



south ayrshire
health & social care
partnership

Adult Learning Disability Strategy 2017 – 2023

May 2017



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Foreword by Tim Eltringham

Providing effective supports for people with learning disabilities that seek to address their personal outcomes is a priority for the South Ayrshire Health and Social Care Partnership. Whenever possible, we will work to support people to live healthily and well within their local communities with their families and friends. We will seek to enable people to enjoy the facilities and activities that are available, locally, in partnership with local groups and provider organisations from across the sectors.

We recognise that the ways in which we have traditionally supported people needs to change. We will seek to change in a way that provides people with choice and control and offers them maximum flexibility under Self Directed Support to live their lives in ways that they want and which best meets their personal aspirations.



We also live in a time where the funding that we have to support people is reducing. The changes that we make will also have to be informed by this reality which faces all Health and Social Care Partnerships in Scotland. We are in a landscape where demand is increasing, while the money available to fund this demand is decreasing.

We will be sensitive to the challenges that this creates. We know we need to ensure that people are well and safe. We will seek to balance the support that we can fund to meet individual and organisational aspirations with the resources that we have for this purpose.

Our aim will be to ensure that staff are open and transparent with service users, carers, families and partner organisations. Where changes are necessary we will communicate in a way that is clear and easily understandable and we will engage and seek views before taking action.

Tim Eltringham

Director of Health and Social Care

May 2017

Purpose

South Ayrshire Health and Social Care Partnership's Adult Learning Disability Strategy for 2017-2023 applies to all adults with learning disabilities, including those aged from 16 years onwards who are in transition into adult services. This Strategy signals a change in what people can expect and a shift to being supported within the community; and details how communities can support this shift. The Strategy is informed by and supports delivery of the priorities and requirements set out in South Ayrshire Health and Social Care Partnership's Strategic Plan for 2016-2019.

People with a learning disability, their families and carers have the right to be valued as individuals and lead fulfilling lives. They have the right to access and participate in their communities and benefit from a fair and inclusive society as well as contributing to the local economy.

In 2013, the Scottish Government published *The Keys to Life*, a 10 year strategy to achieve the kind of society outlined above. The purpose of this South Ayrshire Strategy therefore is to:

- achieve the outcomes contained in *The Keys to Life* for the people of South Ayrshire;
- ensure that people with learning disabilities and their families are involved in the planning, delivery and review of the services they use; and
- ensure that the difference made is evidenced.

This Strategy was produced by the Health and Social Care Partnership Learning Disability Strategic Group, with assistance from The Scottish Commission for Learning Disability (SCLD).

Who we are

The South Ayrshire Health and Social Care Partnership brings together a wide range of community and primary care health and social work services into a single operational delivery unit. In South Ayrshire the Integrated Partnership includes Adult Services, Children's Services and Criminal Justice Services. The Partnership is governed by the Integration Joint Board (IJB). The IJB has members from NHS Ayrshire and Arran, South Ayrshire Council, representatives of the 3rd Sector, Independent Sector, staff representatives and others representing the interests of patients, service users and carers.

The IJB is a separate legal entity in its own right and has within its scope, staff from both South Ayrshire Council and NHS Ayrshire and Arran. It is responsible for planning and overseeing the delivery of a full range of community health and social work/ social care services, including those for people with learning disabilities. The IJB is responsible for allocating the integrated revenue budget for health and social care in accordance with the policy priorities set out in its Strategic Plan.

In practice, this means that services will work more closely together to deliver streamlined and effective support to people that need it.

Our vision

'Working together for the best possible health and wellbeing of our communities'.

Our mission

We will work with you to improve health, support social care, tackle health inequality, and improve community wellbeing. We will work in partnership with local communities to offer services that are:

- Easily understood
- Accessible and timely
- Well-coordinated
- Safe and person centred
- Effective and efficient

Our Values

In our work we and those that work on our behalf will uphold the following values:

- Safety
- Integrity
- Engaged
- Caring
- Individually focused
- Respectful

The IJB has approved a number of Strategic Objectives and Policy Priorities which have been designed to deliver progress locally against the National Health and Wellbeing Outcomes.

The Policy Context

Background

The Scottish Government's defines people with learning disabilities as having a significant, lifelong condition that started before adulthood, which affected their development and which means they need help to understand information; learn skills and cope independently. *[Quote from National Strategy Document: The Keys to Life]*

Policy at both a national and local level aims to ensure that people with learning disabilities have their rights respected, are treated equally and fairly, and are supported to make their own decision and to live as independently as they choose. There is also a firm commitment to reducing health inequalities for people with learning disabilities by addressing socioeconomic, environmental and lifestyle determinants and prioritising early intervention and prevention.

A focus on outcomes is key to achieving improved life chances and quality of life for people with learning disabilities underpinned by a human rights approach and support for independent living. Partnership working and engagement with individuals, families, communities and organisations has a crucial role to play in achieving these outcomes, alongside approaches which build on the strengths and assets of individuals and local communities.

National Policy Context

The national policy context within applies to and informs this Strategy as detailed below. Where there is a local equivalent policy, strategy or action plan, this is summarised after the national overview:

Keys to Life Strategy (2013)

The Scottish Government published a new national strategy for learning disability, [Keys to Life Learning Disability Strategy](#), in June 2013. This 10 year strategy makes more than 50 recommendations, the majority of which relate to health. The strategy aims to address the health inequalities facing people with learning disabilities. It has a strong focus on improving health outcomes in the widest sense including prevention, health improvement activities and equal access to health services.

The strategy aspires to improve the life choices and quality of life of people with learning disabilities by ensuring they are included in every aspect of community life as equal citizens and that the voice of every person with learning disabilities is heard and respected.

The Keys to Life implementation framework and priorities for 2015-2017 identifies four strategic outcomes;

1. **A Healthy Life:** People with learning disabilities enjoy the highest attainable standard of living, health and family life;
2. **Choice and Control:** People with learning disabilities are treated with dignity and respect, and protected from neglect, exploitation and abuse;
3. **Independence:** people with learning disabilities are able to live independently in the community with equal access to all aspects of society; and

4. **Active Citizenship:** People with learning disabilities are able to participate in all aspects of community and society.

Future Delivery of Public Services

The [Christie Commission on the Future Delivery of Public Services](#) report in 2011, set out an approach to public service reform in which the “needs, aspirations, capacities and skills of individuals and communities are central and the imperative is to build the role, autonomy and resilience of Scotland’s citizens.” It called for a shift towards preventative spending, arguing that pressure on public services is the result of “our failure up to now to tackle the causes of disadvantage and vulnerability, with the result that huge sums have to be expended dealing with their consequences”.

The four key recommendations of the Christie Commission were that:

- public services are built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience;
- public service organisations work together effectively to achieve outcomes specifically, by delivering integrated services;
- public service organisations prioritise prevention, reduce inequalities and promote equality; and
- public services constantly seek to improve performance and reduce costs, and are open, transparent and accountable.

Self-Directed Support

Self-Directed Support (SDS) is the principle that people have informed choice about the way that their social care and support is provided to them. The policy aims to ensure that people who need support have more control over how their support needs are met, and how their support is provided so that better outcomes are achieved and people are enabled to live as full a life as possible. In this regard SDS is underpinned by the core principles of personalisation (people and families having choice and the ability to shape and control the public services they require) and co-production (equal and collaborative relationships between people, professionals and communities).

The [Social Care \(Self Directed Support\) \(Scotland\) Act 2013](#) gives disabled people greater control over the provision of their care and support needs and enables them to take as much control as they want of their individual budget. The Act requires local authorities to offer people four choices on how they can manage their care and support arrangements:

- **Option 1** - Direct Payment (DP) which the person receives is used to budget for and purchase agreed support;
- **Option 2** - The money is held by the Local Authority or a third party but the person still decides how the money is spent and organises it (with support to do this if required);
- **Option 3** – The Local Authority organises and purchases the services the person wants; and
- **Option 4** – A mixture of these options.

The Act also contains duties on local authorities to give information to help individuals in receipt of care packages to make an informed choice.

Prevention and Early Intervention Framework for South Ayrshire (2015)

The [Prevention and Early Intervention Framework](#) sets out South Ayrshire's ambition for a decisive shift towards prevention and early intervention services with the aims of promoting positive outcomes and life chances for people, tackling inequalities in our society and creating savings in high cost, reactive and resource intensive services by intervening earlier to prevent issues arising in the first place, or where the problem is not preventable, to reduce cost and the need for intervention.

It recognises that health inequalities are the result of wider inequalities such as poverty and income and that priority should be given to addressing the upstream fundamental causes of these inequalities, including environmental factors such as housing and education over the downstream consequences such as smoking and alcohol abuse. There is also an economic case for prevention and early intervention in areas amenable to prevention i.e. long term conditions in older people, early years, alcohol and drugs and crime and anti-social behaviour.

Drivers to promoting a more equal and fair society in South Ayrshire, and tackling inequalities, should include:

- Embedding prevention and early intervention approaches across all relevant service areas and, in conjunction with our communities, to try to prevent negative outcomes and at the same time reduce the need for the intervention of public services:
- Adopting a more localised planning approach through agreed localities and neighbourhoods in South Ayrshire. This will ensure that the people who live in our communities are not only part of the strategic service planning processes but also have the opportunity, where appropriate, to participate in the achievement of outcomes:
- Working collectively on improving living and working conditions which impact on outcomes for individuals: and
- Lobbying / advocating for change around the fundamental causes of inequality.

Achieving Sustainable Quality in Scotland Healthcare – a 20:20 Vision

The [Scottish Government's 2020 Vision](#) is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- We have integrated health and social care;
- There is a focus on prevention, anticipation and supported self-management;
- When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm;
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions; and
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

Health and Social Care Integration

[The Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) sets out the legislative requirements for health and social care integration. The overall aim is to improve the outcomes of people who use support and services by integrating health and social care in Scotland, underpinned by national health and wellbeing outcomes. By focusing on outcomes, integration aims to maximise the impact of the opportunity to shift the focus of

performance improvement onto the achievement of individual personal outcomes for those receiving support, and their carers.

National Health and Wellbeing Outcomes

The [National Health and Wellbeing Outcomes](#) provide a strategic framework for the planning and delivery of health and social care services. This suite of nine national health and wellbeing outcomes focus on improving the experiences and quality of services for people using integrated health and social care services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

South Ayrshire Health and Social Care Partnership Strategic Plan 2016-2019

The [South Ayrshire Health and Social Care Strategic Plan](#) outlines the Partnership's aim to work with people to improve health, support social care, tackle health inequality, and improve community wellbeing.

The Strategic Objectives for the Plan period designed to deliver the National Outcomes for Adults, Older People and Children, are:

- We will work to reduce the inequality gradient and, in particular, address health inequality;
- We will protect children and vulnerable adults from harm;
- We will ensure children have the best possible start in life;
- We will support people to live independently and healthily in local communities;
- We will prioritise preventative, anticipatory and early intervention approaches;
- We will proactively integrate health and social care services and resources for adults and children;
- We will develop local responses to local needs;
- We will ensure robust and comprehensive partnership arrangements are in place;
- We will support and develop our staff and local people;
- We will operate sound strategic and operational management systems and processes; and
- We will communicate in a clear, open and transparent way;

The IJB's policy priorities include the following:

- Tackling Health Inequalities and their Causes;
- Early Intervention and Prevention;
- Personalisation and Self-Directed Support;
- Co-production;
- Technology Enabled Care;
- Anticipatory Care Planning; and
- Integration of Staff and Services.

“We want good health the same as you” (2015-2018) - Learning Disability Health Improvement Strategy Refresh”

The Learning Disability Health Improvement 2015-2018 strategy refresh aims, in line with the previous plan, to continue to improve the health of people with learning disabilities and better understand and reduce the health inequalities they experience. It recognises that:

- people with learning disabilities have a right to be valued as individuals alongside all other members of society;
- people with learning disabilities comprise a heterogeneous group with variable support needs;
- actions will be evidence informed, measureable and realistic;
- there will be a focus on the role health services both acute and integrated partnerships can play in improving health and reducing health inequalities;
- prioritisation of actions which can be embedded in systems and processes and therefore sustained beyond the lifetime of the action plan; and
- cross-directorate ownership.

The refreshed action plan focuses on the following five broad areas:

- improving health intelligence;
- improving access to primary and secondary care;
- staff training;
- supporting carers; and
- action on the wider determinants of health.

The strategy has been devised to achieve the following objectives:

- make use of routine administrative health data to better understand the health inequalities experienced by people with learning disabilities;
- improve access to and experience of health care services for people with learning disabilities;
- develop resources to support carers of people with learning disabilities in health improvement actions;
- advocate for action to maximise income and increase employment opportunities for people with learning disabilities; and
- maintain achievements gained under the previous action plan.

Equality Act 2010

The [Equality Act 2010](#) requires local authorities and service providers in the statutory, third and independent sectors not to discriminate on the basis of protected characteristics and to make reasonable adjustments in certain situations. It places duties on public bodies to:

- eliminate discrimination, harassment and victimisation;
- advance equality of opportunity; and
- promote good relations between those who share a relevant protected characteristic and those who do not share.

Local Authorities should undertake Equality Impact Assessments (EIA) to identify whether there is a disproportionate impact of a policy on people of a protected characteristic/group compared to those out with that group. An EIA has been undertaken on this Adult Learning Disability Strategy and is included at Appendix 3.

Scotland's National Action Plan for Human Rights 2013-17 (SNAP)

[Scotland's National Action Plan for Human Rights \(SNAP\)](#) aims to ensure that everyone, including people with learning disabilities, has their human rights respected and protected. The SNAP encompasses the UN Convention on Rights of Disabled People and reinforces the Scottish Government's commitment to promoting and protecting human rights for all.

Adult Support and Protection (Scotland Act 2007)

The [Adult Support and Protection \(Scotland\) Act 2007](#) requires public bodies to work together to support and protect adults and decide whether someone is an adult at risk of harm. It includes measures to identify and protect individuals who fall into the category of 'adults at risk'. These include:

- placing a duty on councils to make the necessary inquiries and investigations to establish whether or not further action is required to stop or prevent harm occurring;
- a requirement for specified public bodies to co-operate with local councils and each other about adult protection investigations;
- a range of protection orders including assessment orders, removal orders and banning orders; and
- the establishment of multi-disciplinary [Adult Protection Committees](#).

The principles of the Act stipulate that any intervention must: benefit the adult; be the least restrictive option and take into account the views of the adult and their family/carers. The adult must also be involved in any decision, be provided with accessible information, have their background recognised and be treated equally. Independent advocacy and support services should be available.

Mental Health Act (Care and Treatment) (Scotland) Act 2003

The [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#) increased the rights and protection of people with: mental illness, learning disability and personality disorder. It introduced changes to develop community-based mental health services, involvement of service users and unpaid carers in decisions concerning treatment, and respect for the human rights of people with mental disorders. The act is currently being reviewed.

Adults with Incapacity (Scotland) Act 2000

The [Adults with Incapacity \(Scotland\) Act 2000](#) provides ways to help safeguard the welfare and finances of people who lack capacity. It allows a person - such as a relative, friend or partner - to make decisions on behalf of someone who is unable to do so because of a mental disorder or an inability to communicate.

South Ayrshire Alcohol and Drug Partnership (ADP) Strategic Commissioning & Delivery Plan 2015-2018

The [South Ayrshire Alcohol and Drug Partnership Strategic Commissioning and Delivery Plan](#) sets out an overarching strategic vision that:

‘The population of South Ayrshire are able to build on their strengths to reduce alcohol and drug misuse to the benefit of individuals, families and communities’.

Following a review of the progress delivering the ADP Strategy (2011-15) and ongoing consultation with partners, the ADP identified four priority areas for 2015-18 which will contribute to achieving the overarching vision.

The Scottish Strategy for Autism

The [Scottish Strategy for Autism](#) was launched in November 2011. The strategy places autism as a national priority advocating a holistic, joined-up approach and emphasising that people with autism and their carers need to be supported by a wide range of services including social care, education, housing, employment and other community-based services. The strategic vision is that *“individuals on the autism spectrum are respected, accepted and valued by their communities and have confidence in services to treat them fairly so that they are able to have meaningful and satisfying lives”*.

In 2015, the strategy’s recommendations were reframed as four strategic outcomes:

- A Healthy Life: People with autism enjoy the highest attainable standard of living, health and family life and have timely access to diagnostic assessment and integrated support services;
- Choice and Control: People with autism are treated with dignity and respect, and services are able to identify their needs and are responsive to those needs;
- Independence: People with autism are able to live independently in the community with equal access to all aspects of society; and
- Active Citizenship: People with autism are able to participate in all aspects of community and society.

Ayrshire and Arran Autism Strategy 2015-2025

The [Ayrshire and Arran Autism Strategy](#) is based on consultation with local people with autism and their carers, and is in line with the priorities set out in the Scottish Strategy for Autism. Our vision for supporting people with autism in Ayrshire is that:

“All people with autism are respected and accepted for who they are, are valued for what they contribute to our communities, and are able to live the life they choose.”

We fully recognise the valuable role that people with autism play in our communities in Ayrshire. We believe that people with autism should be treated with dignity and respect, and receive the support they require to continue to live full lives in their community. We believe that everyone is unique and entitled to a fulfilling life.

The issues and challenges facing people with autism vary greatly, and are often complex. We believe that people with autism (and their families and carers) are best placed to understand their own needs, make choices and take more control of their lives.

See Hear: A strategic framework for meeting the needs of people with a sensory impairment in Scotland (2014)

The Scottish Government published its [strategy for sensory impairment](#) in April 2014. The strategy provides a strategic framework for the development of sensory impairment services and support and provides a model care pathway to ensure better working relationships and service provision for users and carers. The pathway acknowledges that not all needs are similar, and service users may have different needs and expectations. The strategy sets out the following objectives:

- The seamless provision of assessment, care and support to children and adults with a sensory impairment;

- Children and adults with a sensory impairment should expect the same access to education, employment, healthcare, social care and leisure as everyone else;
- People who have or develop a sensory loss understand what this loss will mean for them;
- People who have or develop a sensory loss are able to access information and be supported to take the maximum possible control over living as independently as possible, while also getting direct assistance when needed: appropriate communication is critical to this; and
- Children and young people with a sensory impairment should expect appropriate and timely intervention.

Ayrshire and Arran Sensory Locality Plan 2014-2024

The [Ayrshire and Arran Sensory Locality Plan](#) applies to children, young people, adults and older people living with sensory loss. Sensory loss includes varying degrees of hearing loss, sight loss and dual sensory loss. It also includes those with a recognised sensory loss; those at risk of developing a sensory loss and hidden or untreated sensory loss.

National Dementia Strategy

The Scottish Government has set out proposals for the key priorities for [Scotland's third National Dementia Strategy, 2016-19](#). These include:

- Continuing the focus on a national and local human-rights based approach to improving dementia diagnosis rates and services and support at all stages of the illness and in all care settings; and that this should continue to be underpinned by the rights-based approach to developing and up-skilling the dementia workforce through implementing Promoting Excellence and The Standards of Care for Dementia in Scotland;
- Continuing the national focus on supporting the roll out and embedding of good quality and consistent post-diagnostic support for dementia. This should include testing the impact and benefit to individuals and families; and to services of re-locating of post-diagnostic services into Primary Care;
- Prioritising and designing a specific focus on dementia palliative and end of life care;
- Supporting and challenging the new Integrated Joint Boards in re-designing local dementia care systems now and for the future, including extending and strengthening national service improvement support and providing evidence on the nature and scale of the challenge of providing safe, effective and person-centred care for people with dementia;
- Continuing national approaches to education and training and to service improvement, complemented by the use of data on outcomes for people with dementia, including the first round of national dementia benchmarking data; and
- Supporting local strategic approaches to promote and complement bottom-up, community-led Dementia Friendly Community initiatives utilising these assets as part of service and support re-design.

Carers (Scotland) Act 2016

The [Carers \(Scotland\) Act 2016](#) is designed to support carers' health and wellbeing. The provisions in the Act include:

- a duty on local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria; a specific Adult Carer Support Plan and Young Carer Statement to identify carers' needs and personal outcomes; a requirement for each local authority to have its own information and advice service for carers which must provide information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights;
- a requirement for the Scottish Government to prepare a carers' charter that sets out the rights of carers;
- a requirement to consider whether support to carers should take the form of a short break, and there must be a wide range of breaks available to carers; and
- the joint preparation by local authorities and health boards of local carers' strategies.

A new Carers Strategy for South Ayrshire will be developed and implemented to meet the introduction and provisions of the new Legislation.

Welfare Reform Act 2012

The [Welfare Reform Act 2012](#) includes:

- The phased introduction of Universal Credit – a new integrated, working-age benefit which will (when fully implemented) replace six existing means-tested benefits (Income-based JSA, Income-related ESA, Income Support (IS), Working Tax Credit (WTC), Child Tax Credit (CTC) and Housing Benefit (HB)); and
- The phased replacement of Disability Living Allowance (DLA) with the Personal Independence Payment (PIP) for working-age adults. Central to the PIP system is a change to eligibility for the benefit with tighter criteria backed by 'descriptors' and a points-based approach to entitlement. An assessment for the benefit by an independent healthcare provider is a critical aspect of the system.

Scottish Independent Living Fund (2015)

Following the closure of the UK Independent Living Fund (ILF), the Scottish Government established the [Independent Living Fund Scotland \(ILF Scotland\)](#), to administer ILF for existing recipients of the fund in Scotland. The fund is designed to help almost 2900 disabled people across Scotland to exercise choice and control over their support and enable them to live as independently as possible.

Scotland Act 2016

The [Scotland Act 2016](#) devolves new social security powers to Scotland and gives the Scottish Parliament and Government the opportunity to create distinct welfare policies in the area of devolved responsibility. The disability-related benefits to be devolved include Attendance Allowance, Carer's Allowance, Disability Living Allowance, Personal Independence Payments, Industrial Injuries Disablement Benefit and Severe Disablement Allowance.

Developing the Strategy

We have based this strategy on evidence that we gathered in a number of ways:

- Two engagement events for people with learning disabilities and their families and carers;
- Staff surveys for managers and frontline workers across the health, social care and third sectors;
- Interviews with the leads of the strategy sub-groups established as part of the exercise to develop this new document:
 - Employability / Further Education and Meaningful Activities;
 - Self-Directed Support / Carers Act / TEC (Technology Enabled Care);
 - Health and Wellbeing;
 - Models of Support including Housing Options;
 - Developing the Strategy; and
 - Future Contracting.
- Through the summary of strategies and policies (see earlier) that direct how our services should work; and
- Through additional consultation and engagement with service users, carers, families, provider organisations, Health and Social Care Partnership managers, clinicians and staff, the Strategic Planning Advisory Group, South Ayrshire Learning Disability Providers' Forum, Locality Planning Groups and the Integration Joint Board.

Where we want to be

Our vision is that: “All citizens of South Ayrshire who have learning disabilities live longer, healthier lives; are supported to participate fully in all aspects of society; prosper as individuals; and are valued contributors to a fair and equal South Ayrshire.”

Where we are now

1. What people said:

1a) What people with learning disabilities and their families said:

To assist the development of this Strategy, two community engagement events were held, one each in Girvan and Ayr, for people with learning disabilities, their families and supporters. In total, 18 people with learning disabilities attended over the two events and a further 10 family members / carers also attended. In addition, 8 Support workers and 5 professional staff attended the events. The full report on these events is attached at Appendix 1.

Views and experiences were sought in relation to the following areas:

- “Where you live”
- “What you do during the day”
- “Jobs and experiences of work”
- “Carers getting the help to continue”
- “Friendships and relationships”
- “Being healthy and well”
- “Transitions”.

In addition, people were also asked to add one other thing they would like to tell senior managers that was not covered by the topics above. This was done via a ‘Wish Tree’.

Support at Home

Through this consultation, we learned that people who attended the events lived independently to different degrees and most seemed to be happy with the support they received at home.

A number of people stated they had used Telecare to support them in the home however felt that doing so had not helped them, specifically that it takes a long time to respond, as staff do not come out and instead they phone family members. People said that they did not feel this helped them to live independently. Many use community alarms to provide reassurance if they live alone but stated no one comes if the alarm is pressed.

Planning for change was regarded as very important: individual support plans should set out what people want to happen if a change or emergency happens particularly as they get older or their parents/carers get older.

Social and Leisure Activities

Some individuals were supported to engage in a range of activities from volunteering, taking part in learning disability members groups as well as leisure activities including shopping and bowling. There did, however, appear to be a gap between those who were well supported to engage and those who were not. In contrast, there were individuals who felt they required support to go places and required befriending services.

A lot of people described their social or leisure activities taking place in their own homes and these tended to be solitary activities. Lack of support worker availability to participate in community based activities was given by some as a reason, more so by those who attended the event in Ayr. Those who attended from Girvan seemed to be able to get out independently, however their activities tended to be mainly in the local community centre or college.

People felt that more opportunities to volunteer were needed and access to a wider range of activities could be made possible through the use of befriending. Differences in the provision of community activities across Ayr and Girvan were highlighted as was the limited access to night time activities.

While we heard about groups and clubs that some young people attend, an issue was raised about the need for groups for those over the age of 25 years to avoid restricting their options to groups that ordinarily target the over-65 population.

Keeping Healthy and Well

People agreed that feeling safe was highly important to their health and well-being. They appreciated the great help that Learning Disability Nurses gave around keeping appointments and making sure that people understand what is being said.

The importance of having sufficient money to buy healthy food was raised as was the impact of not having enough, leading to stress and anxiety. Exercise was seen as important however people noted the money that was necessary to take part in some types of exercise. For others, going out and enjoying the countryside was important however this could be limited depending on access to staff support.

The need for a greater understanding of learning disabilities or specific health needs in staff who work in sports centres was raised by a few people.

Information and Communication

Everyone agreed that good communication and enough information is essential. The need for support and advice in relation to budgeting and benefit entitlement was highlighted.

Friends and Relationships

People described how and when they were able to maintain friendships and relationships to varying degrees. Some people asked for more opportunities to make friends or to socialise. Befriending was mentioned as an area of need to allow people to take part in social activities or to do things they enjoy.

The people who attended the events had limited opportunities to make choices about their lives. This was due in part to the lack of available activities and opportunities and partly due to the availability of staff.

There was an acknowledgement that SDS can allow support to be more person centred and ensure people have support at the right places and right times.

People described how they felt in their community with an example heard of harassment from neighbours resulting in a move whilst several others stated they did not go out at night, one as a result of abuse experienced in the past. We also heard of a positive experience of a move resulting in the person becoming more relaxed.

Work, Volunteering and Learning

People who attended the events had a variety of different experiences of work, volunteering and learning. No one in the Ayr group had experience of paid work. Some people in Girvan who attended were in an older age group and had worked in the past.

In the Ayr group this was often through organisations that specifically provide work experience for people with learning disabilities. In Girvan, people tended to have gained their placement through personal connections.

Some people also had experience of attending college or applying to attend college.

Common themes around the themes of work, volunteering and education were as follows.

- Limited access to engaging college/educational courses and need for greater insight by staff in relation to learning disability and people's capacity to learn;
- Limited access to employment opportunities;
- Parity of opportunities including access to Careers Guidance for pupils in special educational needs units/schools;
- Support to find employment opportunities and support to do the work once there;
- Employment support service for people over 25 years;
- Volunteering experiences increase opportunities for paid work;
- Volunteering is a meaningful activity on its own;
- Support worker and travel costs can impact on financial gain from work; and
- Benefit cuts resulting from work.

Carers' Views

Short Breaks, Holidays Respite

In the sessions for carers, respite provision was a main topic. Those attending from Girvan had very little information of short breaks and expressed a wish for more information. Carers from Ayr had experience of respite which was found to be very beneficial to them in their caring role. It was noted that availability of respite decreases as the person gets older and some carers stated that changes in criteria has resulted in some individuals no longer qualifying for respite.

The process of organising respite was found to be too complex and as respite is arranged so far in advance it made it very difficult to deal with emergencies or situations that arise unexpectedly. It was noted that if the situation “is an emergency the Council will try to accommodate this at short notice”. People with learning disabilities did not make many comments about respite or holidays.

Self-Directed Support

At the start of both events a film explaining the principles of self-directed support was shown. Although people had heard about self-directed support they did not really know what it is and noted there was a lack of information available for people and what information was available was not clear. People wanted to have better access to information about the options in order to make their own choice about it.

Some specific comments were made about the benefits and problems associated with self-directed support:

- One staff member commented that SDS does not work so well for people in a shared environment;
- SDS gives more autonomy to manage what, when and where support is provided;
- Meetings with keyworkers provide opportunity to adapt shifts to needs and interest of person supported;
- More flexibility with SDS;
- Traditional services are time oriented; and
- Elderly parents and carers sometimes prefer traditional services as they do not wish to manage a budget.

Gaps in Staff/ Job Roles

A number of issues were mentioned which highlighted a gap in the availability of staff in certain roles or of having people who have knowledge and skills to help people with a particular task. Comments suggested that some people feel that staff training is not sufficient.

Transitions

The transitions sessions at both events were predominantly attended by carers and the session started with a film clip showing a family talking about their experiences of going through transitions with their son.

Preparing for transitions was regarded as 'preparing for battle.' However there was agreement that those present were able to advocate on behalf of the person they cared for but noted there would be people who would not be able to fight to get the right services. Carers considered that meeting staff who will be involved in transitions in advance of the process starting would be a positive step to reduce anxiety among parents and carers.

In discussion, parents and carers identified the following elements as important:

- Being listened to and having needs of the individual and family understood;
- Ensuring information from meetings with health and social care providers is recorded and shared with parents and carers;
- Evidence of partnership working across health, social care and education services is required;
- Consistency and clear answers;
- Advice and support;
- Someone to guide through the process;
- Impact of staff changes on relationship with individual and family;
- Knowledge of the person and their needs to be built on;
- Potential impact of transition process on carer's mental health;
- Opportunities and activities are available to those who are not able to attend college or get a job on leaving school; and
- Good quality information is available on opportunities and activities.

Carers' Assessments

During these sessions the new carer's assessment draft for South Ayrshire Council was considered. The carers in attendance had not had assessments carried out before. During discussion of the draft document some carers who had not had an assessment did mention that it would have been beneficial in their role.

In Ayr when looking at the assessment draft, comments indicated that people were unfamiliar with the concept of outcomes. People commented that the language used was difficult to understand. The stated outcome of 'Having a Life of my own' was described as "not possible" for a number of reasons including lack of opportunity to go out meant their children / adults becoming too dependent on them, the care package did not enable them to go out or if the adults lives at home without support then it is hard to have a life as a carer.

In terms of support for carers, one issue raised is a gap at the carers centre as the age of the cared for person is the criteria for the service.

Summary

Although there were differences between the experiences reported between the two locations there were also similarities between the two. The main themes were:

- Lack of choice, though this is not always perceived to be the case by individuals;
- People feel uninformed;
- Focus on traditional types of service provision specifically for people with learning disabilities rather than community based activities with a broader clientele; and
- Negative experiences and poor information about Telecare.

Limited choice was highlighted at both events. In Ayr people mentioned that there is a lack of choice and that sometimes the things people want to do are not available in Ayr, and that travelling can be difficult, particularly in the evening. In Girvan, people did not express a lack of choice so often. However, when talking about what they do, all of the activities take place within the Carrick Opportunities Centre. People enjoyed these activities but felt as if they were only able to choose within the options available in the Centre. The activities that people participated in tended to be based either in centres or within the home, particularly within the shared house.

Carers, in particular, mentioned that they feel that there is a lack of information available to them. Many said they did not know about self-directed support or they did know of it but really did not understand how it would change the way the support package is provided to the person. In Girvan, during the carers session there was discussion about respite and the carers present did not know much about respite or how to get it.

An example was given from a young man who will enter his final year of school next year. He said he has been given very little information about what options are available to him post-school.

The activities that people participated in tended to be based either in day centres or within the home, particularly within the shared house.

Self-directed support and Telecare are both ways to allow people to live good independent lives and can prove cost effective for the local authority. In the Ayr group lots of people felt very negatively about Telecare. People did not like the system that contacted family members before contacting staff. Their preference was that staff should be contacted if the alarm was raised. What the community alarm system currently provides does not match what people are looking for it to provide.

1b) What Senior Managers said:

As part of the process to develop this Strategy, interviews took place with a range of managers who hold key posts across Health and Social Work Services. A number of issues were identified and common themes emerged in relation to the challenges and future opportunities around how services for people with learning disabilities are shaped.

Financial Challenges

There was unanimous agreement across managers interviewed that the most significant challenge going forward was the impact of considerable saving requirements together with increasing and changing demands for services (see section 2 below).

Early Intervention and Prevention

Views were expressed that the current eligibility criteria in social work services mitigates against early intervention.

- Radical re-think around eligibility criteria to be considered to ensure that access to services and support encompasses an early intervention and prevention approach.

Carers

The number of carers in the older age group is a factor in this locality. There are currently 40 service users known to the Learning Disability Social Work Team living with family carers who are aged over 60. Of these, 12 are known to be aged over 70. Over a quarter of services users with older carers have complex needs. Some 10 service users with older carers are themselves aged over 60.

Issues raised include:

- Take up of Carers Assessment is low;
- Potential for Carers Centres to carry out Carers Assessments; and
- Need to increase consultation and engagement with Carers.

Health

Health Improvement Strategy and Action Plan Refresh is the driver for development in health. Views were expressed that integration offers opportunities to further consolidate joint working:

- Former Learning Disability Transition was viewed as highly positive and effective model that worked well. This was a multi-disciplinary approach from Social Work, Health and Education;
- The benefits of Learning Disability Service under one service manager and not managed by a number of managers across partner agencies were noted; and
- Specific assessment tools for respective disciplines e.g. OT, Psychology Psychometric testing and Nurses Health assessments are not carried out in isolation and contribute to the whole assessment package.

Housing Options

Supported accommodation models for people with learning disabilities are limited in South Ayrshire. Current plans are being developed for 2 core and cluster supported accommodation projects. Issues highlighted include:

- Benefits of a single provider delivering flexible support according to the increasing or decreasing needs of each individual in a supported accommodation service. However, this removes the principle of choice for people to determine which support provider s/he wishes to use; and
 - Flexible support that maximises individual independence should be the goal.

Self-Directed Support

Many carers have heard of Self-Directed Support (SDS). However, understanding the implications and benefits of SDS is fairly limited. Matters raised include:

- Providing greater knowledge and understanding of SDS;
- Lack of a Resource Allocation System is hindering the development of SDS;
- Ensuring greater involvement and participation of people becomes embedded in the process; and
- Recognising that SDS provides opportunities; however the legislation can disadvantage people who lack capacity.

Commissioning

The absence of a current Commissioning Strategy works against partnership working with regard to Third Sector organisations. Current provision is predominantly one of single tenancies with 24 hour, 7 day a week support service which is not a sustainable model in the future. Provider organisations are seen as flexible and responsive. To take this forward:

- A Commissioning Strategy requires to be developed as a matter of priority;
- De-commissioning of current contracts and re-commissioning with the involvement of individuals with learning disabilities and their families/carers; and
- Greater engagement and participation of people with learning disabilities in all service design processes.

Employment Support Services

It was generally acknowledged by managers that whilst there are some good local examples of people with learning disabilities having access to supported employment or support to access skills development and qualifications for the jobs market, there is a need to provide a more co-ordinated partnership approach that also ensures parity of opportunities to people across South Ayrshire. For example:

- Combining opportunities that provide qualifications with opportunities for jobs that currently do not provide qualifications;
- Consider further the scope to establish Project Search in South Ayrshire;
- With 3 hospitals in the area, consider the potential to develop a Joint Equipment Store with employment opportunities for people with learning disabilities;
- Clear need to move people on beyond employment support services; and
- For those people who are not in a position to take up employment, opportunities to access meaningful day opportunities require to be developed.

Transitions

Transitions is an area agreed as requiring attention. There are particular challenges going forward in relation to the number of resource intensive packages for children with disabilities who will reach the stage of Transitions planning in the near future. Options to consider include:

- Dedicated Transitions staff should be considered together with ways to minimise the impact of 2 transitions points;

- Ensure the use of new technology is considered at the Transitions planning e.g. Telecare;
- Developing a specialist Adult Learning Disability service for Transitions would be seen as a positive move; and
- Establishing a Young People's Forum was proposed.

Telecare

There was a view that Telecare is currently regarded as an 'add-on' to existing support provision rather than being seen as a stand-alone service. To improve the present arrangements, the suggestions were:

- Consider linking Telecare with Telehealth Care Strategy;
- Consider linking Telecare Officers with Learning Disability Teams and staff working in Transitions planning; and
- Introduction of Telecare into Transitions planning processes and into the development of supported accommodation models of services as a priority.

Community Involvement

There was a consistent view expressed that people with learning disabilities need to be supported and enabled to access everyday community activities and pursuits. To do so:

- Stronger links and partnership working necessary with leisure and sports services and facilities to increase opportunities for people with learning disabilities to use and benefit from these and other services.

Partnership Working

Managers spoke of the many benefits as well as the challenges of partnership working and spoke of good progress having been achieved. Data sharing and data protection issues have been partly addressed with the establishment of the Information Sharing Framework Guidance Document.

Monitoring & Audit Processes

There was general agreement of the need for close oversight and monitoring of progress against targets and timescales that will be fully set out in the implementation plan:

- A robust approach to monitoring the Strategy's Implementation Plan to prevent drift occurring is necessary with direct and regular reporting to the Strategic Group on progress achieved;
- Case file audits do occur and outcomes are provided at team meetings. There is scope to consider the involvement of front line staff in audits with more formalised processes to disseminate learning and practice issues arising; and
- Successes are celebrated at team briefings, however a more systematic process to promote good practice and positive outcomes for people should be established.

1c) What staff and first line managers said

Two staff surveys were conducted with questionnaires sent out to staff working in social work, health, education and voluntary sector services. Full analysis of both surveys are available at Appendices 2 and 3.

Frontline Staff Survey:

There were 39 responses to the frontline staff survey with 20 from social work, 9 from health, 7 from education, 1 from the voluntary sector, 1 from the social care sector and another from a children's charity.

Staff Feel Supported

76.9% of respondents agreed with the statement that they felt well supported by their organisation to carry out their current role. One-fifth (20.5%) were unsure with 2.6% disagreeing with the statement.

Comments included references to staff shortages and vacancies; inability to access team meetings leading to isolation; ongoing nature of a temporary contract and the impact of paperwork on service user contact time.

Role

94.9% of respondents agreed that their role allows them to make a positive contribution to the lives of the people they support. 5.1% disagreed with this statement.

Comments noted that advice in relation to health promotion can be "challenging" at times; understaffing/impact of staff shortages on new referrals, increasing demands for rehabilitation; hospital discharges not always well-co-ordinated; very worthwhile when it can be seen in the lives of the people we work with.

Organisational Changes and Service Developments

Nearly two-thirds (65.8%) agreed with the statement that they felt listened to and involved in the way their organisation changes and develops services. Some 15.8% were unsure whether they agreed with the statement and 18.4% disagreed.

Comments ranged from "always listened to"; "we often have to react to change and get on with it"; to it being "extremely difficult to be heard or be taken seriously". It was also noted that there are opportunities to become involved in groups to look at services however time pressures made it difficult to commit to attendance.

Policy Awareness

82.1% of respondents agreed with the statement that they felt well-informed about The Keys to Life, SDS and other national policies that affect people with learning disabilities. 5.1% were not sure and a further 12.8% disagreed with the statement. No comments were added by respondents to this section.

Learning and Development

Over three quarters of respondents (79.5%) agreed with the statement they had been given learning and development opportunities that have allowed them to reflect and improve on their practice. 7.7% were not sure and 12.8% disagreed with the statement.

Comments ranged from references to 'plenty' of training opportunities; a view there should be more in the way of clinical supervision; discussion with team members being a helpful aid to 'not a lot' of development opportunities, and the need for supervisions to be more positive and a only mandatory courses rather than creative or assisting reflective practice.

Influencing Service Delivery

A third of respondents (33%) felt that staff meetings were the best or only opportunities they had to influence local services. Only 7% commented that they felt they had no opportunity to influence services but 15% felt they had little scope.

Services for People with Learning Disabilities in South Ayrshire

Respondents were asked if they would like to tell us about services for people with learning disabilities in South Ayrshire. 58% indicated a need for better resources and 17% commented on the need for more social clubs. A similar number (17%) commented that services need improved with 8% of respondents listing the need for a local database.

Manager/ Team Leader Survey Responses

There were 31 responses to this survey with 15 from the voluntary sector, 8 from social work, 3 from health, 2 said they worked in the third sector, 2 from social care and 1 from education.

Individualised Service Provision

All respondents agreed with the statement that the service their organisation offers is individualised to achieve personalised outcomes for everyone.

Comments include: "we offer the opportunity for people to co-design how they would like their support from us. Sometimes this isn't flexible due to processes and constraints of commissioners"; we try to individualise service within SDS and also traditional services are still in place" and "rules and regulations can provide a barrier to innovation".

Service User Choice and Participation

93.5% of respondents agreed with the statement that their organisation's service delivery model enabled individuals to maximise their choices to participate in wider social and community activities. 6.5% were not sure and no respondents stated they disagreed with the statement.

Respondents' comments included "we support community activities, volunteering opportunities, social nights; we try our best to explore all ways to ensure each person has the best opportunity to connect with other people. However the inflexibility of the commissioning arrangements sometimes presents a big barrier to achieving positive outcomes" and "this is an area we struggle to link individuals to community activities in their area that welcome people with a learning disability".

Care/ Support Plan Reviews

92.8% of respondents were confident that services users are involved in regular reviews of their care and support plans. 7.1% were not sure whether they agreed with the statement. No respondents disagreed.

Respondents offered the following comments to support their views: “service users complete a monthly monitoring tool with keyworkers and have regular reviews; all service users are involved in their reviews unless they choose otherwise; I do not think service users have as much influence over the service that is provided for them as it is commonly accepted”.

Evidencing the Difference We Make

90.3% of respondents agreed with the statement that they had systems in place to evidence the difference we make in people’s lives. 3.2% were not sure whether they agreed or disagreed and 6.5% disagreed with the statement.

Comments received ranged from: “we use outcome based support plans; we don’t have systems... but we regularly involve each other; could still be better/stronger in this area; annual planning days discuss systems and techniques” and “don’t think we have sufficient or robust data systems”.

Partnership Working

86.7% of respondents agreed that they had improved their partnership working and this had resulted in better outcomes for people with learning disabilities and their families. Some 13.3% were not sure whether they agreed or disagreed and no respondents disagreed.

Respondents noted that “co-location of the adult services has supported improvements however transition is still an area where significant improvement is required; we work closely with health colleagues; college cutbacks have made this more difficult than in previous years” and “...deterioration in partnership working has been evident due to certain professional groups not being official parts of the South Partnership but instead are aligned via the North or East Partnership whilst front line clinically working in the South. This results in key professional groups not being invited to strategic planning meetings”.

Challenges and Opportunities

Respondents were asked what challenges and opportunities they saw for their organisation to support the four strategic outcomes in the Keys to Life.

With regard to challenges, respondents listed the following:

- Funding (40%);
- Integration into the Community (13%);
- Transition (3%); and
- Some 7% of staff noted that all areas of work necessary to support the 4 Strategic outcomes presented challenges.

Opportunities were identified as:

- Co-production (23%);

- Connecting with the Community (7%);
- Prepare for an independent life (3%); and
- Changing traditional services (3%).

Services for People with Learning Disabilities in South Ayrshire

Managers and Team Leaders were asked if they wished to tell us about services for people with learning disabilities in South Ayrshire. Respondents listed the following:

- People need more than basic needs covered (25%);
- Better services for people with forensic histories (25%);
- Better training needed (25%);
- Transitions need to be improved (13%); and
- Strong operational commitment (13%).

2. Demographic Information

Analysis of Learning Disability Population in South Ayrshire

It is estimated that the population of adults with learning disabilities¹, in 2015, was 578, based on the number of people known to South Ayrshire Council who:

- are aged 16-17 and not in full-time education;
- are aged 18 or over; or
- have had contact with South Ayrshire Council in the past three years.

From this data, the rate of people with a learning disability in South Ayrshire is 6.1 per 1,000 adults, which is the same as the national average. There has been an increase in the total number of people with learning disabilities known to the Local Authority since 2011, in line with the national trend, and a marginal (non-significant) rise from 5.4 in 2010. The GP register² for South Ayrshire indicated a total of 655 people with a learning disability registered in 2013-2014 this is a rate of 0.56 per 100 patients which is higher than the national rate across Scotland of 0.48 per 100 patients.

The age breakdown of the adult learning disability population in South Ayrshire is shown in the table below. There are significantly more males in the younger groups and roughly the same in the older age range. There could be a number of explanations for this, including the improved recognition and recording of Autistic Spectrum Disorder (ASD)³ which is more common in males. In 2015, there were 90 adults diagnosed with ASD compared to 32 in 2008.

The figures from tables 1-5⁴ are based on the latest published data for 2015 and include adults with learning disabilities who are known to local authorities from contact in the last three years. The figures include 16 and 17 year olds who are not in full-time education.

¹ Scottish Consortium for learning Disability - Statistics release 2015 – Annex B – Table B1a: Adults with learning disability known to local authorities, by local authority area in 2015: <http://www.sclcd.org.uk/evidence-and-research/statistics/ldss-2015-report-2/>

² ISD: 2013/14 QOF Prevalence Data – CHP level data – Prevalence reported from QOF registers (practices with any contract type): <http://www.isdscotland.org/Health-Topics/General-Practice/Quality-And-Outcomes-Framework/2013-14/Register-and-prevalence-data.asp>

³ Scottish Consortium for learning Disability - Statistics release 2015 – Annex B – Table B2: Adults who are on the autism spectrum (AS) by local authority area (2014): <http://www.sclcd.org.uk/evidence-and-research/statistics/ldss-2015-report-2/>

⁴ Source: <http://www.sclcd.org.uk/evidence-and-research/2015-report/>

Table 1: Adults with learning disabilities known to local authorities - 2015

	Total	Adults known per 1,000 population	Change in rate from 2014
South Ayrshire	578	6.1	0.2
Scotland	27,218	6.1	0.1

It can be seen that South Ayrshire has the same proportion of adults known to have a learning disability as the rest of Scotland.

Table 2: Men with learning disabilities known to local authorities - 2015

	16-20	21-34	35-44	45-54	55-64	65+
South Ayrshire	42	122	46	59	47	23
Scotland	2,018	5,781	2,260	2,724	2,019	1,354

Table 3: Women with learning disabilities known to local authorities - 2015

	16-20	21-34	35-44	45-54	55-64	65+
South Ayrshire	18	60	38	49	40	31
Scotland	865	3,448	1,649	2,092	1,613	1,375

Of those with learning disabilities known in South Ayrshire, 59% are males. This is the same figure as for Scotland. South Ayrshire also has a very similar rate to Scotland by age group, where the percentage aged 55+ is 24.5% and 23.4%, respectively.

Table 4: South Ayrshire - Adults who are on the autism spectrum (AS) - 2015

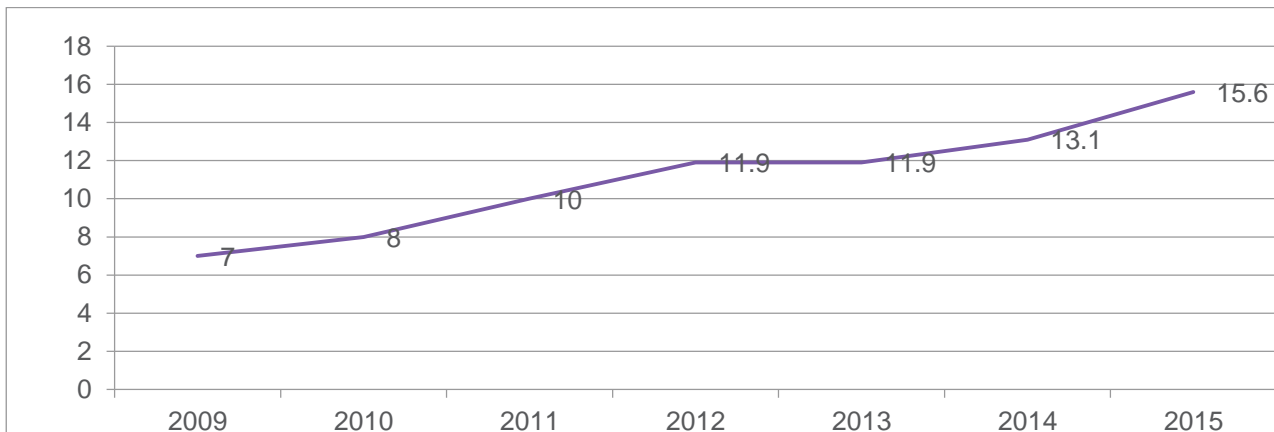
Autism Spectrum Diagnosis				No AS Diagnosis	Not Known	AS Diagnosis as % of all adults	All Adults
Classical Autism	Asperger's Syndrome	Other AS Diagnosis	Total with AS Diagnosis				
42	37	11	90	488	0	15.6	578

Table 5: Scotland - Adults who are on the autism spectrum (AS) - 2015

Autism Spectrum Diagnosis				No AS Diagnosis	Not Known	AS Diagnosis as % of all adults	All Adults
Classical Autism	Asperger's Syndrome	Other AS Diagnosis	Total with AS Diagnosis				
2,183	895	1,539	4,617	18,450	4,151	17.0	27,218

Of all adults with a learning disability known, in South Ayrshire 15.6% have an AS diagnosis compared to 17.0% in Scotland. Of those with an AS diagnosis, just under half (47%) have Classical Autism in both South Ayrshire and Scotland.

Chart 1: % of adults with an AS diagnosis as a proportion of all adults with a Learning Disability and or an AS diagnosis known to South Ayrshire Local Authority 2009-2015



Monitoring of people with autism using statutory services is limited and will only record members of the population currently in contact with services. The increase demonstrated above may reflect better diagnosis and/or more effective data recording by service providers.

Of the 578 adults with learning disabilities:

- Around 85.8% have a personal life plan (well above the national average of 58.6%);
- 47.8% live with a family carer, compared to 34.5% nationally;
- 3.6% are in some sort of employment, compared to 6.2% nationally;
- 17.1% attend a day centre, compared to 19.2% nationally;
- 9.3% are in further education, compared to 7.6% nationally;
- 5.9% live in care homes, compared to 7.4% nationally; and
- 14.0% live in supported accommodation compared to 16.9% nationally.

Evidence from a variety of sources suggests that there has been an increase of around 1% per annum in the prevalence of learning disability (LD) in adults over the past 35 years, due mainly to increases in survival. Among young people with severe and complex learning disabilities, and the reduced mortality of older adults with learning disabilities, this increase may have fallen in recent years.

For older people (aged 60+), two-thirds with learning disabilities have additional mental disorders, such as dementia. Therefore, the most significant challenge in the future will be the ageing of the learning disability population and the additional and focussed support needs that will be required. In particular, for adults with profound learning disabilities, it is reported that there is a higher incidence of epilepsy, sensory impairments, and gastrointestinal, respiratory and mobility problems than in the population as a whole. About 20-25% of children diagnosed with learning disabilities have epilepsy, but this rises to 50% in children assessed as having profound learning disabilities. Among this group is a significant proportion who may need help with emotional and behavioural problems.

3. Changes in Available Resources

The most significant challenge going forward will be the need to make considerable savings in what we spend on services. At the same time, the demand for services will be increasing.

The following summarises total spend on health and social care learning disability services in South Ayrshire for the last three years:

Year	2014-15 £m	2015-16 £m	2016-17 £m
SAC	14,025	15,608	17,199
Health	468	477	493
Total Budget	14,493	16,085	17,692

Below are some examples of issues that will put pressure on the provision of learning disability services:

- Implementation of the living wage increases;
- Recent judgement in relation to sleepover payments;
- High costs of respite units require the need to find a non-building based alternative respite provision;
- Kyle Centre Day Services regarded as not fit for modern day service provision; and
- Increasingly, young people with more complex needs requiring expensive support packages are coming up from Children's services.

Financial challenges will necessitate radical solutions. We will need to develop alternative models of intervention and service provision which are cost effective and efficient. Allied to this are the particular and serious challenges arising from an ageing of the learning disability population and the additional and focussed support needs that will be required, as referred to in the previous section.

Early intervention will be the keystone of our approach and we will endeavour to maximise choice and control for people with learning disabilities. However, we have a responsibility to be absolutely clear that as a consequence of these changing and increasing needs together with the scale of financial challenges faced, this will lead to a significant shift in what people can expect. This means people being supported to a greater degree within the community and our emphasis will be on working in partnership with communities in relation to how this shift can be achieved and supported.

4. The Current Review of Care Packages

A series of care package reviews is underway. This has started with the service users with learning disabilities who are provided with 24 hour care. A number of these individuals received waking night cover with others being provided with sleepover cover. As a result of a recent court judgement an increase in the pay for night cover means an increase in the cost of this of some £1.162 million per year.

Within this group there are up to 60 people whose needs for this type of service are unlikely to change. Therefore, reviews have been carried out on the remaining individuals. This has resulted in 2 groups of individuals: those assessed as no longer requiring night time cover and another group where assessments indicate that cover could be provided on an alternative basis locally. This will require discussion with service users and/or the

Guardian or Power of Attorney as to who will provide this new service. Choice to select who will provide services is a core principle of Self-Directed support. Availability of new services, particularly those using new technology, is essential as is the need to build the confidence of people who will use these services.

There is a final, smaller group of service users who were discharged from hospital a number of years ago and for whom specific financial resources were transferred from the NHS to the Local Authority to cover the cost of their 24 hour care. They have significant and ongoing high levels of care and support. Reviews for each of these individuals will start once the current reviews are concluded.

5. Good Practice Examples from South Ayrshire

Within South Ayrshire, there are many examples of innovative practices and developments which demonstrate how services involve, include, enable and support people with learning disabilities and, in particular, address the health inequalities they face. Among the range of developments are:

- **Carrick Opportunities Centre** is a community hub providing day opportunities. Other partner organisations are also based there, including SAC Community Learning and Development, Job Centre Plus, Ayrshire College and the local driving school. The services offered to people and the classes provided have been requested by people with learning disabilities through consultation. The service was recently recommended for recognition by a Regional Manager of ASDAN and a certificate of excellence was awarded based on the excellent practice in running ASDAN courses particularly in relation to the Inclusive Curriculum;
- Hansel Alliance's '**Enterprising Minds**' is a support approach which harnesses the talents and assets of people with a learning disability, or those on the autistic spectrum, in Ayrshire. It uses a personalised approach and supports people to think creatively about how they want to spend their time by using their personal skills and talents within the context of their local community;
- '**Friday Night Funk**' is another of Hansel Alliance's 'collaborative ventures', the purpose of which is to support younger people and families to generally build self-resilience and feel more in control of their own lives. Hansel use a 'barter and exchange approach' to design and co-produce Friday night Funk together;
- **Tri Rugby** is an integrated rugby system where people with learning disabilities play rugby alongside individuals without a learning disability. Tri Rugby has achieved sustainability levels and now employs a number of apprentice coaches who have a learning disability and they employ a Regional Development Coach. The training base for Tri Rugby is Easy Ayrshire Rugby Club but membership is open to people from all across Ayrshire and Arran. Tri Rugby now has clubs in other parts of Scotland too but was originally commissioned by "We want good health...the same as you";
- **Walking Groups, Walk Leader packs and a Walking toolkit** have been developed to promote walking and to enable people with learning disabilities to experience the physical and social benefits of walking with other people. Specialist Occupational Therapists were heavily involved in the development of the toolkit and run regular walking groups;
- **Indepen-dance** trained instructors offer dance groups. While people with a learning disability can, and do, participate in dance classes open to the general public, many choose not to do so because they find some classes too fast and too complicated to

keep up with and they sometimes report feeling embarrassed that they are holding others in mainstream classes back. Independence style classes are designed in such a way to be empowering for individuals who find mainstream classes don't work for them;

- **'Equally well'** money was used to purchase specially adapted and accessible funky bikes. These enable people in wheelchairs, with complex physical disabilities and with serious cognitive impairments to access the pleasure of cycling in a safe environment. The bikes are based at the track in East Ayrshire but are open to all;
- **Bridge to Vision Service** promotes and addresses visual health difficulties and provides a bespoke pathway for people with a learning disability through a partnership pathway between Royal National Institute for the Blind (RNIB), Optometrists, Ophthalmologists and the learning disability service;
- **Wellness Recovery Action Planning (WRAP)** for service users and for carers is a self-management tool that empowers people to manage their own mental health. By developing their own plan, participants can use this as a tool to manage their mental health and promote mental wellbeing. Lifestyle issues, such as healthy eating, physical activity can also be incorporated into the training to highlight the links between healthy behaviours and mental wellbeing;
- Development of **Looking after Me** Resource which is aimed at improving the mental and physical health of people with a learning disability. This resource is currently being piloted within the learning disability service. It focuses particularly on developing a healthy body, healthy eating and a healthy mind;
- A **Weight Clinic** at Arrol Park led by a Dietician was established to allow community clients who use wheelchairs or are unable to stand on the small base of normal scales to be weighed. Weight monitoring throughout the year is an important part of physical health monitoring requiring access to appropriate scales;
- Development of **Total Communication Approach** in Arran View in order to offer as many forms of communication as possible. The staff team have been trained in the use of Talking Mats, Boardmaker, Introduction to Sign sharing and Makaton, Intensive Interaction and Objects of Reference. The aim of all of this is to offer a wide range of communication tools to the individuals using the service who experience communication difficulties due to their complexity of need and related limits to understanding and processing of verbal communication alone; and
- **Rosie's Retro** is a social enterprise from Turning Point Scotland which provides workplace opportunities for adults with learning disabilities. It comprises of a gift shop in Ayr town centre selling a range of unique and quirky products, many made locally, with studio space which is used for craft, drama and adult learning workshops. Those using the service have noticed improvements in their own health, saying they "felt fitter being out and about getting the bus to work", "it's an active job working in a shop" and also 'I'm growing in confidence, meeting people and dealing with the public'.

Strategic Outcomes

The methods that are adopted and commissioned by individuals, communities and professionals in South Ayrshire under the provisions of this Strategy will be in line with the following four Strategic outcomes:

Strategic Outcome 1

A Healthy Life

People with learning disabilities enjoy the highest attainable standard of living, health and family life.

What We Have Achieved:

- We are in the process of implementing the Health Equalities Framework.
- We have established a partnership with Aberlour Childcare Trust with the aim of improving support for parents with learning disabilities, and improving outcomes for them and their children.

Strategic Focus:

1. Full implementation of the Health Improvement Plan Refreshed Action Plan.
2. Reducing health inequalities for people with learning disabilities.
3. Prevention and support for those experiencing mental health problems including Dementia.
4. Continuity of support to parents with learning disabilities and embedding support for them as parents within mainstream support services that promote family life.

Strategic Outcome 2

Choice and Control

People with learning disabilities are treated with dignity and respect, and protected from neglect, exploitation and abuse.

What We Have Achieved:

- We have made modest progress in the uptake of Self Directed Support (SDS) Options 1 and 2.
- Developed a Framework for the Keep Safe Scheme. This is intended to help people with learning disabilities to feel safer and more confident when taking part in everyday community activities and to raise awareness of hate incidents and hate crime.

Strategic Focus:

1. Strengthen and increase opportunities and arrangements for people with learning disabilities to use SDS as a mechanism for more choice and control in their lives.
2. Adopt and implement ARC (Association for Real Change) Scotland's Principles of Good Transitions.
3. Prioritise young people in Transition in the promotion of SDS.
4. Implement the Keep Safe Scheme.
5. Better coordination of Adult Support and Protection processes to achieve improved outcomes for adults with learning disabilities.
6. Organisational culture changes via staff workforce development, good quality training and the promotion of practice standards and ethics will be addressed through the Partnership strategic plan and individual service plans.

Strategic Outcome 3

Independence:

People with learning disabilities are able to live independently in the community with equal access to all aspects of society.

What We Have Achieved:

- Telecare services are used by some people.
- Agreement across the three Ayrshire Partnerships and the NHS Board to establish a Joint Equipment Store.

Strategic Focus:

1. Work in partnership with South Ayrshire Council's Housing Service to identify housing need and to develop Social Housing specifically for people with Learning Disabilities.
2. Develop innovative opportunities, activities and services, co-productively, including telecare, shared support and community resources.
3. Develop a Communication Plan to build trust and raise awareness.
4. Strengthen partnership working with individuals and families.
5. Work in partnership with Locality Planning Groups to develop assets based approaches to community inclusion.

Strategic Outcome 4

Active Citizenship

People with learning disabilities are able to participate in all aspects of community and society.

What We Have Achieved:

- Accredited education provision.
- The Partnership has signed up to the Community Led Support Programme.

Strategic Focus:

1. Social connectedness is improved for people with learning disabilities.
2. Establish a supported employment service.
3. Develop partnership approaches to increasing the number of people in employment and in different aspects of community life and activities.

What We Will Do Next

We will:

- Implement the Outcomes-based Implementation Plan for this Strategy;
- Link the Implementation Plan to available resources;
- Ensure action items are SMART;
- Identify risks to achieving the Strategic Outcomes and propose mitigation measures;
- Create 5 new sub-groups with responsibility for oversight of the Implementation Plan with representation from the respective partners including provider organisations. The groups will be thematic and cover:
 - Healthy Life
 - Choice and Control
 - Personal Independence
 - Active Citizenship
 - Performance and Evaluation;
- Confirm the reporting structure to clarify individual responsibilities;
- Develop Commissioning Plans for all services to be provided;
- Put in place robust monitoring and reporting arrangements;
- Collect outcomes based evidence across all services;
- Review the Implementation Plan every 2 years;
- Consult with people with learning disabilities and parents/carers as part of the mid-term review process; and
- Our approach to involving people with learning disabilities will be underpinned and strengthened through the Integration Joint Board's signing of the Charter for Involvement by the National Involvement Network.

How We Will Know We Have Made a Difference

We will measure performance, both qualitatively and quantitatively, against the Strategic Outcomes we have set and report on this every 6 months to the Health and Social Care Partnership's Performance and Audit Committee. This information will be publicly available to all stakeholders through the Health and Social Care Partnership website:

<http://www.south-ayrshire.gov.uk/health-social-care-partnership/>

We will be able to evidence:

- Full implementation of the Health Improvement Plan Refreshed Action Plan has reduced health inequalities for people with learning disabilities;
- An increase in the number of parents with learning disabilities who continue to care for their children;
- Upward trend in the uptake of SDS Options 1 and 2;
- Young adults and their families are satisfied with their experience of Transitions planning processes;
- Increasing use of the Keep Safe Scheme;
- Improved partnership processes to respond to Adult Support and Protection referrals;
- More people with learning disabilities in employment and day opportunities that they value;
- Increase in the range of supported accommodation models and the number of accommodation units available for people with Learning Disabilities in South Ayrshire;
- Improved satisfaction levels from people with learning disabilities and their families and carers in terms of the range of services and options available for them to participate in community, educational, employment and leisure activities;
- Higher levels of engagement and involvement of people with learning disabilities in service design and re-design; and
- New and more modern approaches to supporting people with learning disabilities within communities and across the sectors.

Our Performance Framework is set out at Appendix 1 and details the systematic and robust approach we will adopt to demonstrate delivery against the 4 Strategic Outcomes. We have also included a Strategic Risk Analysis at Appendix 2 and a full Equality Impact Assessment at Appendix 3.

A full report on the outputs from the engagement events and the surveys that were undertaken to inform this Strategy is available in a supporting document on the Health and Social Care Partnership website.

GLOSSARY

CO-PRODUCTION	Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours.
HSCP	Health and Social Care Partnership
'Keys to Life'	Scotland's Learning Disability Strategy
RAS	Resource Allocation System
SCLD	Scottish Commission for Learning Disability
SDS	Self-Directed Support
SMART	Specific, Measured, Achievable, Realistic and Timed
TEC	Technology Enabled Care
THIRD SECTOR	Third sector comprises community groups, voluntary organisations, charities, social enterprises, co-operatives and individual volunteers.
TRANSITION	Change from adolescence to adulthood
ASDAN	A curriculum development organisation and awarding body

Implementation Plan

MEASUREABLE TASKS TO DELIVER STRATEGY OUTCOMES

The Strategy Outcomes will be delivered through the completion of the following measurable tasks:

STRATEGY OUTCOME 1:

A HEALTHY LIFE – PEOPLE WITH LEARNING DISABILITIES ENJOY THE HIGHEST ATTAINABLE STANDARD OF LIVING, HEALTH AND FAMILY LIFE.

Objective Number	Action	Responsible Officer	Target Date(s)	National Outcomes Delivered	Funding Source
1.1.1	We will support people with a learning disability to access appropriate healthy weight and exercise therapeutic opportunities with a view to promoting resilience e.g. “Weigh to Go”, Independence”, “Activity for Health”, Healthy Walking Groups, and Hydrotherapy.	Community Learning Disability Team Leader (NHS)	Ongoing, 6 monthly review of progress	Improve health & wellbeing; Positive experiences of services; Reduce health inequalities; and Effective resource use.	H&SCP Integrated Budget
1.1.2	People with learning disabilities with palliative care and end of life care needs will be supported to access holistic care sensitive to their individual needs, promote independence and minimise discomfort through the provision of equipment.	Community Learning Disability Team Leader (NHS)	Ongoing, 6 monthly review of progress	Improve health & wellbeing; Live independently; Positive experiences of services; Maintain / improve quality of life; and Reduce health inequalities.	H&SCP Integrated Budget
1.1.3	People with learning disabilities will be supported	Community Learning	Ongoing, 6	Improve health &	H&SCP Integrated

Objective Number	Action	Responsible Officer	Target Date(s)	National Outcomes Delivered	Funding Source
	during their journey through Acute and Primary Care Services by a Registered Learning Disability Nurse.	Disability Team Leader (NHS)	monthly review of progress	wellbeing; Positive experiences of services; Maintain / improve quality of life; and Reduce health inequalities.	Budget
1.1.4	Training will be provided for Third Sector and Provider agencies to equip their staff to address health issues for people with learning disabilities.	Community Learning Disability Team Leader (NHS)	Ongoing, 6 monthly review of progress	Maintain/improve quality of life; Reduce health inequalities; Support unpaid carers; and Engaged workforce.	H&SCP Integrated Budget
1.2.1	People with learning disabilities will be able to access evidence based psychological therapies tailored to individual presentations and / or additional supports to treat low mood and depression.	Community Learning Disability Team Leader (NHS)	Ongoing, 6 monthly review of progress	Improve health & wellbeing; Positive experiences of services; Reduce health inequalities; and Effective resource use.	H&SCP Integrated Budget
1.2.2	People with learning disabilities who require access to specialist assessment for the diagnosis of dementia or who have a confirmed diagnosis of dementia will have access to specialist	Community Learning Disability Team Leader (NHS)	Ongoing, 6 monthly review of progress	Improve health & wellbeing; Positive experiences of	H&SCP Integrated Budget

Objective Number	Action	Responsible Officer	Target Date(s)	National Outcomes Delivered	Funding Source
	interventions, where required, including multi-disciplinary / agency interventions. Specialist training for carers and support staff will be available.			services; Reduce health inequalities; Support unpaid carers; Engaged workforce; and Effective resource use.	
1.2.3	We will help people with learning disabilities and/or their carers to access supports and interventions to stay mentally well: e.g. by delivering Wellness Recovery Action Plan (WRAP) Groups.	Community Learning Disability Team Leader (NHS)	Ongoing, 6 monthly review of progress	Support unpaid carers; and Engaged workforce.	H&SCP Integrated Budget
1.3.1	People with learning disabilities will be supported to reach their optimal potential with regards to "Activities for Daily Living". They will be aware of basic home maintenance and how to keep themselves safe in the home environment.	Community Learning Disability Team Leader (NHS)	Ongoing, 6 monthly review of progress	Improve health & wellbeing; and Positive experiences of services.	H&SCP Integrated Budget
1.4.1	We will support families and people with learning disabilities to participate in Behavioural Family Therapy (BFT).	Community Learning Disability Team Leader (NHS)	Ongoing, 6 monthly review of progress	Improve health & wellbeing; Positive experiences of services; Reduce health inequalities; and Effective resource use.	H&SCP Integrated Budget
1.4.2	We will support parents with learning disabilities to be safe and healthy within their own home. We will do this by accessing child protection	Community Learning Disability Team Leader (NHS)	Ongoing, 6 monthly review of	Positive experiences of services; and	H&SCP Integrated Budget

Objective Number	Action	Responsible Officer	Target Date(s)	National Outcomes Delivered	Funding Source
	procedures and services such as those provided by Aberlour as and when required.		progress	Effective resource use.	

MEASUREABLE TASKS TO DELIVER STRATEGY OUTCOMES

The Strategy Outcomes will be delivered through the completion of the following measurable tasks:

STRATEGY OUTCOME 2:

CHOICE AND CONTROL: PEOPLE WITH LEARNING DISABILITIES ARE TREATED WITH DIGNITY AND RESPECT AND PROTECTED FROM NEGLECT, EXPLOITATION AND ABUSE

Objective Number	Action	Responsible Officer /s	Target Date(s)	National Outcomes Delivered	Funding Source
2.1.1	<p>Increase opportunities for people with a learning disability their families and carers to access Self-Directed Support (SDS) in line with the national strategic outcomes: http://www.gov.scot/Resource/0051/00510921.pdf We will achieve this by identifying people in receipt of services across the partnership and set up locality engagement events to provide them with information on how to access SDS and demonstrate how it can provide them with more choice and control in their lives.</p>	Team Leader, SDS	30 June 2017	Maintain & improve quality of life; Support unpaid carers; Engaged workforce; and Effective resource use.	H&SCP Integrated Budget
2.1.2	<p>In line with our statutory role, SDS will continue to be offered and explained at every new assessment and review to increase opportunities for individuals to have more choice and control. This will be evidenced by recording on both the annual review and at every new assessment.</p>	Team Leader, SDS	Ongoing, 6 monthly review of progress	Maintain & improve quality of life; Support unpaid carers; Engaged workforce; and Effective resource use.	H&SCP Integrated Budget

Objective Number	Action	Responsible Officer /s	Target Date(s)	National Outcomes Delivered	Funding Source
2.2.1	<p>Improve the transition between children and adult services underpinned by Scottish Transition Forum ARC Principles: http://scottishtransitions.org.uk/wp-content/uploads/principlesofgoodtransition-arc-scotland.pdf</p> <p>Review, develop and implement our approach to supporting people with a learning disability and their family and carers at the transition stage. This will involve further developing and implementing the existing “ready for moving on” transition protocol document with input from education, social work and health.</p>	Senior Manager, Learning Disability & Sensory Impairment Manager, Children & Families	September 2017, thereafter 6 monthly review of progress	Improve health & wellbeing; Positive experiences of services; Support unpaid carers; and Effective resource use.	<p>H&SCP Integrated Budget.</p> <p>Staffing resource requires to be reviewed</p>
2.2.2	<p>Ensure all individual support plan documentation includes reference to a scheduled agreement for transition planning. Adopt an early intervention approach to the transition process that is both transparent and informative for people with learning disabilities and their families. This will be evidenced in support plans and by minutes from regular multi-disciplinary meetings with individuals and their families. The focus will be on sharing responsibility in the future planning for transition.</p>	Team Leader, Adult Learning Disability Team and Team Leader, Children & Family Learning Disability Team.	Ongoing, 6 monthly review of progress	Improve health & wellbeing; Positive experiences of services; Support unpaid carers; and Effective resource use.	H&SCP Integrated Budget.
2.2.3	<p>Agree and implement process which involves services such as further education, skills development, welfare and housing as part of the transition planning process. Involvement of relevant agencies recorded at the multi-disciplinary transition planning meetings.</p>	Team Leader, Adult Learning Disability Team Team Leader, Children & Family Learning Disability Team	31 March 2018	Improve health & wellbeing; Positive experiences of services; Support unpaid carers; and Effective	H&SCP Integrated Budget.

Objective Number	Action	Responsible Officer /s	Target Date(s)	National Outcomes Delivered	Funding Source
				resource use.	
2.3.1	Information about SDS to be provided at the transition stage as a priority to promote opportunities for choice and control and inform future expectations. SDS information will be provided through parent's nights, service user forums and scheduled planning meetings. Success will be evidenced by an increased understanding and uptake of SDS at the transition stage and from feedback from individuals and their families.	Team Leader, SDS	Ongoing, 6 monthly review of progress	Improve health & wellbeing; People are safe from harm; and Effective resource use.	H&SCP Integrated Budget.
2.4.1	Implement "Keep Safe". <ul style="list-style-type: none"> • Work in partnership with Police Scotland and Health Colleagues to implement Keep Safe scheme. • Ongoing engagement with local businesses to become registered and become a part of the scheme. • Ongoing engagement and promotion of the scheme with people with learning disabilities, their families and carers. 	Unit Manager, Girvan Opportunities	31 May 2017, thereafter 6 monthly review of progress	Improve health and wellbeing; and People are safe from harm.	H&SCP Integrated Budget
2.5.1	People with learning disabilities are protected from harm. <ul style="list-style-type: none"> • The Adult Support and Protection (ASP) Coordinator and Service Manager will develop an Audit Schedule, identifying themes to be subject to audit each year. • Case file audits will be carried out regularly to monitor the management of risk and also highlight areas for continuous service 	Senior Manager, Learning Disability & Sensory Impairment Coordinator, ASP	30 September 2017 and annually thereafter until 2023	Improve health & wellbeing; People are safe from harm; and Effective resource use.	H&SCP Integrated Budget

Objective Number	Action	Responsible Officer /s	Target Date(s)	National Outcomes Delivered	Funding Source
	improvement.				
2.5.2	Targeted ASP training will be developed and delivered for staff within the scope of the Partnership.	Coordinator, ASP	30 April 2017 and every 12 months to 2023.	Improve health & wellbeing; People are safe from harm; and Effective resource use.	H&SCP Integrated Budget
2.5.3	Ensure that advocacy services are available for people with learning disabilities both in the community and in residential establishments. The uptake of advocacy services will be monitored to support people with learning disabilities and their families and carers to have independent support. Advocacy services will promote choice and control for people with learning disabilities and their families and have knowledge of the partnerships implementation of SDS.	Team Leader, Learning Disability Team (SW)	Ongoing, 6 monthly review of progress Ongoing, 6 monthly review of progress	Improve health & wellbeing; Positive experiences of services; Support unpaid carers; and Effective resource use.	H&SCP Integrated Budget
2.6.1	The ASP multi-agency training calendar offering a range of training to manage risk and exploitation will be accessible across the Partnership and meets identified training needs.	Coordinator, ASP	Ongoing, 6 monthly review of progress	Engaged workforce; and Effective resource use.	H&SCP Integrated Budget
2.6.2	The Self-Directed Support workforce development group will continue to meet and promote champions across all frontline teams. The group will develop an action plan to implement the strategic outcomes set out in the national SDS Implementation Plan 2016 – 18. http://www.gov.uk.scot/Resource/0051/00510921.pdf	Team Leader, SDS	Ongoing, 6 monthly review of progress	Positive experiences of services; Maintain & improve quality of life; People are safe from harm; and	H&SCP Integrated Budget

Objective Number	Action	Responsible Officer /s	Target Date(s)	National Outcomes Delivered	Funding Source
				Effective resource use	

MEASUREABLE TASKS TO DELIVER STRATEGY OUTCOMES

The Strategy Outcomes will be delivered through the completion of the following measurable tasks:

STRATEGY OUTCOME 3:

INDEPENDENCE: PEOPLE WITH LEARNING DISABILITIES ARE ABLE TO LIVE INDEPENDENTLY IN THE COMMUNITY WITH EQUAL ACCESS TO ALL ASPECTS OF SOCIETY

Objective Number	Action	Responsible Officer /s	Target Date(s)	National Outcomes Delivered	Funding Source
3.1.1	Establish a joint working group with housing and establish the housing needs of those with learning disabilities.	Senior Manager, Learning Disability & Sensory Impairment	31 August 2018	Live independently.	H&SCP Integrated Budget
3.1.2	Deliver housing training for those supporting people with a learning disability.	Policy Officer, Housing	31 January 2018, thereafter 6 monthly review of progress	Positive experiences of services; Engaged workforce; and Effective resource use.	H&SCP Integrated Budget
3.2.1	Promote life-learning skills for people, for example use of Technology Enabled Care (TEC) and lifelong learning; Work with providers as part of care plans to promote daily living skills; Identify the number of people that lifelong learning has been delivered to / for; Improve awareness about the benefits of TEC to support people with learning disabilities. This will	Team Leader, LD (SW)	Ongoing, 6 monthly review of progress	Improve health & wellbeing; Live independently; Maintain & improve quality of life; and People are safe from harm.	H&SCP Integrated Budget

Objective Number	Action	Responsible Officer /s	Target Date(s)	National Outcomes Delivered	Funding Source
	be achieved by providing training and awareness sessions to all frontline staff by Telecare staff.				
3.2.2	TEC options to be discussed and recorded at every assessment and review. Telecare solutions will be offered as part of a personalised outcomes-focussed assessment of needs and risk.	Team Leader, LD (SW)	Ongoing, 6 monthly review of progress	Improve health & wellbeing; Live independently; and Effective resource use.	H&SCP Integrated Budget
3.2.3	TEC options will be delivered with a focus on supporting people to be independent both at home and when accessing their community.	Team Leader, LD (SW)	Ongoing, 6 monthly review of progress	Improve health & wellbeing; Live independently; and Effective resource use.	H&SCP Integrated Budget
3.2.4	TEC solutions will be considered as part of a carers support plan to provide respite, reduce risk and support them to continue in their caring role.	Team Leader, LD (SW)	Ongoing, 6 monthly review of progress	Improve health & wellbeing; Live independently; and Effective resource use.	H&SCP Integrated Budget
3.2.5	Explore a range of options to deliver a night response service utilising TEC.	Team Leader, LD (SW)	30 November 2017 and quarterly progress reviews to March 2018	Improve health & wellbeing; Live independently; and Effective resource use.	H&SCP Integrated Budget
3.2.6	Increase the number of people receiving TEC assessments.	Team Leader, LD (SW)	Ongoing, 6 monthly review of progress	Improve health & wellbeing; Live independently; and Effective	H&SCP Integrated Budget

Objective Number	Action	Responsible Officer /s	Target Date(s)	National Outcomes Delivered	Funding Source
				resource use.	
3.3.1	Develop a Communication Plan to build trust and raise awareness, including the development of easy read leaflets and letters, an audit of the current toolkit available and working with the Carers Centre to promote information sharing.	Senior Manager, Learning Disability & Sensory Impairment	31 May 2018	Positive experiences of services; and Reduce health inequalities.	H&SCP Integrated Budget
3.3.2	Review current arrangements for engagement with people with a learning disability and their families who use services. Develop a service engagement forum to gather the views and keep up to date people with learning disability and their families/carers of service developments.	Senior Manager, Learning Disability & Sensory Impairment	31 December 2017	Improve health and wellbeing; Positive experiences of services; and Support unpaid carers.	H&SCP Integrated Budget
3.3.3	Develop a directory of current activities and educational resources.	Team Leader, LD (SW)	31 October 2017	Effective resource use.	H&SCP Integrated Budget
3.4.1	Increase number of carers assessments/support plans carried out across the Partnership.	Team Leader, LD Team (SW) and	Ongoing, 6 monthly review of progress	Positive experiences of services; Support unpaid carers; People are safe from harm; and Effective resource use.	H&SCP Integrated Budget
3.4.2	Carers will be fully involved in future planning and contingency arrangements at every assessment and review and their views will be recorded within the individual support plans.	Team Leader, LD Team (SW) and	Ongoing, 6 monthly review of progress	Positive experiences of services; Support unpaid carers; and People are safe	H&SCP Integrated Budget

Objective Number	Action	Responsible Officer /s	Target Date(s)	National Outcomes Delivered	Funding Source
				from harm.	
3.4.3	Implement provisions of new Carers Act	Partnership Facilitator	31 March 2018	Effective resource use	H&SCP Integrated Budget
3.5.1	Ensure people with learning disabilities to engage and influence local decision making in the 6 locality planning areas.	Community Engagement Officers	31 December 2018	Positive experiences of services; and Reduce health inequalities.	H&SCP Integrated Budget
3.5.2	Enable people with learning disabilities to engage and influence Community Planning decision making.	Community Engagement Officers	31 December 2018	Positive experiences of services.	H&SCP Integrated Budget
3.5.3	Work in partnership with Locality Planning Groups to develop assets based approaches to community inclusion.	Community Engagement Officers	31 December 2018	Improve health and wellbeing; and Reduce health inequalities	H&SCP Integrated Budget

MEASUREABLE TASKS TO DELIVER STRATEGY OUTCOMES

The Strategy Outcomes will be delivered through the completion of the following measurable tasks:

STRATEGY OUTCOME 4:

ACTIVE CITIZENSHIP: PEOPLE WITH LEARNING DISABILITIES ARE ABLE TO PARTICIPATE IN ALL ASPECTS OF COMMUNITY AND SOCIETY

Objective Number	Action	Responsible Officer /s	Target Date(s)	National Outcomes Delivered	Funding Source
4.1.1	Agree the terms of reference for a multi-agency collaborative which will work to build knowledge, connections and local capacity to support the 3 focus areas for active citizenship; <ol style="list-style-type: none"> 1. Better meet (educational) learning aspirations; 2. To explore training for work, supported employment and /or in work opportunities; and 3. Improve community life opportunities (health and wellbeing). 	Senior Manager, Learning Disability & Sensory Impairment	31 March 2018	Reduce health inequalities; Engaged workforce; and Effective resource use.	H&SCP Integrated Budget
4.1.2	Form a multi-agency collaborative which meets at regular intervals to build and share knowledge, connections and local capacity to support the 3 focus areas for active citizenship.	Senior Manager, Learning Disability & Sensory Impairment	31 March 2018	Reduce health inequalities; Engaged workforce; and Effective resource use.	H&SCP Integrated Budget
4.1.3	Review and evaluate the effectiveness of the multi-agency collaborative in supporting the progress in the 3 focus areas at 4.1.1.	Senior Manager, Learning Disability & Sensory Impairment	By 31 December 2019	Reduce health inequalities; Engaged	H&SCP Integrated Budget

Objective Number	Action	Responsible Officer /s	Target Date(s)	National Outcomes Delivered	Funding Source
				workforce; and Effective resource use.	
4.1.4	Implement new active citizenship opportunities as determined by work of the collaborative via the Community Led Support Programme.	Senior Manager, Learning Disability & Sensory Impairment	31 December 2018	Reduce Health Inequality; and Effective resource use.	H&SCP Integrated Budget
4.2.1	Offer independent support, to enable people to explore what Active Citizenship means for them personally, involving Advocacy and/or The National Involvement Network.	Senior Manager, Learning Disability & Sensory Impairment	31 December 2017	Positive experiences of services; and Reduce health inequalities.	People's Postcode Trust - Up to £20,000 is available for the prevention of poverty SG Funding to support The Charter for Involvement
4.3.1	Develop clearer information and links around active citizenship pathways for younger people and their carers in transition from school (including SDS options).	Team Leader, Adult LD (SW) Team Leader, C&F LD	31 December 2018	Positive experiences of services; and Support unpaid carers	H&SCP Integrated Budget
4.3.3	Increase the number of alternatives to traditional day centre placements through asset model and social enterprise opportunities; building on achievements of good practice examples led by Girvan Opportunities and Enterprising Minds, for example.	Unit Manager, Girvan Opportunities Third Sector Orgs	31 May 2018	Positive experiences of services; support unpaid carers; effective resource use	H&SCP Integrated Budget
4.3.4	Develop a broader range of learning opportunities which also link to employability, including more ASDAN and further education college based courses.	Unit Manager, Girvan Opportunities	31 December 2018	Positive experiences of services; Support unpaid	H&SCP Integrated Budget

Objective Number	Action	Responsible Officer /s	Target Date(s)	National Outcomes Delivered	Funding Source
				carers; and Effective resource use.	
4.3.5	Develop accessible information around active citizenship, for example what SAC employment and skills offers.	Senior Employability and Skills Advisor	31 May 2018	Positive experiences of services; and Effective resource use.	H&SCP Integrated Budget

MEASUREABLE TASKS TO DELIVER STRATEGY OUTCOMES

Other Implementation Plan Action Items

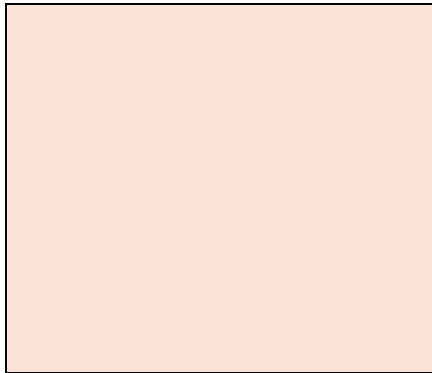
Objective Number	Action	Responsible Officer	Target Date(s)	National Outcomes Delivered	Funding Source
5.1.1	New commissioning plans for Learning Disability Services will be developed in collaboration with provider organisations and service users and their carers.	Senior Manager – Planning & Performance	30 September 2017	Effective resource use.	H&SCP Integrated Budget
5.1.2	Following development of new commissioning plans, existing service provision will be replaced with new contracts through procurement process.	Senior Manager – Planning & Performance	31 January 2018	Positive experiences and outcomes; engaged workforce; and Effective Resource Use.	H&SCP Integrated Budget
5.2.1	This strategy document will be formally reviewed at its mid-point.	Senior Manager – Learning Disability & Sensory Impairment	30 June 2020	Effective resource use.	H&SCP Integrated Budget

APPENDIX 1

Performance Framework

This high level performance framework identifies the key indicators which will evidence, in conjunction with the actions identified in the measureable tasks section, performance against the Strategic Outcomes.

1. A Healthy Life	2. Choice and Control	3. Independence	4. Active Citizenship
<p>1.1 People with learning disabilities enjoy the highest attainable standard of living, health and family life.</p>	<p>2.1 People with learning disabilities are treated with dignity and respect, and protected from neglect, exploitation and abuse.</p>	<p>3.1 People with learning disabilities are able to live independently in the community with equal access to all aspects of society.</p>	<p>4.1 People with learning disabilities are able to participate in all aspects of community and society.</p>
<p>1.1.1 Increasing numbers of parents who continue to care for their children.</p> <p>1.1.2 Level of satisfaction reported by Young Adults and their families who have experience of the transition planning processes.</p> <p>1.1.3 Level of specialist training provided to Third Sector staff to specifically address health issues for people with Learning Disabilities.</p> <p>1.1.4 No. of people with a diagnosis of dementia who have access to specialist interventions where required.</p> <p>1.1.5 No. of service users accessing psychological therapies and/ or similar supports to treat low mood or depression.</p>	<p>2.1.1 An increase in the number of people accessing SDS Option 1 and 2.</p> <p>2.1.2 Increase in the number of people who are offered SDS at every new assessment and review.</p> <p>2.1.3 SDS Direct Payment spend on 18+ Adults with a Learning Disability.</p> <p>2.1.4 % of people who report that they had a say in the way their care or support is to be provided.</p> <p>2.1.5 % of people who report that they have been fully involved in the design of their support plan.</p> <p>2.1.6 Proportion of support plans which include reference to scheduled agreements for transition planning where appropriate.</p> <p>2.1.7 An increased uptake of Advocacy services.</p> <p>2.1.8 No. of local businesses who are registered with the "Keep Safe" scheme</p> <p>2.1.9 No. of service users who have accessed the "Keep Safe" scheme.</p> <p>2.1.10 No. of service users who report that they felt safer following an Adult Support and Protection intervention.</p>	<p>3.1.1 Increased level of people with a learning disability utilising Technology Enabled Care.</p> <p>3.1.2 No. of training and awareness sessions delivered to front line staff by Technology Enabled Care staff.</p> <p>3.1.3 Proportion of assessments and reviews which evidence that Technology Enabled Care solutions have been considered.</p> <p>3.1.4 Proportion of Carers Support Plans which evidence that Technology Enabled Care solutions have been considered.</p> <p>3.1.5 No. of housing training sessions delivered for those supporting people with a learning disability.</p> <p>3.1.6 Identified growth in the range of supported accommodation units available.</p> <p>3.1.7 No. of people with learning disabilities who have been supported to engage in Planning in their community.</p>	<p>4.1.1 Number of people with a Learning Disability who are accessing further education.</p> <p>4.1.2 Number of people with a Learning Disability who are in some form of employment.</p> <p>4.1.3 An increase in the range of learning opportunities which link to employability.</p> <p>4.1.4 Numbers of people with a Learning Disability who are accessing training.</p> <p>4.1.5 Number of alternatives to traditional day centre placements.</p> <p>4.1.6 % of people who are satisfied with opportunities for social interaction.</p>



No. of Adult Protection Referrals for Adults with a Learning Disability
2.1.12 No. of ASP Inquiries completed by target timescale for Adults with a Learning Disability.

2.1.13 No. of ASP Investigations completed by target timescale for Adults with a Learning Disability.

2.1.14 Proportion of services graded Good or above by the Care Inspectorate.

2.1.15 Recommendations and Requirements made by the Care Inspectorate.

3.1.8 Proportion of Carers who feel supported to continue in their caring role.

3.1.9 No. of Carers who are offered a carers Assessment.

3.1.10 % of people who report that they have been supported to live as independently as possible.



APPENDIX 2

Strategic Risk Analysis

Risk Title	Risk Description	Impact Description	Risk Owner	Risk Manager
Health Inequalities	Some people's life chances are poorer than others and have a negative impact on their health and wellbeing	Life expectancy remains below average, prevalence of disease is higher, care needs are greater and there is a greater incidence of substance misuse and excessive consumption	Director of Health & Social Care	Senior Manager – Planning & Performance
Adult Support and Protection	There is a risk that the Council and the Health and Social Care Partnership fail to provide adequate adult support and protection.	Accident, incident or crime resulting in harm or abuse to an adult. Legal prosecution / civil litigation. Significant damage to reputation of Health and Social Care Partnership, Council and other Community Planning Partners. Financial impact of any prosecution or claims made. Impact on resource allocation.	Head of Community Health & Care	Senior Manager – Learning Disability & Sensory Impairment
Financial Constraints/ Resource Allocation	The level of resource provided by the Statutory Partners is insufficient to meet national and local outcomes and to deliver Strategy Objectives.	Reputational damage. Risk of dispute arising between partners. Partnership breaks down because it cannot deliver its objectives. Needs are not met in accordance with approved strategies and policies. Risk of annual overspend on Integrated Budget.	Director of Health & Social Care	Chief Finance Officer
Provider Failure	There is a risk that: a. Providers have insufficient resilience to meet contractual commitments in the event of business interruption or further financial stress in the marketplace; and/or b. Services have inadequate contingency plans in place in the event of provider failure.	Failure to deliver critical services, risk to service users, reputational damage, financial loss, statutory breach and litigation.	Director of Health & Social Care	Head of Community Health & Care

Risk Title	Risk Description	Impact Description	Risk Owner	Risk Manager
Service Commissioning Arrangements & Models of Care	Outdated contracts with third sector providers are not renewed.	Impacts adversely on delivery of front-line services to service users which are not in line with Strategy Objectives. Needs are not met. Resource use is not optimised. Best Value is not delivered for Partnership.	Director of Health & Social Care	Senior Manager – Planning & Performance
Culture Change	Partnership Management & Staff/Provider Organisations do not adapt and/or are not supported to adopt new ways of working required as part of an integrated partnership approach.	Impacts adversely on integration of service and delivery of National Integration Principles. Potential reputational damage.	Director of Health & Social Care	Head of Community Health and Care
Effective Communication	The Partnership fails to properly engage with all stakeholders.	Stakeholders are not engaged in the transformation of service planning and delivery with negative implications for the Integration Project and for business efficiency.	Director of Health & Social Care	Senior Manager – Planning & Performance
Staffing Levels	Inadequate staffing levels due to high level of vacancies has a detrimental impact on implementation of Strategy Objectives.	Impacts adversely on front-line service delivery, creates a lack of capacity within organisations within the Partnership and impacts negatively on remaining staff across the sectors.	Director of Health & Social Care	Head of Community Health & Care
Sleepover Provision	Level of sleepover provision is unsustainable following significant increase in cost in wake of court ruling.	Sleepovers are provided at significant annual cost where not required. Resources are tied up in this service that could be released to be spent where need is greater. Provision is unaffordable. Best value is not delivered.	Head of Community Health and Care	Senior Manager – Learning Disabilities & Sensory Impairment
Delayed in Hospital	People are delayed long term in inpatient assessment and treatment unit.	No local models of care to appropriately accommodate individuals. Needs are not met. Service is not provided in line with Strategy Objectives. Best Value is not delivered.	Head of Community Health and Care	Senior Manager – Learning Disabilities & Sensory Impairment

Risk Title	Risk Description	Impact Description	Risk Owner	Risk Manager
Available Housing	Housing available to people with Learning Disabilities does not meet their needs and Strategy Objectives.	People live in housing that does not meet their needs. People are lonely and isolated. Provision is expensive. Best Value is not delivered.	Head of Community Health & Care	Senior Manager – Learning Disabilities & Sensory Impairment

APPENDIX 3

Equality Impact Assessment

Equality Impact Assessment Scoping

1. Proposal details

Proposal Title: Adult Learning Disability Strategy 2017-23	Lead Officers: Frank McMenemy, Senior Manager – Learning Disability and Sensory Impairment and Bill Gray, Senior Manager – Planning and Performance
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2. Which communities, groups of people, employees or thematic groups do you think will be, or potentially could be, impacted upon by the implementation of this proposal? Please indicate whether these would be positive or negative impacts

Community, Groups of People or Themes	Negative Impacts	Positive impacts
The whole community of South Ayrshire		
People from different racial groups, ethnic or national origin.		X
Women and/or men (boys and girls)		X
People with disabilities		X
People from particular age groups for example Older people, children and young people		X
Lesbian, gay, bisexual and heterosexual people		X
People who are proposing to undergo, are undergoing or have undergone a process to change sex		X
Pregnant women and new mothers		X


People who are married or in a civil partnership		X
People who share a particular religion or belief		X
Thematic Groups: Health, Human Rights, Rurality and Deprivation.		X

3. Do you have evidence or reason to believe that the proposal will support the Partnership to:

General Duty and other Equality Themes	Level of Negative and/or Positive Impact (high, medium or low)
Eliminate discrimination and harassment faced by particular communities or groups	Positive - Medium
Promote equality of opportunity between particular communities or groups	Positive - High
Foster good relations between particular communities or groups	Positive - Medium
Promote positive attitudes towards different communities or groups	Positive - Medium
Increase participation of particular communities or groups in public life	Positive - Medium
Improve the health and wellbeing of particular communities or groups	Positive - High
Promote the human rights of particular communities or groups	Positive - Medium
Tackle deprivation faced by particular communities or groups	Positive - Medium

4. Summary Assessment

<p>Is a full Equality Impact Assessment required?</p> <p>(A full EIA must be carried out on all high and medium impact proposals)</p>	<p><input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>YES</p>
<p>Rationale for decision:</p>	

 Signed Director of Health & Social Care	
Date: 19.05.17	Copy to equalities@south-ayrshire.gov.uk

EQUALITY IMPACT ASSESSMENT

Section One: Proposal Details*

Name of Proposal	Adult Learning Disability Strategy 2017-23
Lead Officers (Name/Position)	Frank McMenemy, Senior Manager – Learning Disability and Sensory Impairment and Bill Gray, Senior Manager – Planning and Performance
Proposal Development Team (Names/Positions)	Strategic Review Group for Learning Disability Services
Critical friend (s)	Billy Fisher, Learning Officer

*This could include strategy, project or application: see guidance attached.

What are the main aims of the proposal?	The main aim of the proposal is to provide a strategic framework within which support for people with a learning disability, living within South Ayrshire, will be provided by organisations from across the sectors.
What are the intended outcomes of the proposal	There are four intended outcomes from the Strategy for people with a learning disability which are: <ul style="list-style-type: none"> • A Healthy Life • Choice and Control. • Independence • Active Citizenship.

Section Two: What are the Likely Impacts of the Proposal?

<p>Will the proposal impact upon the whole population of South Ayrshire or particular groups within the population (please specify)</p>	<p>The proposal is aimed primarily at people living in South Ayrshire who have a learning disability and their family members and carers.</p>
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Considering the following Protected Characteristics and themes, what likely impacts or issues does the proposal have for the group or community?

List any likely positive and/or negative impacts

Protected Characteristics	Positive and/or Negative Impacts
<p>Race: Issues relating to people of any racial group, ethnic or national origin, including gypsy travellers and migrant workers</p>	<p>This strategy document will apply equally to people of all racial groups and where information is required to be translated or provided in alternative formats it will be provided upon request.</p>
<p>Sex: Issues specific to women or men</p>	<p>It is expected that this strategy document will lead to the provision of more efficient and effective services for both men and women through an improved utilisation of resources prioritised in line with the published strategic outcomes.</p>
<p>Disability: Issues relating to disabled people</p>	<ul style="list-style-type: none"> - People with disabilities or long term conditions will be supported to live, as far as is reasonably practicable, independently and at home or in a homely setting in their community and enjoy improved health, increased choice and control and increased participation.

<p>Age: Issues relating to a particular age group e.g. older people or children and young people</p>	<p>This strategy will focus planning and service delivery activities across all age spectrums. For example, it will prioritise a smooth transition process for those with a learning disability from children's to adult services.</p>
<p>Religion or Belief: issues relating to a person's religion or belief (including non-belief)</p>	<p>This strategy is fully inclusive to all: e.g. religions and beliefs (including non-belief).</p>
<p>Sexual Orientation: Issues relating to a person's sexual orientation i.e. lesbian, gay, bi-sexual, heterosexual</p>	<p>This strategy document is fully inclusive to all irrespective of a person's sexual orientation.</p>
<p>Marriage and Civil Partnership: Issues relating to people who are married or are in a civil partnership.</p>	<p>This strategy is fully inclusive to all irrespective of people's marital status.</p>
<p>Gender Reassignment: Issues relating to people who have proposed, started or completed a process to change his or her sex.</p>	<p>This strategy document is fully inclusive to all irrespective of a person's gender.</p>
<p>Pregnancy and Maternity: Issues relating to the condition of being pregnant or expecting a baby and the period after the birth.</p>	<p>As with all who receive integrated health and social care services it is expected that people with a learning disability will have access to efficient and effective services for pregnant women and in the period after birth through improved planning, service quality and resource use.</p>

<p>Multiple / Cross Cutting Equality Issues</p> <p>Issues relating to multiple protected characteristics.</p>	<p>This strategy document will have no negative issues in terms of all of the above protected characteristics and in terms of a number of them is anticipated to have a positive impact leading to positive outcomes.</p>
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Equality and Diversity Themes Particularly Relevant to South Ayrshire	
<p>Health</p> <p>Issues and impacts affecting people's health</p>	<p>It is expected that the Implementation Plan action items listed under the Strategic Outcome "A Health Life" will have a positive impact on people's health.</p>
<p>Human Rights: Issues and impacts affecting people's human rights such as being treated with dignity and respect, the right to education, the right to respect for private and family life, and the right to free elections.</p>	<p>The right to be treated with dignity is a principle incorporated in the 2014 Public Bodies (Joint Working) (Scotland) Act.</p>
<p>Rurality</p> <p>Impacts relating to living and working in a rural community</p>	<p>New commissioning plans to implement the delivery of services and supports to people with a learning disability in line with the principles set out in this strategy will be designed to ensure the uniform provision of services across all 6 localities in South Ayrshire.</p>
<p>Deprivation</p> <p>Issues relating to poverty and social exclusion, and the disadvantage that results from it.</p>	<p>The principles set out in this strategy will be implemented in such a way through commissioned delivery arrangements as to make progress against the HSCP Strategic Objective – "We will work to reduce the inequality gradient and in particular address health inequality."</p>

Section Three: Evidence Used in Developing the Proposal

<p>Involvement and Consultation</p> <p>In assessing the impact(s) set out above what evidence has been collected from involvement, engagement or consultation?</p> <p>Who did you involve, when and how?</p>	<p>Engagement events were held in Ayr and Girvan with people with a learning disability, their carers and family members. These were held in September, 2016. At the same time views were sought from professionals, managers and staff working in learning disabilities from across the sectors through survey exercises. The outputs from these exercises can be found at the following link: http://www.south-ayrshire.gov.uk/health-social-care-partnership/documents/draft%20d%20strategy%20-%20feedback.pdf</p> <p>Further engagement with stakeholders took place during March and April, 2017.</p>
<p>Data and Research</p> <p>In assessing the impact set out above what evidence has been collected from research or other data. Please specify <i>what</i> research was carried out or data collected, <i>when</i> and <i>how</i> this was done.</p>	<p>Information on demographic projections was sought from a number of sources including South Ayrshire Council; NHS Ayrshire and Arran and the Scottish Government's Information Services Division. This is detailed on page 28 of this strategy document.</p>
<p>Partners data and research</p> <p>In assessing the impact set out above what evidence has been provided by partners. Please specify partners</p>	<p>Information to assist develop the proposal was provided by the Scottish Commission for Learning Disability and is summarised in this strategy document in the section headed "The Policy Context" on page 6. This included information and expected outcomes from the national Learning Disability Policy Document: "The Keys to Life."</p>
<p>Gaps and Uncertainties</p> <p>Have you identified any gaps or uncertainties in your understanding of the issues or impacts that need to be explored further?</p>	<p>Further work needs to be done to determine how future services and support will be provided to people with learning disabilities, their families and carers. This will be set out in a commissioning plan(s) and will give life to the 4 strategic outcomes set out in the strategy document. The commissioning plan(s) will be developed in the period to 30th September, 2017.</p>

Section Four: Detailed Action Plan to address identified gaps in:

a) evidence and

b) to mitigate negative impacts

No	Action	Lead Officer(s)	Timescale
1	Determine number, scope and content of commissioning plans to support strategy and 4 strategy outcomes.	Bill Gray	30.06.17
2	Conduct analysis of existing service provision and of services being consumed by know service users.	Bill Gray	31.03.17
3	Prepare commissioning plan outcomes and make decision on how these will be monitored and on likely performance measures.	Bill Gray	31.08.17
4	Draft commissioning plan(s) which will then form the basis of future services and supports to be provided directly or through contracts with third party providers.	Bill Gray	30.09.17
5			

Note: Please add more rows as required.

Section Five - Performance monitoring and reporting

Considering the proposal as a whole, including its equality and diversity implications:

When is the proposal intended to come into effect?	Following approval by the Integration Joint Board on 13 th June, 2017.
When will the proposal be reviewed?	Proposal will be reviewed and rolled-on each year. There will be a full mid-point review in 2020.
Which Committee will have oversight of the proposal?	South Ayrshire Integration Joint Board.

Section 6

Appendix A

Summary Equality Impact Assessment Implications & Mitigating Actions

Name of Proposal: Adult Learning Disability Strategy 2017-23


This proposal will assist the Partnership’s ability to eliminate discrimination; advance equality of opportunity; and foster good relations as follows:

<p>Eliminate discrimination</p> <p>The Health and Social Care Partnership through its Strategic Plan will support the elimination of discrimination as it applies equally to people across all protected characteristics.</p>
<p>Advance equality of opportunity</p> <p>The Integration Joint Board will actively promote equality through its plans, policies and procedures and by ensuring that staff within its scope are appropriately trained and knowledgeable in this regard. It has developed and published equality outcomes for 2017-18.</p>
<p>Foster good relations</p> <p>The Partnership will foster good relations across all protected characteristics by working with its stakeholders on an on-going basis to achieve its Strategic Outcomes as published.</p>

Summary of Action Plan to Mitigate Negative Impacts	
Actions	Timescale
None to all.	



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<p>Signed:  Director of Health & Social Care</p> <p>Date: 19th May, 2017</p>
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