

CONSULTATION QUESTIONS

Progress and Challenges

Q.1 Do the findings of the evaluation broadly reflect your views about services for people with learning disabilities/carer?

Yes No

Please provide any comments, evidence and/or examples here

The Heads of Learning Disability Psychologists Scotland Group do think that the evaluation does broadly reflect the views of the core group of people with learning disabilities.

However, full representation of the views of whole population of people with learning disabilities has not been achieved. Key groups of people's whose views are not included in the evaluation are:

- Those with multiple compounding needs such as those with severe challenging behaviour and mental health issues and autistic spectrum disorders
- Those with dementia or people living in a nursing home setting.
- Parents who themselves have a learning disability
- People who originate from Scotland living in out of area placements.
- People from the full range of those affected by autistic spectrum disorder.
- People with forensic needs within criminal justice systems.

Q. 2 Can you give examples, either locally or nationally, of what you think has worked well over the last 10 years of *The same as you?*

Please provide any comments and/or examples here

- Nationally there has been a significant reduction in the provision of NHS long stay hospital provision. People with learning disabilities are no longer offered institution based care and are increasingly offered residential accommodation in community based settings.
- There is improved joint working between health and social care services.
- Manage clinical networks across Scotland are working toward achieving shared good practice, evidence based interventions and training strategies.
- NHS health boards have recognised key areas of inequality are implementing health inequality strategies.
- The Matrix of Psychological Therapies 2011 examined evidenced based psychological treatments to produce a core menu of interventions that had a strong supporting evidence base.

- Dementia Care has been improved and most health boards now have care pathways for assessment and intervention at early stages.
- Changes in legislation such as the Mental Health Act, Adult Support and Protection Act and the Equality Act have meant that the rights of people with learning disabilities are supported within legal frameworks.
- Forensic networks have also shared good practice and evidence based interventions, in addition training programmes have also been established to develop skills of those supporting people with forensic needs.

Q. 3 Can you give examples of issues in current work and/or policies that still need to be addressed?

Please provide any comments and/or examples here:

- Co-ordination and consistency of service provision across the lifespan.
- Active programmes for supported employment need to be adequately funded in a sustainable way for current and future populations.
- Choice making opportunities need further development in relation to independent living, health and well-being that is meaningful to the individual across their lifespan and relevant to changing or developing needs.
- There needs to be increased capacity to meet the psychological, emotional and behavioural needs of people with learning disabilities across the lifespan to ensure equity of provision in relation to the general population.
- Resources will need to be made available to ensure that recommendations from the Autism Strategy can be implemented within Health Boards in order to ensure the needs of the whole population can be adequately addressed.
- There needs to be continued support for research for evidence based practice in relation to a menu of psychological interventions that recognise and reflect the developing psychological, emotional and behavioural needs of people with learning disabilities. This will develop and extend the current core menu of interventions outlined in the Matrix of Psychological Therapies.
- Parents with a learning disability need long-term support in order to have their rights to care for their children met. The removal of children from parents continues to be unacceptably high with focus often remaining on areas of skill deficits rather than areas of ability.
- The incidence of mental health needs is higher within the learning disability population and diagnostic overshadowing can continue to mean that appropriate care is not delivered. There needs to be a training agenda with carer and care providers to ensure that mental health needs are recognised and there are appropriate services to meet these needs.
- People with complex and compounding needs are still the most disadvantaged group to source appropriate and sustainable placements in either residential accommodation and also in relation to day provision.

Good Practice – Organisations

Q. 4 Can you provide examples of what you have done over the last 10 years, within your organisation, to improve services and access to services within your local area?

Please provide any comments and/or examples here

NHS Boards across Scotland have worked hard to implement Policy and Strategic recommendations to ensure there is an increased focus on equitable, quality service provision to ensure the health and well-being of people with learning disabilities.

Key areas of Policy and Strategy implementation have been:

- Parenting – Local implementation of Good Practice Guidelines.
- Joint commissioning strategy local development.
- Dementia Pathways local development.
- Good Practice models of Challenging Behaviour are implemented locally in relation to evidence base.

Good Practice - Individuals

Q.5 What have you done, as an individual, to make positive changes within your local area?

Please provide any comments and/or examples here

- The Heads of Learning Disability Psychologists Scotland Group lead on implementation of psychological service development within local health board areas across Scotland. The group share good practice, research, outcome measurement and training strategies with an aim of improving the consistency of psychological, emotional and behavioural service delivery across Scotland.
- The Heads of Learning Disability Psychologists Scotland Group have membership of the Heads of Psychology Services Scotland (HOPS) to ensure that there is representation of the needs of the people with learning disabilities.
- The Heads of Learning Disability Psychologists Scotland Group also have close links to the Division of Clinical Psychology and Special Interest Group meetings. This enables dissemination of key developments to Psychologists at all levels within the NHS Health Board Areas.

Future Priorities - Healthcare

Q.6 What still needs to be done to ensure that people with learning disabilities have access to better and more appropriate healthcare?

Please provide any comments and/or examples here

- Development of consistent strategies for outcome measurement to ensure that clinical governance goals can be achieved in relation to the delivery of healthcare.
- Workforce planning and capacity modelling needs to be undertaken to ensure that there is adequate provision of psychological services to meet the diverse and complex needs of people with learning disabilities.
- Capacity needs to include health promotion activity in relation to core physical and mental health needs.
- Carer support needs to be monitored, extended and developed to ensure that changes to service provision does not adversely impact on carers or people with learning disabilities.
- The forensic health needs of people with learning disabilities is a key development priority for both high and low intensity interventions to ensure that there are care pathways through levels of security to ensure that least restrictive options are always in place.
- Criminal justice agencies have worked more closely with health and social work, but there can be inconsistency within approaches undertaken for individuals. Clearer structures, models of assessment and treatment would be of benefit.

Future Priorities - Education

Q.7 What still needs to be done to ensure that people with learning disabilities have access to better educational opportunities?

Please provide any comments and/or examples here

- Adult education provision for people with learning disabilities to ensure that skill development can be maintained over time.
- Increased choice in provision of education options for those leaving school.
- Flexible person centered education options needs to be available to suit those with complex and compounding needs.
- Robust links between health and education.
- Early identification of needs with clear diagnostic assessments available. Young adults at the point of transition can be unclear about which services are going to provide for support needs in adulthood this can lead to unacceptable delays and gaps in service.

Future Priorities – Independent Living

Q.8 What still needs to be done to ensure that people with learning disabilities are able to live independently?

Please provide any comments and/or examples here

- Local development of robust and sustainable residential and day provision for those with multiple and compounding needs to reduce reliance on private sector provision or out of area placements.
- While there have been improvements in joint working between health education and social care agencies, there needs to be consistency across the lifespan to ensure that key transitions do not result in reduces services or quality of care.
- Advance planning for the needs of the population.
- Specific consideration given to a long term strategic view with joint planning between health and social work for local sustainable developments to reduce the likelihood of out of area or private sector placements for those with the most complex or with compounding needs.
- Robust evaluation of private sector placements to ensure that quality, person centered services are developed and adapted to individuals changing needs over time.
- Reductions in funding to service providers by local authorities have a direct impact on services for people with learning disabilities, with reduced management structures and reductions in the number of senior experienced staff.
- Choice of living situations can be restricted for those who block hospital beds and need high levels of support.

Future Priorities – Employment

Q.9 What still needs to be done to ensure that people with learning disabilities have access to better employment opportunities?

Please provide any comments and/or examples here

- On-going funding for supported employment that is tailored to individual needs.
- Increased range of employment options.
- Equality of access to employment opportunities.
- Support for employers to recognise the diverse skills and abilities of people with learning disabilities and the value they can bring to the workforce.

Future Priorities

**Q.10 What other future priorities do we need to focus on?
(Please list these in order of importance with the most important first)**

Please provide any comments and/or examples here

- On-going focus on joint commissioning and service evaluation
- Research into the population demographics to ensure that there is capacity to meet the range and need in demand for services.
- Partnership working between all agencies that provide support services to people with learning disabilities.
- Evaluation of how cost reduction exercises are impacting on people with learning disabilities and their carers.
- Sustainable services that are fit for purpose for people with:
 - Mental health
 - Autistic Spectrum Disorder
 - Multiple and compounding conditions
 - Forensic needs
 - Parents with a learning disability