

AWB/CCG LD Strategy Communications Plan 2018 – Communications Approach

The Herefordshire Learning Disability Strategy sets out the long term commissioning plans of Herefordshire Council and Herefordshire Clinical Commissioning Group with and on behalf of adults with a learning disability and their family carers. As part of these overarching responsibilities and as commissioning organisations committed to a healthier, wealthier and more inclusive Herefordshire, the council and CC are committed to working together with the people who use services, and the providers who deliver them, to help Herefordshire be a place that universally celebrates people with learning disabilities. This communication plan sets out the approach to that ensure the engagement of people with a learning disability, parents, carers and all associated professionals is integral to the development and, ultimately, the success of the new strategy.

The strategic approach to communication and engagement reflects the critical importance of involving people with a learning disability and all other stakeholders in the coproduction of support and service development. If or when someone is unable to make or articulate their choice and views, they should be assisted by a skilled circle of supporters to work in that person's best interest and to place them at the centre of any decisions. The approach to communication, then, requires careful consideration for the inclusion of stakeholders, identifying clear mechanisms for access and meaningful involvement in the new learning disability strategy.

Historically, there has been useful research and engagement that has identified outcomes aspired to by the learning disability community. These aspirations have been originally set out in the in the government's Valuing People and Valuing People Now white papers between 2001 and 2009. Additionally, there have been ongoing conversations with people, family carers, health & social care professionals and providers, through the Learning Disability Partnership Board. These conversations form the building blocks of a series of outcomes and activities.

Communications and engagement will continue to build on these activities through further opportunities for sharing information, ideas and inspirations, including:

- Easy read questionnaires for people with LD;
- Discussion opportunities with people and their families/carers;
- Workshops for professionals, providers and supporting groups (e.g., LDPB, Making it Real board);
- Information briefings (meetings and digital correspondence) for internal staff, management and leaders.

AWB/CCG LD Strategy Communications Plan 2018 – Planned Activities

External Stakeholders					
Group	Resource/Channel	Message	Key Persons	Timescale	Completed
Care Providers	Engagement event (input from providers)	<ul style="list-style-type: none"> • Provide key information and proposed domains for new outcomes framework • Opportunity for discussion of implementation and impact • Opportunity for FAQ and feedback from providers • Identify any concerns and/or difficulties in implementation of framework • Review of draft framework for comment/consultation 	AR	23/2/18	23/2/18
	Outcomes framework and planned services (via Provider News)	<ul style="list-style-type: none"> • Circulate updated strategy [include Easy- Read version] 	AR	July 2018	
	Press Release: launch of new Strategy	<ul style="list-style-type: none"> • Promotional release introducing launch of new joint Strategy and planned services 	AR HC comms. team	July 2018	
People who use services	Questionnaire	<ul style="list-style-type: none"> • Questionnaire with max. 8 questions focusing on framework themes and outcomes 	AR Sylvie Nicholls	<ul style="list-style-type: none"> • April 18 	30/05/18
	Engagement activities – people who use resources via: <ul style="list-style-type: none"> • Making It Real • Aspire • Echo • Affinity • ‘Our Care, Our Say’ 	<ul style="list-style-type: none"> • Provide key information on proposed domains for new outcomes framework and approach of strategy • Opportunity to discuss and agree 4 key themes and how they will impact on people’s lives • Opportunity for FAQ • Review of questionnaire 	AR Sylvie Nicholls	31/1/18 26/2/18 15/5/18 17/5/18 30/5/18	31/1/18 26/2/18 15/5/18 17/5/18 -----
	Engagement with carers/families	<ul style="list-style-type: none"> • Provide key information on proposed domains for new outcomes framework and approach of strategy • Opportunity to discuss and agree 4 key themes and how they will impact on people’s lives • Opportunity for FAQ 	AR	26/2/18	26/2/18
	Easy read outcomes framework	<ul style="list-style-type: none"> • Circulate an updated accessible LDS summary (Easy Read) 	AR	July 18	

	Press Release: launch of new Strategy	<ul style="list-style-type: none"> • Promotional release introducing launch of new joint Strategy • ?? Launch conference 	AR	14/5/18	
	Consultation on implementation plan – delivery of local services	Wider co-productive/consultative review of implementation plan (local service arrangements)	LD team	May 18 (ongoing throughout life of strategy)	
LDPB	Outline of intentions for developing LD strategy with Outcomes Framework	<ul style="list-style-type: none"> • Briefing on development of new strategy, timeline and proposed format 	AR	5/12/17	5/12/17
	Consultation on LDS development	<ul style="list-style-type: none"> • Provide update on engagement activity and feedback • Agree role of LDPB and terms of reference with relation to LDS implementation and monitoring 	AR	13/3/18 5/4/18	5/4/18

Internal Stakeholders

Group	Resource/Channel	Message	Key Persons	Target Date	Completed
Operations teams	Engagement event (input from professionals)	<ul style="list-style-type: none"> • Provide key information and proposed domains for new outcomes framework • Opportunity for discussion of implementation and impact • Opportunity for FAQ and professional contribution • Identify any concerns and gaps 	AR	23/1/18	23/1/18
	Post-event update (Email)	<ul style="list-style-type: none"> • Summary of drafted Outcomes Framework circulated • Invite for contribution – continuing opportunity to identify gaps 	PK	26/1/18	26/1/18
	Completed LD Strategy	<ul style="list-style-type: none"> • Circulate briefing on launch of strategy [via AWB Ebulletin] 	TBC	TBC	
	Briefing on strategy and implementation	<ul style="list-style-type: none"> • AWB Forum – provide information on new strategy and implementation in practice 	TBC	TBC	
Project board: CCG HC	Project boards meetings for update/review of development	<ul style="list-style-type: none"> • Project board meetings scheduled to ensure ongoing monitoring of LDS development and agreement 	PKJ	11/1/18	11/1/18
				22/2/18	22/2/18
				29/3/18	29/3/18

				16/5/18	
				26/6/18	
	Completion of LD Strategy drafting	• Circulation of first version of LDS document circulated	AR/PK	5/2/18	5/2/18
		• Completed draft on mod.gov with decision report for governance onset	AR	28/2/18	28/2/18
Governance	LD Strategy consultation • DLT (Joint) • Cabinet member briefing • JCB • CCG Governing body • Joint Scrutiny Committee • Management board • HWB • Leaders' briefng	• Completed agreed version on mod.gov with decision report ready for cabinet	AR	17/5/18	17/5/18
		• Joint DLT agree/sign off of LDS [now virtual circulation of document to get final agreement]	AR	28/4/18	28/4/18
		• JCB sign off	AR	17/3/18	17/3/18
		• CCG governing body sign off	AR	22/6/18	
		• Report circulated to Scrutiny committee • Adults Scrutiny Committee review	AR	14/3/18 27/3/18	27/3/18
		• Management Board	AR	17/4/18	17/4/18
		• Circulate to HWB • HWB sign off	AR	31/3/18	31/3/18
		• Leaders' Briefing	AR	26/4/18	24/5/18
		• Deadline for final consultation comments	AR	20/4/18	20/04/18
		• CWB Scrutiny	AR/LK	14/05/18	14/05/18
		• Cabinet Decision	AR	07/06/18	
All Stakeholders Launch Conference	Promotional launch for new strategy implementation		TBC	TBC	

AWB/CCG LD Strategy Communications Plan 2018 – Summary of Feedback (Comments and Suggestions)

LEARNING DISABILITY HEALTH & SOCIAL CARE COMMISSIONING STRATEGY ENGAGEMENT RECORD			
Where I live	What I do during the Day	Being Healthy & Safe	Citizenship, Choice and Control
Domicillary care doing caring - dementia not adequate business model	Specialist services to provide meaningful services / day ops for people PMLD - not just to 'look after' people during the day.	Universal outcome - identify themes of health focus for people with LD	Buddying
Meaningful support choices - contract amendments?	Link workers who can complete practical work with people who want to look at work opportunities, to attend interviews etc	Communication - record notes on same systems. No access between LD, social care and NHS - people fall down the gaps here	Consider 'expert by experience' roles to <ul style="list-style-type: none"> * review services * attend forums * work with / alongside self advocacy
Housing support workers (advocates needed)	More support into work, ie within a placement then reduce slowly	Re-establish health facilitation role to provide training across all service to educate and develop understanding within main stream services. In providing health access	Increased support for carers of people with LD
Ensure both Housing Association and nomination process work for people with a LD in order to achieve flow through any transitional housing	Job coaching to enable people into work and reduce slowly	Re-educate health professionals involved with LD - their lack of support relating to health benefits huge issue	Risk and safety
Many social workers / assessment workers have no knowledge of LD - eg 'normalisation', legislation, valuing people or what services are available - training would be good	Do they have to be employed, could they not have support to be self employed	Health facilitation role provided this support in education and training. Previously this should be re-established LD 3.06 LD 3.07 input	Can the new community brokers work with some of the providers and link them with service users for community inclusion

Better links with OT service for adaptable housing	More college course choices and opportunities LD2.05	Specific training facilitator for staff and those with LD they support re health, health checks, cervical smears can be difficult for some with LD - creative input needed by carers.	Learning activities to develop skills throughout life
Robust warning for care providers to understand LD needs * Health * Social activities ie exercise	Utilise equipment and adaptations to make people independent and less reliant on care packages	Improving experience for people with LD in Gen Hospital. Increase role and value of hospital liaison nurse.	Educating general population * power differential * what is a label
Important to work creatively with the limitations on ground level housing staff. Have been trying to bring about shared housing and told by housing allocation that we can't because these two LD women are not related or engaged to be married	Utilise apprenticeship schemes	LD 3.2-6 - We previously had a strategic health facilitator who was commissioned to work across CCG / GP and specialist services (also providers and carers) to support the * GP registers * Training for health professionals in mainstream ie GP's, nurses, paramedics, hospital staff * Monitoring uptake and quality of annual health checks and feed this back to commissioners and the services themselves to promote change. The loss of this role is such a shame as it would have really pushed its domain forward.	Community value - link workers (?) to develop access to church groups / lunch clubs / local activity groups
	Educating employers - seeding pilot apprenticeships - growth to change environment		Access to transport and longer term Travel training support to travel to appointments
	No pathways to employment scheme in Herefordshire - Designated service LD2.03		Improve access to free bus pass for clients with LD
LD need a smoother pathway to move into independent housing - using more technology, need a rapid response service (see LD3.02)	Role of other large county organisations such as RHP's - in terms of support, delivery, landlord, employer.		Help to link people with community activity - initial visits
Housing for people with high functioning autism / mild LD / MH	More utilisation of access to work funding for small employers		Budgeting / lifestyle skills - utilise community resources for workshops / courses eg local high school (venue)
Having housing to move on to after 2 years (+) in transitional housing	Response and effective training and learning opportunities		Better off website - train support workers and health care professionals to use with clients
Not having much luck finding housing for adults with mild LD - who would struggle in generic social housing - more 'red coat court' etc needed	Education providers need to give information, advice for move on.	Role of people with a learning disability as a carer / parent	Used to have a well supported LD self advocacy group but no longer commissioned

More respite provision required	Integration where possible to universal services	GP's need to refer more LD patients on to health programmes eg diabetes prevention program	More effective knowledge base - advocacy / self help provision <u>properly</u> funded
Internet of things - who will identify what may be useful? Access to internet	More opportunity to access day opportunities. When these reduced, individuals quality of life deteriorated and mobility decreased	Parenting support for people with LD - not take their children away. Decrease costs or tie to education.	Consider self advocacy groups and how this can be supported and commissioned
Better quality training and higher paid staff to reduce staff turnover in specialist services	Consider positive occupation for those who display behaviours that challenge. Meaningful activities to reduce challenges	* Parenting support * Relationship	Slavery and trafficking - link. Who's invisible?
Care homes for people with dementia sometimes struggle to meet needs of people with dementia and all LD	There are many young adults leaving school and not engaging in any meaningful activity - young adults need a social care team to ensure this does not happen.	LD 3.01 Input * Consideration for funding for reviewers as this develops. This is a different additional role to have within current teams. * Needs to be given resource to make it have value	Support to help people understand what the Direct Payment can be used for :- * Clarity * DP advisors who talk about changes to DP
Shared lives a viable option for those who are 'forgotten' by family as offer security, warmth and focuses on independence and inclusion	Some residential homes - providing very limited social activities for their customers	Access to generic memory service whilst open to CLDT	Mismatch between allocated budget for Direct Payment & then being charged as a private funder
Promote shared lives - have a quicker matching process	LA to give work experience placements - lead by example	Access generic adult and mental health services	Emergency housing options for ASC. Many autistic YP are being told to leave the family - have at 18 and need housing short term
Be clear on what independent living is - clarity on independent. Supported living requirements of provider	Could local authority look at apprenticeships for people with a learning disability	Dating agency	Specialist ASD service

Move people with LD with increase in health technology across population - links with technology companies (health and social care) - employer and solving practical problems	Bus pass not being allowed to be used before 9.30am? Improvement on public transport	Social care will not fund exercise options as it is deemed 'health'. However it is an every day need - social inclusion	People with aspergers need to have the opportunity to live as independently as possible. Housing Current Allocation Policy limits people with Aspergers when going through housing registration. They are told they do not have a housing 'need', only a 'want' to be independent. They should remain in the family home until it turns into crisis or family breakdown.
Bring back 'moving on' team for housing	Better advertisement around activities that are suitable for our service users	Spec Adult LD Family Therapy Service	Social workers need to be in attendance at reviews to feed back good & bad practice
Out of hours support? Limited current contracts	More paid work opportunities for our residents	Support lets talk service to work and adapt their work to see our LD clients	Professional networks sharing good practice
Could use a wider range of tech if we had access to a response service where needed. Access to wifi.	Activities can be too costly	Referrals for correct team - physio should have gone to LD physio	Recruitment and retention of professionals
Foyer model - age restrictions. Could work for both younger transitioning people and older people with elderly people	Volunteering is not free - How to enable it to happen in true partnership?	Waiting for hospital appointments - too long ie dental treatment under 6A	Trusted assessor / Reviewer
Housing OT (specialism) is being trialed work between hospital discharge and housing ensuring they have appropriate adaptations for all citizens	Access to work - a project with DWP and collaboration		Know where the money is and how much things cost
Mixed economy - specialist and community / mainstream	More / wider use of therapeutic earnings		Plans include sustainability through cost benefit analysis, evidence based
	Find alternative ways of using the money in the system - entrepreneurship, social enterprise. And pump-prime		Transport - rational, logical approach by Transport dept - people, not hold on to budget

	Risk of exploitation - volunteering or unpaid labour		Mobility Allowances * LA - collective push by providers / families * Parents and inappropriate use or restriction
	Work opportunities		Use of public transport (where it exists!) and 'travel training'
	Activities - not too costly - social gatherings		Citizenship - role of support staff - enabling not babysitting
			Care heroes one Herefords Apprenticeship
			Visibility - how in a positive way not tokenistic
			Funding - Money not held by one stakeholder who has control (LA makes all decisions)
			Community based brokerage (not in LA) as well as more direct payments
			Strong evidence base and sharing it
			People in places and with support that is right for them - assessment in partnership and action taken
			Sharing the knowledge eg lifebook
			Everyone to understand their role and responsibility within the Care Act and co-produce with the person at the centre of the support plan
			Robust, ethical advocacy (circle of support)
			Continuity - mutual respect regardless of who has the knowledge about the person

			Strong, independent and representative - senior buy-in LDPB (strategic, hold to account body) - attached to H&WB Board (refer to work done by LDPB Carla Preston)
			Better communication and joint working between professional others in the involvement of individuals care