poorer than in the general population. For example, the average age of death of someone with a moderate learning disability is 20 years less than the population as a whole. Yet, although many people with a learning disability have complex health needs, they often suffer from potentially preventable conditions, also common to the general population. These conditions are often left untreated due to barriers accessing services in a timely and effective way and insufficient support to enable lifestyle change. This has to change and improve.
- 1.2 Wider aspects of living which many people take for granted, such as housing, employment, material wealth and social inclusion, often create challenges for people with a learning disability, and result in substantial health inequalities for this group. This has to change and improve.
- 1.3 Because the impacts reach so far into all aspects of life, making progress towards improving outcomes relies on a wide-ranging and strong partnership approach between all stakeholders, particularly Health and Social Care, where working together on key strategic issues and projects can make a real difference to the lives of people with a learning disability.
- 1.4 Working in partnership with key agencies such as Housing, Health, Education and Planning and all our partners in Richmond will be the critical success factor in achieving real progress and ensuring that people with a learning disability in the borough have access to mainstream community facilities and housing opportunities in the same way as other Richmond citizens.
- 1.5 The Council faces serious financial challenges in the next few years as well as the benefits and challenges of integration with Wandsworth. This Plan therefore needs to be set within the context of needing to take difficult financial decisions based on agreed priorities, focusing limited resources to achieve value for money and maximise benefits for people with a learning disability and their families in Richmond
- 1.6 This Action Plan therefore identifies what the key priorities are in Richmond within this financial climate for improving the quality, quantity and choice of support for people with a learning disability, and how this will be improved in Richmond in the following years. This will include provision and services that are funded and commissioned by both the Council and Richmond CCG.
- 1.7 The Learning Disability Action Plan has been based on resource, performance and service mapping information, needs assessment of those with learning disability (provided in the **Learning Disabilities Joint Strategic Needs Assessment** and the **Big Plan**), consultation with carers, users and providers through a number of engagement events and the Richmond Learning Disability Partnership Board.

1.8 The development of this Plan has also been based on links to other plans listed below.

**Links to other plans**

- x Learning Disabilities Joint Strategic Needs Assessment (JSNA)
- x Learning Disabilities Self-Assessment (LDSAF)
- x Winterbourne View Action Plan
- x Autism Strategy
- x Market Position Statement for Learning Disability Requirements and Provision in London, 2013
- x Richmond Market Position Statement

Please see the council websites for more information [www.Richmond.gov.uk](http://www.Richmond.gov.uk)

## 2. Strategic Aims

2.1 We aim by 2020 and beyond to improve outcomes for people with a learning disability and their carers by focussing on four strategic areas with increased health and social care integration at the centre of how we achieve this, they are:



2.2 These four strategic areas will be our focus on whether services we commission both now and in the future achieve real measurable positive outcomes, increase independence and individual wellbeing for people with a learning disability and their carers in Richmond.

## 3. Key Strategic Aims & Immediate Priorities

3.1 **Accommodation Based Support Services.** A programme of remodelling and reconfiguration of some existing accommodation will be required to ensure our existing services can continue to meet the needs of people now and in the future. We need to do this by working in partnership with our Registered Social Landlords (RSL's), providers and other borough partners in order to meet the ambition of greater numbers of people with a learning disability living in-borough, as well as meeting expected future demand. Providing access to a range of quality local housing provision will avoid the need for expensive out of borough residential care provision. This will involve joint working with Health, Social Care, Housing colleagues and Provider partners to look at a range of housing options both within the public and (in some instances) the private sector. We also need to continue to deliver on the Winterbourne View actions by developing services for people with multiple complex needs to prevent people being placed out of the borough. This will mean joint commissioning of services, pooling of resources with neighbouring boroughs as well as

identification of capital funding from different sources. This will be challenging but is required if we are to achieve the remodelling and reconfiguration of existing buildings to ensure we are able to meet people's needs.

- 3.3 **Supporting People with Complex Needs.** As more people with a learning disability transition from children's to adults services and remain living in-borough, there needs to be appropriate support for them and their families, particularly for those with complex needs, as well as for those who care for them. There needs to be a better range of work and community activities and support available from providers for individuals and their families who wish to purchase these services through personal budgets for people with complex needs. Pooling of direct payments to increase the buying power of groups of people living together will be further encouraged.
- 3.4 **Accessing Mainstream Community Provision & Services.** There needs to be wider access to mainstream community provision and general services for people with a learning disability already available to the wider Richmond population. There are a wide range of services and provisions provided by the voluntary and private provider sectors which are under used and which could be accessed by people with a learning disability. People with a learning disability and their carers need to be supported and enabled to access these services rather than providing separate segregated services.
- 3.5 **Continual Market Development.** There needs to be a greater range and choice of services available to people via their personal budgets. This should include ways to develop and support small local 'non-commissioned' services via the pooling of personal budgets. Providers should be encouraged and if necessary incentivised through our Health & Social Care Commissioning and Procurement plans to provide increased opportunities and community support which could be accessed through the development of local micro social enterprises or similar models.
- 3.6 **Good transition planning.** Young people from age 14 onwards will be supported through the transition process to ensure that they have a single person centred education, health and care plan when they move through to adulthood (18-25). Richmond already has a well-developed proactive transition service across both services with significant support of senior officers from both children's and adult service. Improved joint working processes are being developed between children's and adult's health and social care to deliver a more seamless service and this work is in progress.
- 3.7 **Reasonable adjustments.** Equality law recognises that bringing about equality for all disabled people may mean changing the way in which services are provided to people with a learning disability, and there is therefore a duty on all services to make reasonable adjustments. This requirement cuts across many aspects of service provision, including GPs, hospitals, community health services and other leisure and community services. We will ensure through the service specifications in our health and social care commissioning processes that people with a learning disability have full access to services via reasonable adjustments. Providers should be encouraged and if necessary incentivised through all our Health & Social Care procurement and commissioning plans to ensure reasonable adjustments are the norm rather than the exception.

## 4. Vision

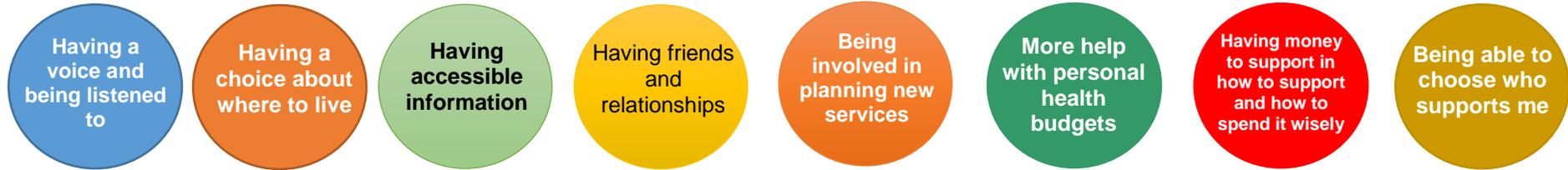
- 4.1 To commission high quality, person centred, transformational, and value for money services for people with a learning disability and their carers; that promotes good health, independence, choice, control and wellbeing in their lives.
- 4.2 Our “Big Action Plan” below gives more detail on the actions that we propose to take, when things will be done and the key measures and milestones to monitor and check how well we are doing.
- 4.3 Key measures and milestones will be regularly reported to the Richmond Learning Disability Partnership Board. Accessible reports will be provided on a quarterly basis as a standing agenda item to the board via:
  - x The Head of Learning Disability Services,
  - x The Learning Disability Commissioner
  - x Learning Disability Partnership Board Working Group Leads
  - x Providers of learning disability services
- 4.4 Effective engagement with users and carers is a critical factor in ensuring that what we deliver in this Action Plan over its lifetime is what people consider important to them. To ensure we continue to hear people’s views an Annual Engagement event, “**Our Big Event**” will be held annually and organised and supported by the Learning Disability Partnership Board and the Working Together Group. The engagement feedback will be used to inform and update the Action Plan annually.

Personalisation



## Personalisation, Choice & Control

### “What people said was important to them”



Outcome	What we're going to do?	When will it be done by?	How will we know we've done this?	Who will make this happen?
People will understand what Direct payments are	Make sure our Direct Payment Information is Easy Read.	January 2016	Easy Information Group approves leaflet and other formats	Head of Learning Disability Services
More people will use pre-paid cards	Offer easy read information Give people support to use them	Review every 3 months	15 more people every year will use a prepaid card	Head of Learning Disability Services
People will have easy read information about Residential and Supported Living Services	Provide easy read brochures about each service Crystal mark ref.SEN Leaflets Quality Checker Reports will be available to anyone who wants to read them	June 2016 Following each Quality Checker visit	Every service will have an easy read brochure Quality Checker Reports	Quality Assurance Team & Quality Checkers



## Using our money to buy good quality services “What people said was important to them”



Outcome	What we're going to do?	When will it be done by?	How will we know we've done this?	Who will make this happen?
<b>People will be involved in planning services</b>	Talk and listen to people at the Big Event and other groups/forums  Use what people say to update the Big Plan and how we plan things.	Big Event in March 2016  April 2016	A report from the Big Event will be available to the Partnership Board Changes to the Big Plan will reflect what people have said about what they want/need	Learning Disability Commissioner
<b>There will be a range of good quality places to live around the borough</b>	Listen to what people tell us they want/need.  Involve users and carers when we buy services	1 <sup>st</sup> group of places to live by February 2016 2 <sup>nd</sup> group of places to live by September 2016 3 <sup>rd</sup> group of places to live by September 2017	Reviewing the process with everyone involved. 1 <sup>st</sup> group of places to live ☐ June 2016 2 <sup>nd</sup> group of places to live ☐ January 2017 3 <sup>rd</sup> group of places to live ☐ January 2018	Learning Disability Commissioner
<b>The money available to spend on places to live, will be spent carefully</b>	Involve Service Users and Carers when we make our decisions  We will buy good places that we can afford	September 2016 and September 2017.	Reviewing the process with everyone involved 1 <sup>st</sup> group in June 2016, 2 <sup>nd</sup> group in January 2017, 3 <sup>rd</sup> group in January 2018	Assistant Director of Community Care Services
<b>People will be able to do more for themselves</b>	Choose staff who will learn about computers and gadgets which help people to do more for themselves.  Keep up to date with new gadgets.  Offer training and advice to people using computers and gadgets	March 2016  Ongoing  Big Event March 2016	People who use gadgets and computers can tell us their stories.  Talk about this at the Partnership Board.  See gadgets and computers at the Big Event and Partnership Board.	Head of Learning Disabilities  Social Work Team Manager  Speech and Language Therapy



## Having good health

### “What people said was important to them”



Outcome	What we’re going to do?	When will it be done by?	How will we know we’ve done this?	Who will make this happen?
<b>Peoples health will be better</b>	Help more people get an annual health check	Ongoing	80% of all the people to have a Health Check	Richmond Learning Disability Health Improvement Group
	Make sure everyone who has an annual health check gets a Health Action Plan	Doctors and nurses are working on this now.	Make sure people get their health plan within 4 weeks of their annual health check	Quality Checkers
	Work with staff in three surgeries to do more Annual Health checks (as a pilot project)	March 31 <sup>st</sup> 2016	Quality Checkers to talk to 10 people or more, who visit the doctors for an annual health check, from April 2017	Quality Checkers Richmond Learning Disability Health Improvement Group
<b>People will be able to get help to stay healthy</b>	Help staff in 3 GP surgeries to get better at helping people with a learning disability (as a pilot project)	March 31 <sup>st</sup> 2016	Review the pilot project in January 2017	Richmond Learning Disability Health Improvement Group
	Work with staff in 3 GP surgeries to make it easier for people with a learning disability to visit (as a pilot project)	March 31 <sup>st</sup> 2016	Quality Checkers to check if people can <del>visit</del>	Quality Checkers
	Tell all staff in GP surgeries <del>about</del>	Has already started and ongoing.	Check every 4 months if posters and information are still seen	Specialist Healthcare Service & Health Improvement Group
	Give people information about staying healthy	This information is already available.	Information from Public Health	Health Improvement Group
	Talk to people about how to stay healthy	Does not stop		



## Having good health “What people said was important to them”



Outcome	What we're going to do?	When will it be done by?	How will we know we've done this?	Who will make this happen?
People will get the right help when they go to hospital and other health places	A nurse will help you before and after you go to hospital	We already do this and does not stop	Quality Checkers will talk to 10 people who visit hospitals	Quality Checker Group Learning Disabilities Commissioner
Staff will know how to help people with learning disabilities when they visit hospital	Tell staff in hospitals about the OSHU	We already do this and does not stop	Learning Disabilities Commissioner will check every 3 months and tell the Partnership Board	Richmond Learning Disability Health Improvement Group
People with a learning disability who have dementia will get the help they need	Talk to lots of people about the special services we have for people with dementia	Ongoing	Track, monitor and measure via Richmond Learning Disability Health Improvement Group	Learning Disabilities Commissioner Richmond Learning Disability Health Improvement Group

This Action Plan explains the things we are going to do first from January 2016 onwards, the action plan will change as time goes on. The Learning Disability Partnership Board will make sure this happens when needed.