



City of Westminster



**OUR 'BIG PLAN' FOR
ADULT RESIDENTS WITH A LEARNING DISABILITY IN
WESTMINSTER AND KENSINGTON AND CHELSEA,
2018-2021**

1 Introduction

The City of Westminster and the Royal Borough of Kensington and Chelsea, Central London CCG and West London CCG commission a range of services to support residents with learning disabilities to live full, safe and healthy lives. The Councils act as lead commissioner for these services, working with the CCGs to make the best use of joint investment.

The number of people with learning disabilities using services is increasing gradually. Local data, informed by a Joint Strategic Needs Analysis¹ (JSNA), suggests that growth may be at the lower end of national predictions and we know that there is a relatively low number of people registered with their GP or using services probably due to out-of-borough placements. People with learning disabilities are more likely than the general population to live in areas of social deprivation.

There is an increasing number of people with learning disabilities with complex support requirements². National trends for reductions in numbers of people with moderate learning disabilities and an increase in the numbers of those with a diagnosis of Autism are mirrored locally.

The purpose of the Big Plan (the joint commissioning strategy and its delivery plan) is to make sure that adults with learning disabilities, those preparing for adulthood and their parent/family carers get the support they need to live full, safe, happy and healthy lives. It considers what must be done to meet our duties as Councils and CCGs, what is known about the needs and wishes of people with learning disabilities and their families in Westminster and Kensington and Chelsea.

The document builds on progress against the Big Plan 2014-17: headlines of which are included as appendix one. It has been developed with people with learning disabilities (see appendix two), their parent/family carers, our Joint Learning Disability teams and the providers of a range of services. It reflects what are collectively regarded as the key challenges for residents with learning disabilities who live in our two boroughs and what needs to be done to address these challenges. It identifies the strategic issues we need to work on and specific actions required, some of which have already started.

The Big Plan is aligned with the work, across the two Councils, of the Quality Assurance Team and the Personalisation Team. It is linked to the following:

- The Sustainability and Transformation Plan;
- The Transforming Care Programme;
- The Health and Wellbeing Strategies for each borough;
- The Children and Families Act Board, particularly the Preparing for Adulthood workstream, including the “*You Said We Will*” workplan developed to implement the Children and Families Act by Parent Forums, (Westminster Parent Participation Group and Full of Life Kensington and Chelsea);
- The Better Care Fund;
- Community Safety Partnerships;
- Carers strategic plans.

¹ <https://www.jsna.info/sites/default/files/Tri-borough%20Learning%20Disabilities%20JSNA.pdf>

² http://www.lancaster.ac.uk/staff/emersone/FASSWeb/Emerson_08_PWLDinEngland.pdf

2 Our vision

'Children, young people and adults with learning disabilities and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. They should have a home within their community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives'. (ADASS, LGA, NHS England, 2015)

3 Our priorities for 2018 - 2021

3.1 Planning together: co-production

In order to make sure support makes a real difference to people with learning disabilities and their families, we need to improve how we involve people with learning disabilities, their families, providers and practitioners in the development of our strategic approach and service delivery.

Care Act Guidance says (and SCIE pick out a range of other references³):

Local authorities should, where possible, actively promote participation in providing interventions that are co-produced with individuals, families, friends, carers and the community. "Co-production" is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered.

During the initial conversations with partners as part of the Learning Disability programme we heard that the, 'you said, we did' loop was broken. We are mending it and will make sure that the views of people who use and work in services are listened and responded to as part of new governance arrangements:

- We have established a new structure (see appendix three) which aims to ensure that stakeholders can be part of discussions about how plans for creating better outcomes are developed and reviewed. This structure aligns with the new overarching structure for future governance arrangements for delivering the Better Care Fund Transformation Programme in 2018/19 (see appendix four) and the structure supporting the Local Account Group (see below). Through it, we will explore how better to ensure that a broad range of service users shape the support provided;
- We have refreshed our approach to contract monitoring to ensure that co-production is a continual theme throughout commissioning, with an expectation on our commissioned providers that they will ensure that those who use their services, their parent/family carers and other stakeholders are able to influence the support available;
- In addition, once a year we will hold an event where the whole partnership joins together to review progress and make sure this Plan is updated for future years.

³ <https://www.scie.org.uk/publications/guides/guide51/what-is-coproduction/policy-and-legal-context.asp>

We have a number of mechanisms through which we seek to ensure that residents with learning disabilities, and their families and friends, inform how services are improved and developed. However, we need to do better at ensuring that each of our partners are able systematically to shape services and feed into the long term vision, allowing sufficient time for true dialogue, using different formats and media to support it and ensuring power to determine support is shared across the system.

The Local Account Group for Bi-borough Integrated Commissioning was established in July 2018. The Group oversees all co-production and residents who have learning disabilities are involved.

Residents

We will identify those areas of work where co-production can have a genuine impact and involve residents in the earliest stages of design. In this we recognise that the population of residents with learning disabilities presents a wide range of needs. We will ensure that we design engagement mechanisms that accommodate different levels of need.

People with learning disabilities have told us that they feel that they get to have a say but that this does not always make a difference to what happens⁴. We ensure that their views are visibly taken into account: both in relation to specific services and the development of strategy.

A large number of contract monitoring meetings are informed by service user feedback, as meetings are usually accompanied with a service visit. This allows conversations with willing users and staff members to get an insight into more than just the Key Performance Indicators (KPIs). The power of this is often underestimated and we will ensure the difference it makes is explicit.

We will ensure that service users' views inform service monitoring and shape services, recognising that they are a disparate group.

Parent / family carers

In order to plan services across the lifespan effectively, it is essential that the voice of family members and service users is listened to. Historically, the Partnership Board involved people with learning disabilities and carers however, the service users were keen to meet separately. This was implemented and we need to rethink how better to engage with a diverse group of carers.

We will ensure that carers have a number of ways through which they are able to make their views known, both in formal and informal settings and that these views are systematically fed into the commissioning process.

Specialist professionals and clinicians: the Learning Disability Joint Teams and Service Providers

We need to harness the intelligence gathered from the range of experts who provide support and/or services in a structured way. As referred to above, we have refreshed the governance structures to support this. Key elements not already discussed are:

⁴ Feedback collected from representatives with learning disabilities and family carer forums during learning disability programme work in January 2018.

- The development of a provider forum: this will bring together our providers of services designed to support people with learning disabilities and will provide an opportunity to problem-solve and to share best practice; thereby aiding market development and continuous service improvement;
- Ensuring there is a strong relationship between our community teams and strategic commissioning, so that what happens day to day shapes the support we commission and the work we do to develop our providers.

Mainstream Providers

In addition to engaging with those providers who have a specialism we are keen to ensure that people with learning disabilities can choose whichever activities they think will be of interest and benefit to them. We are keen to work with the providers of mainstream services such as our libraries and our leisure facilities to ensure that they are welcoming and accessible. We are also keen to work with those mainstream facilities which are not commissioned by the Councils but which might value our support in ensuring they are well placed to welcome people with learning disabilities. We explore the theme of social inclusion in section 3.4 below.

3.2 Getting healthy, staying healthy

People with learning disabilities have poorer health outcomes than other people in the community: access to mainstream healthcare can be challenging for people with Learning Disabilities. We need to ensure that people with learning disabilities receive a high quality service that respects their needs.

One of the issues that were raised in the development of this strategy was that reasonable adjustments are not yet fully embedded. All health staff – be they in primary care or the acute sector - need to ensure that patients and their representatives fully understand the outcome of the consultation. Communication passports⁵, which can be useful in any situation, are key for many and we will ensure that everyone who wants one has access. Another concern flagged was the need for health services to consider how best to meet the needs of people with learning disabilities while waiting for their appointment.

Good access to mainstream primary care

Primary care is the entry point to healthcare for many people with learning disabilities and therefore is pivotal to the successful delivery of healthcare services.

We will continue to support GP Practices in identifying people with Learning Disabilities who are registered with them and identify the reasonable adjustments that might be made to improve their experience. We will increase scrutiny on the performance of Annual Health Checks and work to increase uptake.

We will improve the quality of Health Action Plans, ensuring health outcomes include referrals to screening services and other preventative services, such as support to keep healthy through greater physical activity and to eat and cook more healthily; and to increase opportunities of self-management of long term conditions. Service Users have also told us that they want relationship support and this should be included in their Health Action Plan.

⁵ This is a document that outlines the holder's communication needs.

Our intention is that by increasing both the quantity and quality of health checks we will secure improved access to mainstream health services. This should ensure that:

- Everyone has a plan to achieve and maintain positive health outcomes;
- When people require treatment, they receive this in the right place, at the right time.

Support with community health care

People with learning disabilities have highlighted that improvement is needed among dental practices and pharmacists in how they support people with learning disabilities. We are working with NHS England commissioners to improve access to other health services, including Dentistry and Pharmacy. We will do this with our health sub group, adopting a truly co-productive approach.

We will work with local community health services to both support them with their improvement programme for learning disability services and to have oversight. We will hold providers to account for their performance in improving access to health services for people with learning disabilities.

Support for people in acute settings

Going into hospital is a stressful time for all. We will work with our Learning Disability leads in our local hospitals to ensure that there is a focus on reasonable adjustments and to ensure that we have oversight of the experience of patients with Learning Disabilities to ensure that it is equitable. We will also provide a forum of oversight and support to acute providers to recognise the work around reasonable adjustments and promote further improvements that will have a positive impact.

Discharge planning will involve people with learning disabilities and/or their carers (where the patient has given consent or where appropriate through best interests decision making⁶). Where there is a need for Homecare we will ensure that there is multi-tiered specialist workforce that can address needs effectively.

We will support acute providers in their mortality review function through our Local Area Contact responsibility and support a process that focusses on preventing avoidable death.

End of life care

People with learning disabilities will be supported through the end of life care pathway within primary care through reasonable adjustments, including the use of accessible information. This work will require the support of our community teams as well as primary care practices.

Carers of people with learning disabilities will be signposted to specific carers support through the carers end of life pathway or other appropriate resource for support.

Mortality review

Incidence of death will be reported and progress against standards will be monitored regularly, this will include numbers of deaths, reviews completed, identified themes and actions to reduce avoidable death in the future. We will ensure that the highlights,

⁶ As defined by the Mental Capacity Act 2005

themes and actions for improvement are shared with appropriately involved agencies to support organisational learning.

Support for those who need Continuing Health Care

We will be clear about what people with Learning Disabilities and their families' can expect from the Continuing Health Care process.

For example, the roles that a Learning Disability Teams should undertake as part of the function include:

- making staff available wherever practicable to be part of multidisciplinary teams which will undertake joint assessments and jointly complete the Decision Support Tool (including where the individual is a self-funder);
- contributing to eligibility panels and participating in the decision-making process;
- making staff available to undertake joint reviews – in recognition that an individual's needs might change, regular reviews are built into the process to ensure that the care package continues to be appropriate;
- having systems in place for responding promptly to requests for information when the CCG has received a referral for NHS continuing healthcare;
- working jointly with the CCG in the planning and commissioning of care and support for individuals, sharing expertise and local knowledge (whilst recognising that CCGs retain formal commissioning and care planning accountability for those eligible for NHS continuing healthcare).

Co-morbidities

As discussed in section two, as the population of residents with learning disabilities increases in both complexity and age we are seeing a greater incidence of other co-diagnoses. Residents with learning disabilities have also said that they want better information about why chronic diseases develop and how to manage them, a request that we will respond to. In addition, we know we need to review provision for those with autism, with mental health needs, including dementia.

...with autism

The estimated prevalence of autism in the general adult population is 1.1%⁷ of the general population. According to Pansi⁸ this equates to 1,061 (K&C) and 1,850 (WCC) adults aged 18-64yrs in 2017. Although not all individuals with autism will meet the eligibility criteria for adult social care, many who do need costly packages of support and specialist services commissioned. Estimates⁹ suggest a prevalence rate of autism in adults with learning disabilities of between 20-30%, which is the equivalent of 58-87 adults in Kensington and Chelsea and 93-139 adults in Westminster.

It is essential that a clear picture of this trend and the needs of individuals is known and considered in any commissioning plans and to this end work started in summer 2018 on an all age autism strategy, led by our CCGs.

...with mental health issues

⁷ <https://digital.nhs.uk/catalogue/PUB05061>

⁸ <http://www.pansi.org.uk/>

⁹ Local data drawn from Mosaic

Strategic planning across health and social care areas, including learning disability and mental health, needs to be strengthened. Joint operational effectiveness, including the efficient use of limited resources, effective decision-making and clinical leadership, also needs to be strengthened. We will enhance opportunities for hospital admission avoidance and ensure that the urgent care pathway to mental health services operates effectively when required. We will develop our understanding of the extent to which escalation and intensive support mechanisms may make a positive impact on the diversion of adults with learning disabilities in mental distress away from inpatient services, in line with the Transforming Care Services - Model Service Specification (2017).

This work will also be supported by developing how we provide crisis support. This is both in terms of work to intervene early to provide the right support to people who need extra help to stay in their homes and communities and how we provide short breaks to those whose circumstances mean they need a temporary place to stay in an emergency (see also section 3.6.1.)

...with dementia

This is a growing area with an increased number of our residents placed out of borough due to a lack of appropriate resource in borough. We will explore the opportunities for implementing reasonable adjustments within the Dementia diagnostic pathway. We will consult with our key stakeholders regarding the type of services they feel would most benefit this cohort.

3.3 Making my home my own

This Big Plan priority is underpinned by the premise that all residents who have learning disabilities should be able to expect a home of their own that is appropriate to their needs.

Developing the housing options available in-borough

Although it will not be appropriate for all of our residents to be housed in-borough, it will be appropriate for the majority. However currently there are a number of our residents who are placed out of borough only because of the lack of an appropriate home in-borough: at the same time, we have voids where the accommodation does not offer a good match to any potential resident's needs.

In both boroughs, the four main priorities for ensuring appropriate housing are as follows:

- Accommodation that is designed for those with behaviours that can challenge services;
- Accommodation that is accessible for those who use wheelchairs;
- Move-on accommodation that helps people to develop the skills needed for sustaining an independent tenancy;
- Ensuring that the workforce which provides the support for residents is well trained and able to provide available support that is focused on the residents achieving maximum independence.

Westminster Council has developed its Strategy for Specialist Housing and made a commitment to consider in its infill programme the needs of its vulnerable residents, including those with learning disabilities. Similarly, the Royal Borough of Kensington

and Chelsea is looking to increase its supply. Adult Social Care's work with our Housing departments and Corporate Properties departments includes discussions with the private sector, for example regarding the gain which might be achieved for residents with learning disabilities from any development in the two boroughs, and with Registered Social Landlords, for example regarding nomination rights. We also ensure that residents have access to shared ownership schemes.

Adult Social Care commissioners are working with the Community Learning Disability Teams and with colleagues in Housing and Corporate Property to produce borough specific housing action plans. These will present the current housing stock and the level of support provided alongside consideration of how these might be redesigned to meet the current and future needs of the resident learning disability population.

As well as improving the choices available, residents and their representatives have told us that the availability and accessibility of information and advice regarding what is on offer and the relative advantages of each option needs to be improved. We will explore with residents and their representatives (as appropriate) how best to provide this as part of our commitment to providing information and advice regarding the broader offer for local residents who have learning disabilities.

Supporting residents to establish their home

People with learning disabilities and their families have said we need to ensure that tenancy agreements should be accessible and clear, repairs undertaken more quickly and security improved.

In the first year of this strategy, we will review tenancy agreements and the extent to which they are meaningful to the residents concerned. This will lead to an action plan that will be co-produced with residents and the providers of their housing. This work will specifically consider the process for reporting repairs and the response rate stipulated.

Some of our residents will share their home with others and will need more support to make it feel homely. We will ensure that this is a priority for support staff through our procurement and contract management processes.

Ensuring that residents feel safe in their home and neighbourhood

People with learning disabilities and their families have stressed that having a good place to live requires that the immediate environment to feel safe and unthreatening. Street lighting and the distance to public transport is important. We will explore how best to address this issue with colleagues both in the Local Authorities and other partners such as Transport for London and the Metropolitan Police.

3.4 Being part of the community

An important element of prevention and of personalisation is that we ensure our residents are supported to engage with the wider community and to feel comfortable doing so. People with learning disabilities have told us that they want to do the things that most people take for granted: study at college, get a job, have relationships and friendships and enjoy leisure and social activities. To achieve this, the Councils must ensure that we provide and link people to services that support our learning disabled

residents to lead healthy, meaningful lives that enable them to feel a valued member of the local community.

Having good access to mainstream support - active lives

Greater access to universal facilities (e.g. leisure centres, libraries and adult education), as opposed to specialist services when these are not necessary, plays an important role. We will seek to ensure that these facilities offer good quality provision that is easily accessed by residents with learning disabilities. We intend to create support that:

- Reflects, and maintains or strengthens, the assets of the person and their relationships within the community;
- Involves the person and their relationships fully in the design of support;
- Promotes social inclusion, autonomy, choice, respect, and valued roles for the person.¹⁰

A central element of creating the cultural change necessary for social inclusion is to ensure that the reasonable adjustments that facilitate access to a range of local facilities such as those High Street banks and shops, including access to changing places and safe spaces, are identified and made. We will work with people who have learning disabilities, their carers and representatives to do this.

People with learning disabilities have told us that having a social life is important to them. This includes having holidays and activities in evenings and weekends with friends. We will explore how social activities can be built into commissioned support and how best to ensure information about them might be more readily available. Having a social life includes having relationships and people with learning disabilities have asked us for greater support with understanding sexual health and how to protect it. We are exploring whether reasonable adjustments to mainstream provision will provide the support needed or whether specific support needs to be commissioned.

In the first year of this Plan, we will undertake a review of the opportunities for meaningful day activities to understand what must be improved to ensure that people with learning disabilities feel part of the wider society. We will ensure that the changing seasons are brought into that equation.

A theme that was raised by many people who use our services, and their carers/representatives, in the development of this strategy, was whether the activities sourced through our commissioned support were sufficiently stimulating to our residents. They agreed that only environments that are stimulating can aid well-being. This is the central focus of the review of day opportunities outlined above, in which particular attention will be paid to the greater complexity of need many of our residents present, whether this be complex health needs, dementia, autism, or behaviours that challenges services.

Similarly, we will ensure that our day centres provide environments that are positive and enabling, how they can best provide a base that facilitates the development of friendships as well as a range of activities that support skills development and link people with mainstream facilities.

¹⁰ http://ipc.brookes.ac.uk/publications/Commissioning_for_People_with_Learning_Disability.pdf

We are aware that we need to review the support available to people who need intensive support, whose behaviour can challenge services. We have secured some additional resource from the National Executive of the NHS to enable us, by the end of March 2020, to establish pathways of care and support for those who need intensive support.

Travel support

We are in the process of refreshing our model for supporting residents to access travel support. Through the promotion of independence and the development of independent living skills we will ensure that all residents can access the full range of transport options and support available. The refreshed approach is to be more flexible – encouraging travel planning and independence as part of people’s day to day routine. Travel Support is a person-centred approach looking at what people want to do with their lives and the support a person requires to meet their travel needs.

Information and advice

The *PeopleFirst* website is currently being refreshed in response to a focus group of service users. Adult Social Care is committed to ensuring that there is good access to information and advice and web-based material is an element, acting as a gateway to the support people need.

The material available for adult residents who have learning disabilities, and their carers/representatives will be generated co-productively, involving people with learning disabilities and relevant organisations and community members at every stage of the development. There will be a similar approach taken in children’s and adults social care, to aid easy access.

Get work or have meaningful occupation

Health inequalities are closely linked to worklessness and unemployed people have a higher risk of poor physical and mental health compared with those in employments¹¹. People with learning disabilities have the lowest employment rates of any long term condition, currently at 23.9% nationally¹², yet many could work if the employer made reasonable adjustments and more could have paid work if there were a strong enough supported employment offer.

We will adopt a strengths-based approach to supported employment that focuses on people’s interests and capabilities. In practice, this means developing the main employment pathways for people with learning disabilities, namely internships, supported apprenticeships, supported employment, work-related learning at college and self-employment. Key aspects of this developmental work include:

- Ready access to information, using electronic and other means, about employment options for people with learning disabilities so they can be aware of the full range of choices;
- Signposting to benefits advice to reduce this as a potential barrier;
- A focus on raising aspirations among people with learning disabilities and their support network that they can expect to enter employment at some stage along the pathway;

¹¹ <https://www.jsna.info/sites/default/files/Employment%20Support%20JSNA.pdf>

¹² <http://researchbriefings.files.parliament.uk/documents/CBP-7540/CBP-7540.pdf>

- Fostering better connections between job coaches, employment support workers, schools, transition workers and others to share experiences, build expectations and find solutions;
- Encouraging engagement with adult education and other training opportunities.

It is important to acknowledge that not all people feel ready to work. Stimulating and personalised activities will be provided to help all individuals develop confidence and skills. The day activities review outlined above will take this into account.

Tackling hate crime

People with learning disabilities report experiences of hate crime. We continue to collate information about hate crime in both Boroughs and to work with people with learning disabilities, advocates and the police on how best to prevent it. We will ensure that people and their families know how to report abuse, are listened to and feel safer as a result of safeguarding activity.

3.5 Support to become an independent adult

National data suggests the number of young people transitioning from children's social care into adult social care is rising and will continue to rise. Local schools' data suggests increases in profound and multiple learning disabilities, a mixed picture around severe learning disabilities, and very large increases in autistic spectrum conditions. Local calculations show greater numbers transitioning in the next 2-3 years with a high proportion of autistic spectrum conditions and behaviours that can challenge services¹³.

Transition to adulthood is addressed differently in each of the two boroughs. In Kensington and Chelsea there is a dedicated transition team of children and adult social workers based within the adult learning disability team. In Westminster, although the children and adult teams work together, they are not integrated. Currently the arrangements in each borough do not work as well as they should and we will improve them. Preparing for Adulthood is a workstream of the Bi-borough Special Educational Needs and Disabilities (SEND) Local Area Governance programme. The workstream is co-chaired by representatives from adult social care and children's services, and progress against the outcomes is reported every quarter to the Learning Disabilities Transformation Board. This brings together Adult Social Care and CCG commissioners and provides an opportunity to unblock progress where this is needed.

The workstream aims to review and improve transition processes and pathways to ensure that young people with SEND receive appropriate support to achieve:

- a. Employment;
- b. Good health;
- c. Education and training outcomes;
- d. Independent living (choice and control over one's life and good housing options);
- e. Social inclusion (friends, relationships, wellbeing and community involvement).

¹³ Local data drawn from Mosaic

During 17/18, a new template tracking list and regular tracking meetings have been established across both boroughs. The tracking system identifies people open to the children with disabilities team from age 14 and tracks them through to adulthood to ensure that referrals, assessments and plans are created in a timely way to ensure a smooth transition. However, the data does not include the wider group of children with education, health and carer plans not known to the disabled children's team, which may mean that some individuals do not receive all the support they need for a smooth transition. Establishing this system to ensure all young people benefit is an on-going priority in both boroughs: it will facilitate effective service design and inform commissioning plans for adult residents as well lead to significant improvements in the experience of young people and their families.

We have improved the website that details our Local Offer and will continue to do so in response to feedback we receive.

One of the key challenges for young people is learning the skills required to live as independently as possible. The work to increase the housing options available in-borough, outlined in priority three, will consider the particular needs of young adults, for example move-on accommodation that helps the development of these skills, and the extent to which the properties currently available match the needs of those young people we can expect to need a home over the next five years.

Young people with learning disabilities also need support in considering their employment options. The SEND strategy Preparing for Adulthood workstream has led to the development of supported internships and supported apprenticeships. We will ensure that these are available to young people with learning disabilities as well as the rest of the eligible young people, and that the information and advice to employers is pertinent.

Section 3.6.1 refers to work underway to remodel our short breaks contract. There is a particular need within this to consider how best to ensure that the offer is attractive to young adults who will be used to that available through children's social care.

The support available to parent / family carers needs to take account of the challenges associated with particular stages in the life cycle. We will ensure that those associated with becoming an adult are addressed.

3.6 Good support for parent and family carers

Over 4,000 people in Westminster are providing care to individuals with learning disabilities and almost 1,900 in Kensington and Chelsea¹⁴. If carers' support had to be replaced with provision from statutory services, it would cost the NHS, social services and other statutory bodies around £34 billion a year nationally¹⁵. It therefore makes clear economic as well as moral sense to make sure that carers' needs are well catered for.

¹⁴ Based on 2011 census data and the most recent (2016/17) Carers Survey. In addition, 5% of carers themselves in Westminster and 4% of carers in Kensington and Chelsea's have a learning disability.

¹⁵ Carers JSNA Evidence Pack (online) <http://jsna.info/document/carers-evidence-pack>

The Care Act mandates that Councils must consider the impact that the role of carer has on the carer's wellbeing:

- Support to maintain their own independence, physical health and emotional wellbeing;
- Empowering and supporting them to manage their caring roles and have a life outside of caring;
- Ensuring carers receive the right support, at the right time and in the right place;
- Respecting the carer's decision about how much care they will provide¹⁶.

Carers of people with learning disabilities are often at risk of poor mental and physical health. The most recent carers' survey told us that many feel socially isolated and lacking in encouragement and support¹⁷. Above all, they feel that they need to be more involved, as a key stakeholder, in the development of Council strategies.

As we establish residents' greater choice and control over the support they receive, we recognise the need to support carers in their key role in supporting them to have as much independence as possible, for example with positive risk management and skills development, as well as with the ways a personal budget can be deployed.

Many family carers of young people with learning disabilities have presented concerns about what will happen to their relatives after they leave full time education. They also worry about the impact on their own lives, as schools provide a settled pattern and the opportunity to work, study or simply have some time to themselves. The transition process has been described as 'falling off the edge of a cliff'¹⁸. We will consider how best to improve the offer for families who are supporting young people through their transition to adulthood, including the provision of information, advice and guidance and appropriate respite care.

Family carers of adults learning disabilities have concerns about what will happen to their relatives when they are no longer able themselves to provide care and support. We will ensure that carers are supported to consider how best to prepare for the future through our work with Carers' support providers and through care management.

In the first year of this Plan, we will review how we support parent / family carers to ensure that there are a variety of options through which they can explore the challenges they face, get peer support and access the information and advice they need.

3.6.1 Short breaks and urgent support

Respite care allows the family carer to take a break from care-giving; to recharge, ease their stress, and avoid burnout. Supporting family carers to be healthy and supported results in higher quality time spent together. The longer a family carer can provide

¹⁶ <https://www.england.nhs.uk/wp-content/uploads/2016/05/identifying-assessing-carer-hlth-wellbeing.pdf>

¹⁷ <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/data-collections/social-care-user-surveys/social-care-user-survey-guidance-2016-17/survey-of-adult-carers-in-england-2016-17-guidance-for-local-authorities>

¹⁸ <http://static.carers.org/files/policy-and-resources-pack-final-low-res-4604.pdf>

appropriate care, the longer their relative is able to stay comfortably at home, whether this is the family home or they live independently¹⁹.

We currently have a limited range of short breaks on offer to family carers and people with learning disabilities. In the first year of this Plan, we will explore how respite services might deliver greater choice and control for people with learning disabilities, providing all the benefits of respite that a short break can offer. We will work with providers to extend and enhance our short breaks outreach support, merging the security and convenience of the existing building-based service with a more flexible, community-based range of activities that maximise choice and control. Sharing leisure activities as part of a high quality respite service can realise additional advantages and opportunities for adults with learning difficulties and, in turn, their families.

We know from people with learning disabilities and from carers that young people might need particular support to access over night care. This might be support in getting used to be away from home, accessing over-night care in a familiar setting and/or accessing unfamiliar over-night care with others they know. The short breaks offer from Children's Services is different to that from Adult Social Care and we will ensure that the transition from one to the other is a smooth one.

Some of our current short breaks provision seeks to provide for un-planned short breaks. This may be needed when a family becomes unexpectedly unable to continue their caring role. It may also be necessary when an individual experiences changes which means that their current carers are unable to continue to support them. We will look at how this support is provided to make sure that wherever possible short term support can give people time to find a way to stay living safely in their homes and communities.

¹⁹ <http://themosaiccaregroup.co.uk/2017/03/17/how-family-caregivers-can-benefit-from-respite-care/>

4 Our commissioning principles

Value for Money: Sustainable use of Resources

There is an increasing number of people with learning disabilities with complex support needs in Westminster and Kensington and Chelsea. Coupled with additional demand are higher expectations. However, financial pressures mean there is a need to deliver improved support and care without additional resources wherever possible. By encouraging greater investment in support to maintain health and wellbeing, we will better manage and meet demand. We are refreshing how we commission services, ensuring that each care contract will make a contribution to local wellbeing as well as the health and social outcomes of individual service users. We will ensure that how we invest our resources facilitates our residents to lead a life that is shaped by their choices and enables us to provide what people need within the budgets available.

It is critical that we work with our partners to look for creative ways of supporting people with learning disabilities. Recent work with 'Just the right support' has shown that assistive technologies can be an effective part of this offer. So too is connecting people with learning disabilities with their local communities, assets and facilities in ways which will support them to achieve some of their goals. This will include exploring strategies like Community Led Support²⁰ and Local Area Co-ordination²¹ and developing cross cutting strategies that take action to work in line with progression principles²². A range of other new ways of working have produced good outcomes for people with learning disabilities²³ and we will need to explore them as the commissioning strategy is developed with local people.

Our commitment to using our resources sustainably requires looking at new ways of developing the opportunities available to residents with learning disabilities and how they access them.

4.1 Personalisation

The way in which we deliver support and care must be built around an individual's needs if we are to respect the diversity of the people with disabilities and facilitate their independence. An important way in which we can do this is to work with our partners to ensure that people with learning disabilities have greater choice and control over how they are able to deploy their personal budget.

The Care Act 2014 requires that people with eligible needs have a personal budget allocation (a known sum of money) with which they can plan to meet their assessed needs. People should have a choice about how their personal budget is managed. The Care Act guidance sets out three main ways in which a personal budget can be deployed:

- as a managed account held by the local authority with support provided in line with the person's wishes;

²⁰ <https://www.ndti.org.uk/our-work/our-projects/community-led-support>

²¹ <http://lacnetwork.org/>

²² For example, <https://www.kent.gov.uk/social-care-and-health/care-and-support/disability/learning-disability/kent-pathway-service>

²³ https://www.thinklocalactpersonal.org.uk/_assets/Resources/BCC/6innovationsinsocialcare-1.pdf

- as a direct payment (DP);
- as a managed account held by a third party (often called an individual service fund or ISF) with support provided in line with the person's wishes.

We need to do more to ensure that residents are able to deploy their personal budgets in a way which maximizes their independence and we are in the process of exploring whether Individual Service Funds (ISF) should be an additional mechanism available locally. Under ISFs, the resident chooses an accredited²⁴ provider to support them

- a) to decide how best their assessed needs might be met and
- b) to choose from the range of providers available to deliver support for each of these needs.

Feedback from ISF pilots in other London boroughs has been positive and resulted in new ideas to promote independence, including through assistive technology, and greater social inclusion. ISFs seek to ensure our residents are able to use their personal budget in a way which maximizes their choice and control while reducing their role with respect to budget management: it might prove to be a popular option replacing council-managed personal budgets, particularly if they do not (yet) feel able to manage direct payments.

Personalisation makes greater use of community assets and looks at the connections that individuals have with their local community. This means that in developing a care plan and considering how best needs can be met people with learning disabilities can look to maintain their links with a broader range of activities, provided by their place of worship or local community centre, rather than only at those activities provided by specialist providers.

4.2 Prevention

Central to ensuring our residents are able to establish and maintain an independent life is providing the support they require to do so. We are keen to ensure that support is provided in the right place and at the right time – that we don't wait until people's needs have increased before we are able to offer input.

People with learning disabilities and their families have told us that there is a need to improve pathways into and between the different support options available. We are keen to respond to this appropriately and are in the process of reviewing the support available to people with learning disabilities to lead as ordinary a life as is possible and how we ensure this is the case.

4.3 Quality Assurance

During 2017/18, a lot of work has been undertaken to ensure that we are able to ensure that the support we provide is of high quality and identify the areas in which improvement is necessary.

Performance monitoring: our new 'Single Dataset'

As part of new arrangements to monitor the quality and performance of services for people with learning disabilities and their families a new 'Single Data Set' has been developed. This brings together a range of information that checks whether plans are making a difference and standards are being met. This will inform performance management by Learning Disability Board.

²⁴ A process for accrediting ISF providers is currently being developed.

Commissioning support and care

Clear service specifications are built into contracts and to ensure that contract managers have access to the data they require to ensure that providers operate to high standards, Adult Social Care has agreed a set of standard key performance indicators (KPIs) for all contracts and another set for contracts that support people with learning disabilities. Additionally, contract specific KPIs are agreed with the provider at the beginning of the contract.

Accreditation and register of ISF providers

An approved contract and accreditation process is required to formalise and provide quality assurance for an Individual Service Fund (ISF) offer. Work has started on developing an accreditation process so that it can be piloted alongside an ISF should this prove to be the desired route. The result will be a register of 'accredited' providers to support residents to choose which provider they prefer to work with on how best to deploy their personal budget.

Governance Structure

It is important that the right people are able to scrutinise the data provided in the performance reports. The revised structure referred to in section 3.1 (see appendix three) has been developed to harness the expertise held within different parts of the system of support available:

- Service users;
- Their friends and family;
- Providers;
- The Specialist Learning Disability Teams in each borough;
- Commissioners in health and social care.

This structure has been established in the first half of 2018/2019 and will ensure that the Big Plan reflects the intelligence and concerns of our partners, and that the Action plan in Section 5 is one all parties believe will deliver our vision.

New service design for our Joint Learning Disability Teams

New service design principles have been applied to making some changes to the Joint Learning Disability Teams in both Boroughs. These service design principles will support team members to work together across health and social care to provide good assessment, planning and review and health and social care interventions. A new Head of Service has been recruited to provide senior leadership of the Teams.

We are reviewing the capacity of the teams to ensure that they have the right skill mix and level of resources to ensure that they are able to meet the needs which residents present in the most effective way possible.

4.4 Safeguarding

Work is developed through the local Safeguarding Boards. A key priority is to make sure that the outcomes people want at the beginning of a safeguarding investigation are achieved. The Safeguarding Boards monitor whether this is happening and this

relates to 'Making Safeguarding Personal'²⁵ work to check whether Safeguarding investigations achieved outcomes that people wanted.

Practitioners, providers and partners all receive training in Safeguarding and work together through the local safeguarding boards.

4.5 Integration between health and social care

Under the Care Act, Local Authorities have a responsibility to ensure the integration of care and support provision with health and health-related services. This joint working aims to ensure that individuals can live as independently as possible for as long as possible.

4.6 Market shaping and development

During 2017, extensive market analysis was undertaken to develop a comprehensive picture of the development work required to establish a resilient and diverse market for learning disability support and care in the two boroughs. The results have been written up as a Category Plan, which is available upon request. Key findings were as follows:

- There is a significant level of inter-dependence between the providers and the Councils. The main providers secure the majority of their funding from the two Councils, which means if either Council selects to procure from another provider it could destabilise the market and have repercussions for the other. Similarly, if for any reason a provider fails, the Councils would find it very challenging to secure and safely transition to an alternative provider;
- The provider market for residents with learning disabilities is relatively small in both Westminster and in Kensington and Chelsea;
- As a result, there is limited scope locally to realise the potential benefits of purchasing support either via direct payments or Individual Service Funds: further work is required to develop a meaningful offer in both boroughs.

In combination, these findings suggest there is an imperative, as well as working with current specialist and mainstream providers to develop and enhance their offer, to open the market to new entrants and support the development of local social enterprises.

We also need to ensure that providers offer personalised services that support people with more complex needs to maximise their independence, health and well-being. This includes developing a better choice of how personal budgets might be deployed and greater use of assistive technology as appropriate.

Market development should seek to build on existing community assets such as mainstream organisations in the voluntary and community sectors to develop better quality offers for people with a learning disability in terms of activities, training, and employment opportunities.

²⁵ <https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal>

In the first year of this Plan, we will review the way our procurement and contract management help to shape the market to address our commissioning challenges. We will consider also how best to secure social value from each of our contracts.

The Provider Forums, in addition to being an important vehicle supporting the co-production of services and support, will be important forums for sharing best practice and for exploring ways of addressing shared challenges.

Workforce development

Creating a properly trained workforce is a key element of successful service provision, yet recruiting and retaining a quality workforce is an ongoing challenge for commissioned providers and for the Councils.

Key themes that were discussed in the development of this Plan include:

- the challenge our specialist providers face when seeking to recruit experienced and well trained staff; staff who demonstrate respect and compassion in the way they provide support and care;
- how best they might retain well experienced and trained staff, enabling them to offer continuity of care;
- Ensuring that staff in extra care housing are equipped to address the needs of older residents who have a disability.

We are exploring what the Councils can do to address this issue, including through the refresh of our procurement and contract management processes and through the review of the training available through the Councils.

In addition to addressing the workforce issues within specialist support, we are looking at how better we can work to ensure that people with learning disabilities, and their carers/representatives, can rely on a respectful, compassionate response when they access universal facilities.

5 THE DELIVERY PLAN

While the Strategy outlines the direction of travel for how commissioners are seeking to ensure service improvement, the Delivery Plan offers how we will do this.

The delivery plan outlines work already underway and that which needs to be done during the lifespan of this Big Plan. It reflects what our Partners have already told us and will continue to be developed to reflect further feedback. It will be monitored through the Governance mechanisms identified in appendix three.

| What needs to happen | | By when | Who will lead this |
|--|---|---------|---|
| Planning together – co-production | | | |
| 1 | The specification for support with ensuring users' shape the design of support and care reflects the full range of needs our learning disabled population. | Nov 19 | Commissioning and Contracts Lead, Ian Jarman |
| 2 | We report how feedback received from people with disabilities has shaped service delivery. | Dec 19 | Strategic Commissioner, Anna Waterman |
| 3 | Our procurement and contract processes reinforce the need for providers to ensure that support and care responds to the views of those who use their services. | Mar 20 | Commissioning and Contracts Leads, Derry Pitcaithly, Ian Jarman |
| 4 | The specifications for supporting carers to shape the design of support and care reflects that they are a varied group and may require different avenues to voices their views. | Nov 19 | Commissioning and Contracts Lead, Ian Jarman |
| 5 | Work with mainstream providers to better understand the support they need to ensure their facilities are welcoming and accessible. | Jun 19 | |
| Getting healthy, staying healthy | | | |
| 6 | Healthcare providers are supported to make reasonable adjustments to improve access to health services. Specific themes will include: <ul style="list-style-type: none"> • Waiting environments • Communication passports | Jun 19 | Senior Commissioning Officer, Peter Beard |
| 7 | An action plan to improve the current performance in terms of health checks is produced. This includes setting a target for the number of health checks completed and monitoring the 14 – 25 age | Mar 19 | |

| What needs to happen | By when | Who will lead this |
|----------------------|---------|---|
| | | |
| 8 | Mar 19 | |
| 9 | Sep 19 | |
| 10 | Nov 18 | Strategic Commissioner, Anna Waterman |
| 11 | Jun 19 | |
| 12 | Sep 19 | |
| 13 | Sep 19 | Senior Commissioning Officer, Peter Beard |
| 14 | Mar 19 | |
| 15 | Jun 19 | |
| 16 | Jan 19 | |
| 17 | Jan 19 | Bi-Borough Head of Service, Laura Gordon Senior Commissioning Officer, Peter Beard |
| 18 | Oct 19 | Strategic Commissioner, Anna Waterman Senior Commissioning Officer, Peter Beard |

²⁶ This is a document that outlines their treatment needs

| What needs to happen | | By when | Who will lead this |
|------------------------------------|---|----------------|---|
| Making my home my own | | | |
| 19 | Housing Plan published by the two Local Authorities present how a greater number of homes will be delivered in-borough. | Jun 19 | Commissioning and Contracts Lead, Derry Pitcaithly |
| 20 | Housing Plans published by the two Local Authorities present how a greater diversity of choice of home, which, addresses the needs of residents with learning disabilities and/or autism, will be delivered in-borough. | Jun 19 | |
| 21 | Open procurement of the housing based support and care contracts | Jul 19 | Strategic Commissioner, Anna Waterman |
| 22 | The 'Local Offer' for people with learning disabilities and their families will include information about the different housing options, including a co-produced checklist. | Oct 19 | |
| 23 | Tenancy agreements are meaningful documents for tenants who have learning disabilities. | Jul 19 | Commissioning and Contracts Lead, Derry Pitcaithly |
| 24 | Our procurement and contract processes reinforce the need for providers to ensure that support and care is personalised, supporting residents to make their home their own. | Jul 19 | |
| 25 | Work with our providers and other key stakeholders addresses issues regarding safety and security in supporting living environments has visibly borne fruit. | Jan 20 | |
| Being part of the community | | | |
| 26 | An action plan for how best to ensure that our high street facilities are accessible and welcoming for those with learning disabilities has been produced. | Jun 19 | Commissioning and Contracts Lead, Ian Jarman |
| 27 | Improved access to appropriate 'Changing places' | Oct 20 | |
| 28 | Development of a Safe Places Scheme | Oct 20 | Commissioning and Contracts Leads, Derry Pitcaithly, Ian Jarman |
| 29 | Our procurement and contract management processes reinforce the need for providers to support the development and retention of friendships. | Mar 19 | |
| 30 | Review of the range of stimulating day opportunities available for residents with a range of needs, including those available in the evenings and at the weekend. | Mar 19 | Commissioning and Contracts Lead, Ian Jarman |
| 31 | Review of how best to provide support with sexual health is completed and the recommendations addressed. | | |
| 32 | Plan in place to improve the range of stimulating day opportunities available for residents with a range of needs, including those available in the evenings and at the weekend. | Oct 19 | |
| 33 | Corporate plans for improving travel support are in place. | Oct 19 | |

| What needs to happen | | By when | Who will lead this |
|---|--|----------------|---|
| 34 | Information and advice regarding our 'Local Offer', including housing options, for people with learning disabilities and their families is widely available and easily accessible. | Oct 19 | Strategic Commissioner, Anna Waterman |
| 35 | Review of the support available to residents with learning disabilities, in relation to considering how they might enter the workforce (whether this is skills development, confidence building or job brokerage) has been undertaken and a procurement plan to improve provision is produced. | Jan 19 | Commissioning and Contracts Lead, Ian Jarman |
| 36 | Our procurement and contract processes reinforce the need for providers to consider how they might encourage their users to consider 'pathways to employment'. | Jan 19 | |
| 37 | Improved 'pathways to employment' opportunities are available at the Councils and through our local NHS partners. | Mar 19 | |
| 38 | Work with service users, advocates and the police to produce a preventative plan relating to hate crime. | Jul 19 | Strategic Commissioner, Anna Waterman |
| 39 | People and their families know how to report abuse, are listened to and feel safer as a result of safeguarding activity. | Jul 19 | |
| Support to become an independent adult | | | |
| 40 | New Guidance for practitioners to ensure clarity of role and clear commitments to young people and families about what happens by when. | Dec 18 | Sheila Rodgers, Service Manager, RBKC Community LD Team |
| 41 | Revised arrangements to make sure we have the right data on what support people require and level of demand in coming years. | Dec 18 | |
| 42 | Indicative assessment undertaken and plan in place by age 17. | Mar 19 | |
| 43 | Annual Health Checks link well with Education, Health and Care plans and are Annual Health Checks are a feature of the transition journey. | Mar 19 | |
| 44 | Clarity regarding access to clinical input at FE and HE colleges related to health outcomes. | Mar 19 | Strategic Commissioner, Anna Waterman |
| 45 | Families and young people have better information about what support they can expect to prepare for adulthood. | Mar 19 | Steve Comber, Head of Local Offer and SEN Outreach |
| 46 | Access to transition accommodation and care addresses the needs of young adults present | Oct 19 | Commissioning and Contracts Lead, Derry Pitcaithly |
| 47 | Improved 'pathways to employment' opportunities targeted at young adults. | Mar 19 | Commissioning and Contracts Lead, Ian Jarman |

| What needs to happen | | By when | Who will lead this |
|--|--|----------------|--|
| 48 | The remodelling of our short breaks offer addresses the needs of young people who have only just become adults. | Mar 19 | Commissioning and Contracts Lead, Derry Pitcaithly |
| 49 | Ensure that the specifications for supporting carers specifically refer to the transition from children's to adults' social care. | Nov 18 | Commissioning and Contracts Lead, Ian Jarman |
| Good support for parent and family carers | | | |
| 50 | All carers are encouraged to have a carers' assessment and are made aware of the support, advice and information available. | Mar 18 | Bi-Borough Head of Service, Laura Gordon |
| 51 | Carers who themselves have a learning disability are identified and encouraged to have a carers' assessment. | Mar 18 | |
| 52 | Ensure support is available regarding preparing people with learning disabilities for going into hospital | Mar 19 | Senior Commissioning Officer, Peter Beard |
| 53 | Discharge planning identifies carers' needs and that they are taken into account. | Jun 19 | |
| 54 | Specifications for supporting carers specifically refer to end of life support. | Nov 18 | Commissioning and Contracts Lead, Ian Jarman |
| 55 | Procurement plan for the contract for short breaks (which includes specific reference to addressing the needs of young people who have only just become adults). | Dec 18 | Strategic Commissioner, Anna Waterman |
| 56 | Renewed short breaks offer | Jul 19 | |

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Appendix one: Headlines of progress on the Big Plan 2014-17

Introduction

The Big Plan 2014-2017 related to the three boroughs of Westminster, Kensington and Chelsea and Hammersmith and Fulham. This summary of progress focusses only on that relating to residents of Westminster or Kensington and Chelsea.

Outcome 1 Having real choice and control in our lives

People will have control over how they live their lives through access to advocacy, self-directed support and robust person centred planning, ensuring a smooth transition from Children's to Adult Services.

The measures of success show a marked improvement.

| | 13/14 | | 17/18 | |
|---|--------|-------|-------|-------|
| | RBKC | WCC | RBKC | WCC |
| People supported at home have a personal budget. | 84.3% | 90.6% | 99.5% | 94.9% |
| People receive their personal budget as a direct payment. | 82.4% | 19.7% | 79.8% | 26.2% |
| Everyone receiving care and support has an assessment or review in the year. | 100.0% | 53.2% | 97.8% | 82.2% |
| Respondents saying 'I make all the choices I want' / 'I make some choices, not all, but that is OK'. (Survey) | 95.1% | 94.7% | 94.4% | 93.0% |

However, one of the outcomes in particular still poses a significant challenge. Performance to **ensure that young people and their carers experience a seamless transitions service** has greatly improved in that children with special needs do now have a single Education, Health and Care plan when leaving school. However, we are a long way from achieving a seamless transition. This is a priority in the Big Plan 2018-2021.

Outcome 2. Partnership with families

Family carers will be expert partners in care, have a strong voice, and be supported better as carers and as individuals.

The measures of success show that progress has been mixed.

| | 13/14 | | 17/18 | |
|---|-------|-------|-------|-------|
| | RBKC | WCC | RBKC | WCC |
| People supported at home have a personal budget | 84.3% | 90.6% | 99.5% | 94.9% |
| Carers have an assessment or review in the year | 100% | 95.0% | 94.1% | 85.3% |

A consistent message in the development of the Big Plan 2018-2021 is that parent and family carers struggle to get their views and expertise taken into account when support for their family member is planned and in the development of strategic plans. Improving the support available to parent and family carers is a priority.

Outcome 3. Having a home I can call my own

People with learning disabilities experience more choice and control in the range, quality and supply of local supported housing available as an alternative to out of borough residential care.

The measures of success show that progress has been mixed.

| | 13/14 | | 17/18 | |
|---|-------|-------|-------|-------|
| | RBKC | WCC | RBKC | WCC |
| People living in their own home (with a secure tenancy) or with their family | 60.1% | 74.4% | 77.1% | 79.0% |
| Respondents saying 'I can do everything I need in my home' / 'I can do most of what I need in my home, it's OK.' (Survey) | 97.4% | 93.9% | 89.2% | 87.8% |

A highlight is that the capital investment needed to refurbish existing projects for people with complex needs has been secure. The works will start in early 2019.

Outcome 4. Being part of my community

People with a learning disability will be supported to be active and independent citizens, living and working in their communities in the same way as non-disabled residents.

The measures of success show that progress has been mixed.

| | 13/14 | | 17/18 | |
|--|--------|-------|-------|-------|
| | RBKC | WCC | RBKC | WCC |
| People of working age have a paid job in the year | 9.6% | 7.8% | 10.6% | 13.7% |
| Respondents saying 'I spend my time as I want' / 'It's OK.' (Survey) | 100.0% | 98.0% | 89.5% | 94.9% |
| Respondents saying 'I can get to all the places I want'. (Survey) | 66.7% | 75.5% | 68.6% | 51% |
| Respondents saying 'I feel very safe'. (Survey) | 86.5% | 84.0% | 86.1% | 87.5% |
| Safeguarding alerts followed up under safeguarding policies and procedures | 66.7% | 75.5% | 62.5% | 63.5% |
| Number of formal complaints received | 4 | 2 | 4 | 9 |

This outcome remains a priority in both boroughs. Two highlights have been the greater engagement in national and local elections promoted by advocacy projects and the greater independence and comfort experienced by many people with learning disabilities as they travel around their local area.

Outcome 5. Better health

People will have improved access to mainstream health services and health promotion and more people will receive a health action plan and an annual health check

The measures of success show that progress has been mixed.

| | 13/14 | | 17/18 | |
|---|--------|--------|-------|-------|
| | RBKC | WCC | RBKC | WCC |
| More people will have an annual health check | 76.0% | 54% | 59.6% | 26.0% |
| Respondents saying 'My life is really great' / 'Mostly good'. (Survey) | 89.7% | 85.7% | 81.6% | 80.5% |
| Respondents saying 'I am very healthy' / 'I am quite healthy'. (Survey) | 76.3% | 85.7% | 75.7% | 78.6% |
| Respondents saying 'I am very happy with the way staff help me, it's really good' / 'I am quite happy'. (Survey) | 100.0% | 91.7% | 92.1% | 93.0% |
| Respondents saying 'the way I'm helped and treated makes me feel better about myself / does not change the way I feel about myself'. (Survey) | 97.4% | 100.0% | 100% | 97.5% |

A particular highlight has been the real progress achieved in both St Marys Hospital and Chelsea and Westminster to ensure that reasonable adjustments are made to facilitate access to care for people with learning disabilities, including staff training. A concerning low light is the decline in the number of annual health checks undertaken. This is a priority for concerted attention.

Appendix two: Feedback from people with learning disabilities

We take your feedback seriously. This is an outline of the issues you have raised with us and what we have done in response.

| You said | What we have done or plan to do |
|--|--|
| Planning together: co-production | |
| People said they wanted to have more say about their services and how they are arranged. | <ul style="list-style-type: none"> • From April to September 2018, Local Authority and Clinical Care Group officers worked with people who use services and their families and a range of partners, providers and practitioners to create a new Big Plan. • From this work, a new Governance structure has been established to ensure that co-design is built into service development and co-production into service delivery. • We have introduced Provider Forums, to share best practice and explore challenges across the sector, the first one being in Oct 18. • We are reviewing our procurement and contracting arrangements to ensure that providers actively seek and respond to user feedback. |
| People felt they had no real choice in services and they do not know what services are charging or offering. | |
| People told us that they would like to be involved in designing support services | |
| Some people feel they have less choice and control than before | |
| People told us that they are very happy to be involved in the design and shape of future services. | |
| Getting healthy, staying healthy | |
| <i>The health sub group of the Partnership Board works very well, people felt they had been listened to</i> | |
| <i>Good work has been done to help make dental services better</i> | |
| Some people told us that going to hospital can be very scary. | There is a commitment in The Big Plan to ensuring that everybody who wants one has access to Hospital passports ²⁷ and communication passports |
| People told us they want more information available in easy read or easy to understand | The 'Local Offer' for people with learning disabilities and their families will include information about different health services. |
| Making my home my own | |
| We would like the housing sub group again | We will establish a sub group of the Partnership Board that looks at how to deliver this priority of the Big Plan. |

²⁷ This is a document that outlines their treatment needs

| | |
|---|---|
| We want to have more choice about where we live and who we live with | There is a commitment to this in the Big Plan. |
| Everyone should have an easy read tenancy | There is a commitment to this in the Big Plan. |
| We need better support when things go wrong, especially with repairs | There is a commitment to this in the Big Plan. This will explicitly be built into the support that providers are expected to provide. |
| People felt that housing information should be easier to understand | The 'Local Offer' for people with learning disabilities and their families will include information about the different housing options, including a co-produced checklist. |
| We would like more choice about the type of housing option we have | |
| Can we have a checklist to help choose where you live | |
| People would like more accessible housing | There is a commitment to this in The Big Plan. |
| <i>We were consulted on the Westminster Housing and support plan, our ideas were used, we felt listened to.</i> | |
| Being part of the community and close to family is very important | There is a commitment to this in the Big Plan. |
| Being part of the community | |
| We need more information about the activities we can go to | There is a commitment in the Big Plan to producing information and advice, as an easy-read 'Local Offer' for people with learning disabilities and their families |
| We want a service to help us find activities that do not cost a lot of money | |
| Activities should be focussed on people's greater independence from day centres | <p>There is a commitment in the Big Plan</p> <ul style="list-style-type: none"> to reviewing our day centres to ensure emphasis on maximising independence. increasing access to needs appropriate 'Changing places and facilities' work with our mainstream providers to ensure that the local workforce is appropriately trained and that services in the community are welcoming and accessible. work with providers of universal services, voluntary and community groups and care providers, to promote a greater range of affordable, community based opportunities that are available in the daytimes, evenings and weekends |
| We would like more support to be in the community | |

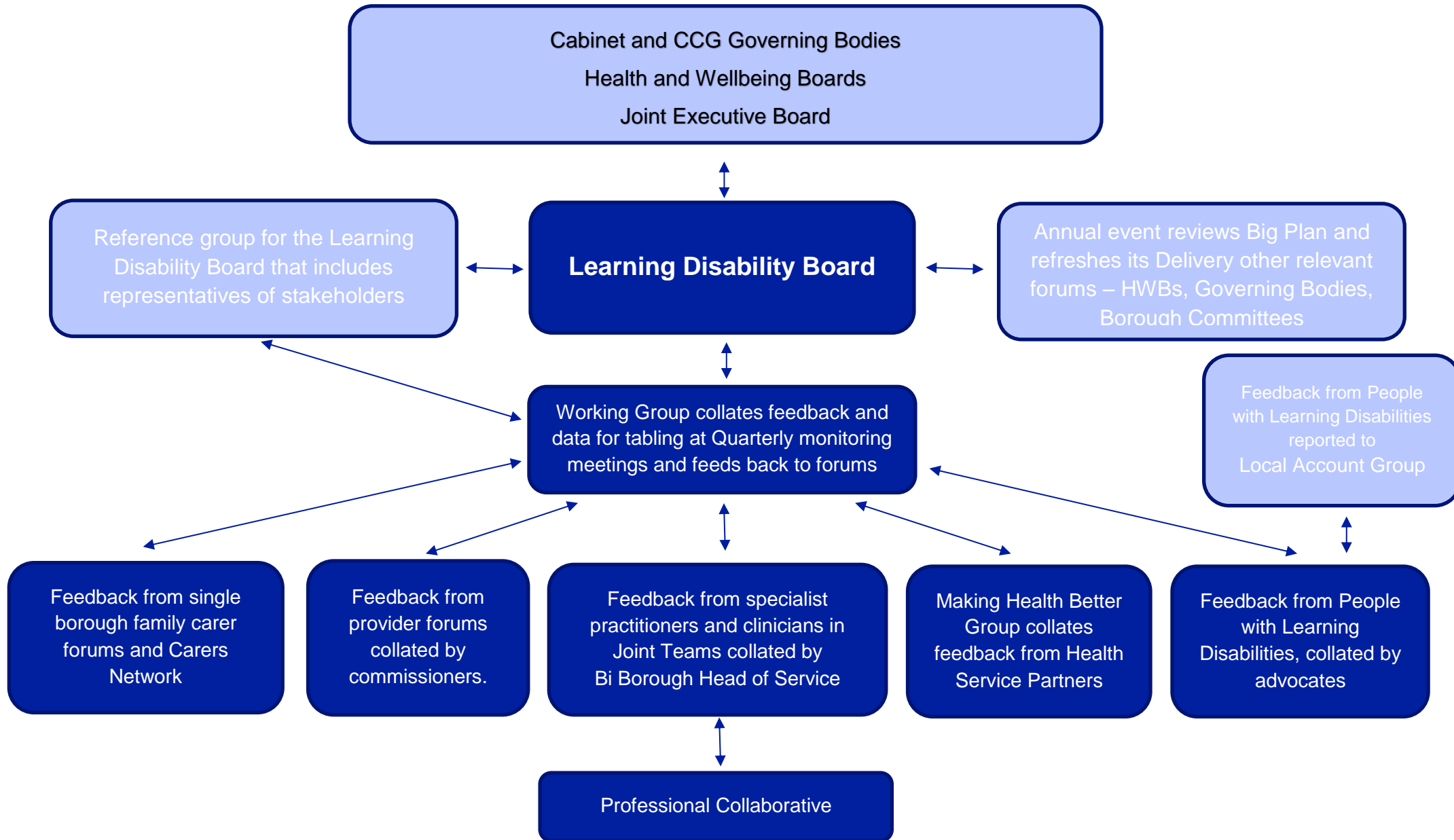
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| | <ul style="list-style-type: none"> work to build Community Capacity, exploring Community Led Support and Local Area Co-ordination. |
| We would like a service that can help us to plan activities with our friends | <p>We are trialling an internet based personal activity planner with costs calculator. This will help to ensure residents can secure greater value from sharing care and support and can share activities with friends.</p> |
| Invoices should be in easy read so they know how much they have spent | |
| We would like activities and their costs on a timetable or planner | |
| People felt they had no real choice when they do not know what the other services are charging or offering | |
| We would like to know if all services charge a membership fee | |
| Doing activities can cost a lot of money | |
| Supported Living providers should assist tenants to plan their day activities and seek the most affordable options. | |
| Planning for evenings and weekends is harder to do, can we get some help | |
| Some people need help to plan and organise activities - most people said they would need help to plan activities with their friends | |
| We would like to spend time with our friends and do an activity with them at the same time | |
| People said they do not feel safe when it is dark or when people behave badly on transport | <p>There is a commitment in the Big Plan to:</p> <ul style="list-style-type: none"> developing a Safe Places Scheme to assist people when they are out and about and need to feel safe work with our providers and other key stakeholders to look at ways to feel safe in the community. |
| People need to get out and about more, as they can get ill when they are lonely. | |
| Can we have more group activities | <p>There is a commitment in the Big Plan to:</p> <ul style="list-style-type: none"> reviewing the opportunities for activity during the day: to identify gaps and |
| We would like more activities in the evenings and weekends | |

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| Clubs and drop-ins are very important to us it is where you meet people from different places and fall in love | <p>ensure people are aware of what their options are.</p> <ul style="list-style-type: none"> work with people to co-produce a new offer, to improve the range of day opportunities. |
| Having a personal budget is great, choosing how to spend it on activities is hard, we need some help with this. | <p>There is a commitment in the Big Plan to ensuring that our procurement and contracting arrangements embed a focus on supporting people with disabilities to develop the skills required for leading an independent live. The 'Local Offer' for people with learning disabilities and their families will include where best to seek advice on budgeting.</p> |
| People want to learn about budgeting, particularly about household bills | |
| We would like more choice in the type of jobs being offered | <ul style="list-style-type: none"> We are reviewing our supported employment provision as part of the day opportunities review to look at how it might be enhanced. We will work with our mainstream, employment services to ensure that opportunities are wide and varied, this might include training for employers. We are reviewing our pathways to employment provision as part of the day opportunities review to look at how it might be enhanced. |
| We think that job services should hold an event for employers so that they can meet people with learning disabilities and find out about their skills | |
| People with LD want to train the big bosses and show them what we can do | |
| People with LD would like to work in the Council and/or health services, helping others. | |
| We get work experience but we don't get the job – we don't understand why? | |
| We need to learn how to speak up at work | |
| People said it is hard to know what a job is like until you try it | |
| Can we have more work experience | |
| We would like more opportunities for supported employment, volunteering and work based training | |
| Travelling to places can be hard to do if it is far away or at night | |
| We need travel training to get to work | |
| We need support to learn routes then you can travel on your own | |
| Support to become an independent adult | |

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| | We will work to produce new guidance for practitioners to ensure clarity of role and clear commitments to young people and families about what happens by when. |
| We would like better help to understand benefits | |
| We would like more information about the differences between Young People services and support and Adult Services | We will make sure that families and young people have better information about what support they can expect to prepare for adulthood. |
| We would like more information about day services and activities for people in transition | |
| We would like to know more about training, education and employment opportunities that could be available | |
| | <ul style="list-style-type: none"> • An indicative assessment will be undertaken and a personalised plan agreed and put in place by age 17 • We will develop greater access to transition accommodation with care/support • We will work with providers of universal services, voluntary and community groups and care providers, to promote a greater range of affordable community based opportunities that meet the needs and aspiration of younger people • We will support the transition pathway to ensure that existing processes like the Annual Health Check link well with Education, Health and Care plans and that Annual Health Checks are a feature of the transition journey • We will work to produce new guidance for practitioners to ensure clarity of role and clear commitments to young people and families about what happens by when • We will develop a new SEND Strategy agreed between key partners that looks at needs in transition |
| Good support for parent and family carers | |
| People said they enjoyed being able to spend time with their Friends and | We are currently reviewing and re-modelling the short breaks offer, the |

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| Family but need time apart from each other too | Respite provision and the high needs urgent support service to improve the offer |
| Care Managers should check that people go on holiday once a year | |
| Can we have support to help our families give us more control over our lives - people said that being independent means making your own choices and doing what you want when you want | There is a commitment in the Big Plan to supporting family carers more effectively. |
| Parents and carers sometimes choose for you and worry too much about you and stop you going out | Our easy read 'Local Offer' will address risk management; how important willingness to take managed risks is for people wishing to live more independently. People will be supported to discuss this with their parent / family carers; parent / family carers will be supported to explore what this means for them. |
| Some people told us their families don't support them to make their own choices and don't want them to go out alone | |
| Other | |
| Some people have had their hours cut and can't get support when they need it. | The assessment of support needs undertaken and the subsequent annual review drives the level of their personal budget. |
| The Council should encourage use of personal budgets or direct payments as a way of getting choice and control over support | The is an underlying principle of the Big Plan. |

Appendix three: Governance structure for support and care



Appendix four: Governance arrangements for delivering the Better Care Fund Transformation Programme in 2018/19

Changes to existing governance and delivery arrangements are proposed to reduce duplication, improve coordination and provide greater oversight and control for Directors, Chairs and Lead Members.

