

## 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

Yes the key themes within the report present a good understanding of current service provision, the views of people with a learning disability and their families and the challenges for the future.

Sample sizes in relation to service user consultation and families does appear small and possibly should have been larger and evidence of broader geographical focus across Scotland, urban, rural etc.....

There has been a helpful focus on complex needs and impact on families

While the engagement of people with a learning disability with their communities constituted a very relevant part of the discussion, and does figure within the identified priorities to an extent, there was perhaps opportunity for more attention to be paid within the priorities to facilitating this, and doing so not only to the benefit of the individuals with a learning disability, but to their communities.

**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?***

The SAY has helped develop an informed look at health provision in its broadest sense public health, primary and acute care and specialist provision and the relationship of healthy living and the responsibility of the individual. The opportunity of accessing leisure facilities and general health programmes, weight management and personal fitness.

NHS Ayrshire & Arran has focused on an inclusive Health Improvement strategy across lifespan. This has positively influenced partnership working and provided a vehicle, driving strategic health intent and providing a platform for interpreting policy, impact on practice, service users and their families and the management, evaluation of health projects and interventions.

The closure of long stay beds has led to a distribution of resource and investment in person centred community supports, a broader health influence and put learning disability on the agenda of other health initiatives and importantly influenced the way other vulnerable groups have been given a voice.

Additional benefit has been stronger communication across agencies, shared projects and a better understanding of service language.

Importantly service users and their families have been put at the forefront of influence, consultation and decision making.

The SAY allowed through long stay hospital closure investment in robust multi-disciplinary community teams with a broad remit this has provided a platform for flexible and responsive services to people with a learning disability with the aim of developing community infrastructure sustaining people in their own communities and preventing unnecessary hospital admission.

**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

The need to stronger align NHS and social care resources building on partnerships and integration, next stage policy initiatives and their impact. Development of a shared health agenda across public sector services. SDS etc...

Connectedness in services across education, social services and NHS in relation to people with multiple and complex needs, additional investment needed.

Further develop the interface of general health services, special NHS services and personalisation, the impact on the individual and family

Better guidance on SDS, personalisation and the impact on people with complex needs and the potential for integrated commissioning, models of care and workforce alignment.

Models of care for people who present complex challenges including ASD, mental health and additional complexity e.g. addictions, self harming, older age (dementia)

CAMHs learning disability investment and expectation at transition. Stronger interface with adult mental health services and older people's services.

Integration of workforce, complimentary activity (health/social care) person at the centre of support, strengths based models of support not deficits.

Re skilling workforce accepting new population needs, new policies, asset building for individual, family and community

Finding new ways to mobilise the creativity of staff at all levels within the NHS, local authorities, and the third sector, as well as people with learning disabilities and their carers.

Supporting the development of a practical and relevant research agenda, and for its delivery to be facilitated by ethical and other necessary bodies which are properly informed about and motivated to deliver on this agenda.

Investing in the potential of existing and developing technologies as a means of facilitating new interactions with clients and carers, and within services, and encouraging services to develop their awareness of and commitment to such approaches.

Embedding ecological concerns within the thinking of services and supporting the redrafting of traditional processes, in line with the application of new technologies where relevant

## 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

Assessing risk and managing challenging behaviour in a partnership across statutory and third sector better commissioning and a focus on risk enablement

A focus on the development of meaningful communication building on acceptability and accessibility to primary care and acute hospitals through the use of staff (liaison nurses) information management (leaflets, guidance to navigate services which are easy read etc..) and education of primary and acute service staff

Use of legislation in a more effective way placing the individual at the forefront and ensuring workforce appreciate the importance of legislation with the support and protection of individual with a learning disability

Bridge To Vision and partnerships around sensory impairment, education, training and capacity building

Healthy Lifestyles and effective use of funding streams from SG around health inequality and improvement

Investment in multi-disciplinary teams ensuring a maximising of expertise to influence access, acceptability and community presence

NHS Ayrshire & Arran recognises the need to constantly review current provision and the need to be dynamic in responding to new challenges, changes in demographics and workforce capability.

Integrated Resource Framework activity has informed integration, resource management and recommendations for future service provision, embedding the need for partnership developments

## 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

In partnership with local carers and service users, staff from the learning disability have collaborated in establishing new forums for involving people in a conversation about the future NHS Learning Disability Service, which has been received positively by those involved. It is intended to develop and sustain this in order for it to constitute a fundamental pillar of the service's infrastructure, and one which involves the local authorities as equal partners.

Staff have initiated discussions around the purchase and implementation of tablet pcs/ipads, with a view to exploring their benefits for clients, carers and staff.

LDS staff have promoted the implementation of accessible information approaches, but also reflection on the evidence base for those approaches.

Service has been involved in the historical development of a robust health assessment, in recognition of the unidentified health needs of the population. Recent discussions within the service have brought into focus the potential for the assessment to undergo radical evolution into a more asset based, person centred process.

Staff have been involved in taking forward a broad based process of service review which seeks to integrate the varying agendas impacting on the NHS in general and the learning disability population specifically.

Have linked with JIT in exploring the application of outcomes based approaches within the NHS and local authority as part of a multi-agency review model.

## 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

L.D. Health Care Strategy – flexible implementation taking into consideration broad policy initiatives SDS, personalisation, alignment of resources and workforce. Understanding better needs of population and innovating across agencies, focusing on strengths, capability and partnerships across lifespan health, social care and third sector. Addressing integration in ways which support people with a learning disability and not just organisations

Specialist NHS Services developing clarity of role and partnerships to support challenging populations, reviewing workforce and targeting expertise. Ongoing review service (New Horizon- report)

Integration agenda – joint working across services, better use of needs information, community capacity building in relation to healthy living, long term condition management (eg dementia pathway). Accessing general health services, using health inequality project monies to develop individual, community and partnership initiatives with a focus on positive health no matter complexity

Further developing primary care services and supporting their role in ensuring accessibility and acceptability to people with a learning disability and their families. Addressing the needs of families and carers.

Developing an initial review of CAMHs and learning disability, transitions to adult services and complex presentations

Additional health activity will focus on reviewing assessment and treatment services (residential) and ensuring a strong community focused service supporting the individual

Contribution to the national review of learning disability nursing, Strengthening the commitment

Ensure NHS Ayrshire & Arran embed the needs of people with a learning disability in all NHS Ayrshire & Arran health initiatives

## 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

Colleges need to better provide support around intimate care with the aim of keeping people on courses, and minimising (?) the reliance on people's support staff to facilitate college attendance.

Can't just be a local authority responsibility, connectedness across partners in the support of people linked to responsive commissioning

Large organisations must lead by example, thinking in terms of employment, exposure to work environment, linking to education institutions and developing partnerships

Special needs and mainstream education linked with colleges developing shared learning and strategies around supporting people with a learning disability and ensuring health services help to sustain people in meaningful education and progression to employment

Colleges need to make relevant and meaningful education opportunities available along with sufficient placement opportunities to appropriately reflect the needs of the local population. There should be a focus on life-stage transition – into education, and from education into employment.

## 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

Investing in models of support which help sustain people in their own communities, building around and for the individual. Utilising new policy to influence new service models

Stronger integration of resources with the aim of maximising collective responsibilities across the public sector and in partnership with the broader community i.e. integration with clear aims

Meaningful employment, day support, respite and use of personal finances to keep people in their own communities and assist them when required in developing and influencing new communities of support

Better responses to people who present with complexities in support, targeted intervention, person centred commissioning, developed workforce

expertise, developing the capacity of communities to respond to and keep people within their home e.g. tele-care and other technologies

Health services which are partnership focused and compliment and drive co-production in all aspects of health provision

Risk assessment with a focus on enablement

Greater focus on pro-active, health improvement approaches, delivered as community based services out-with the NHS



## 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

Training for job centre plus staff.

Large organisations leading by example.

Social firms – create opportunities.

Supporting all public sector staff to explore volunteering opportunities (where appropriate) for individuals, as a bridge to paid employment

## 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

Complex populations with multi-layered needs – people who don't fit well with existing service provision e.g. complex behaviours, self harm and substance misuse.

Alternatives to prison and the development of criminal justice services, co-production models

Health and Social Care meaningful focus with longevity in mind

Changes in demographics and the implications for service provision, individual and family responsibilities and developing policies. How will services respond in times of austerity

Supporting local authorities in partnership with the NHS to rebalance provision of paid supports within the community, in order to address inequities created by investment around the closure of long stay hospitals.