

"I want a job like you. Social Care relies on Housing Benefit to help pay my rent so I can't. That's not right"

"Screening – should be same as for everyone else but it isn't."

"How many people with a learning disability do health and social care employ? Lead by example."

"Commissioners should not be taken by surprise in their own communities – know the people in your area."

"Stop trying to fix the person. Help the person to grow in a place that works around them as much as possible"

"If people are having a crisis they should be able to stay closer to their community not have to go far away – out of sight out of mind."

"No one asks you when you're little what you want to be when you grow up so lots of people don't even think about work. Is that their fault?"

Greater Manchester Learning Disability Strategy

2018

"Don't forget I am a person, I need support, we all do"

I would rather be supported to speak for myself and have them listen to me most about life

"Why aren't more people angry that we die young? It scares me that I might die and it scares me that people don't care"

"Mental Capacity Act' and 'Best Interest' – remember whose best interests"

"Go to dance like my sister and have fun."

"Don't wait until I'm on my knees, its too late then."

"It really worries me that peer advocacy groups are disappearing."

"I'm not really worried about my house or support when I get out of hospital. I am worried I will be lonely. Is there an LGBT community? I have been in hospital over 10 years"

"If you don't have real friends in your life you are less safe."

"You should only buy services that you would be delighted for members of your family to use."

Introduction

We made this plan to make sure people with learning disabilities are valued as equals in Greater Manchester. We know people with learning disabilities face inequality in all areas of their lives, including health, housing, employment, education, support, justice and relationships. The plan is about stopping these inequalities happening in our communities. The plan details what we want to change, how we are going to change it and what we are going to do first.

To be successful, everyone must be involved whatever area they work in. We need a culture change so that all people with a learning disability feel welcome and included in their community and able to access the services and opportunities available there.

Ambition of the Strategy

The aim of the strategy is to enable people with a learning disability in GM to enjoy independence, live as close to home as possible in communities where they feel valued, to enjoy and have purpose to how they spend their time and to contribute to the local neighbourhood.

The national Building the Right Support guidance tells us that there are 9 principles of a good life for people with a learning disability and/or autism; this is a plan to help us achieve this for all GM people so they everyone can say:

1. **I have an interesting life that I enjoy.**
2. **My care and support is well planned.**
3. **I have choice and control about my care and support.**
4. **I live in the community with the support I need.**
5. **I have a choice about where I live and who I live with.**
6. **I get good care from health services.**
7. **I get help from experts in the community when I need it.**
8. **I get help to stay out of trouble with the police if I need it.**
9. **If I have to go into a hospital because my health needs cannot be met in the community, it is high-quality and I don't stay there longer than I need to.**

Challenges

For over 20 years a great deal has been written, new laws have been passed and guidance issued to allow health, social care and other public services to support people to have more control over what their support looks like and while many improvements have been made to enable people with a learning disability to live in their community and to support their independence, there is still much more to be done.

We have tried to do these things before and we haven't been successful as a number of the key challenges still remain, they are:

- When individuals and families are asked about how the personalisation agenda has made a difference to them the majority of people say that they do not feel like much has changed.
- People with a learning disability have poorer health and die at a younger age than their non-disabled peers, they are at a higher risk of loneliness and isolation, over represented in the criminal justice system and far less likely to be in paid work.
- Many people with a learning disability are not on GP LD registers and only 50% of people on a GP LD register had an annual health check in 2016/17.
- Too many people have been in hospital for too long – there are still over 50 GM people with learning disabilities and/or autism that have been in hospital for over 3 years

Some key facts about our learning disability population and services:

- In GM, there are an estimated 65,000 people with learning disabilities and 7,405 receive services because of their learning disabilities.
- £300 million is spent by health and social care services across GM each year on supporting adults with learning disabilities. This is 32% of the total GM adult social care budget.
- Many people are placed in crisis - 14% of the top 300 high costs cases
- Many people are also placed out of area too – from the top 300 high costs cases, 140 are placed out of area.

This is wrong and we need to do something to change it so it doesn't continue to happen in the future.

Although we have less money than before, we still have a lot of money to support people with a learning disability and we need to spend it differently so that we get good outcomes for everybody.

We need health and social care services to be more flexible and offer a more personalised approach so that we can do things differently and so that power and control sits with people and not services.

How we made this plan

12 Pillars of Independent Living



Access



Transport



Equipment



Housing



Personal Assistant



Job



Money



Education



Information



Advocacy



Peer Support



Healthcare

Long term, valued relationships are key to facilitating coproduction which brings together people with learning disability, autism or both, families, friends, allies, health, social care, education, the police, other public services and the wider community as equal partners with a shared commitment.

The North West Training and Development Team (NWTDT)/Pathways Associates CIC have lead the coproduction and development of this plan with people from across Greater Manchester using their long standing, local connections with people and organisations. A range of meetings, events, conversations and surveys have taken place over a number of months with self-advocates, families, commissioners, practitioners and senior leaders all working together.

The 12 pillars of independent living are at the centre of the plan to ensure that it supports people to take control of all aspects of their lives and enables people to have a better future.

The Plan from the People of Greater Manchester

People in GM have identified 10 areas of work which reflect the 12 pillars of independent living. These are the things we will look to achieve over the next five years.

The table below shows what people with a learning disability and their families have said; our shared vision of what we want for the future and the actions that will be put in place to achieve it.

YOU SAID	OUR SHARED VISION	WHAT IS GREATER MANCHESTER GOING TO DO ABOUT IT
Priority 1: Strategic Leadership (reducing inequality)		
<p><i>“We have the resources (human, physical and finance) to ensure that everyone lives a happy and healthy life with the right support when needed. We need to decide to work together and spend what we have better and on the things that matter to people in Greater Manchester”</i></p>	<p>Strategic Leadership to support a reduction in inequality across Greater Manchester.</p>	<p>We will coproduce with self-advocates and their families action plans and agree some performance targets for this strategy. We will report progress regularly to our senior leaders in GM and to Confirm and Challenge group.</p> <p>We will allocate a lead officer for each of the work streams who will be responsible for working with self-advocates, families and services to make change happen.</p>
Priority 2: Advocacy (reducing inequalities in being heard)		
<p><i>“I can speak up for myself so why don’t people listen?”</i></p>	<p>Support more children, young people and adults with a learning disability to have the <u>confidence and skills to speak up</u> for themselves and their peers and evidence why that is important in Greater Manchester</p>	<p>Pathways Associates and other voluntary sector organisations and groups will work to support people with learning disabilities and their families to develop advocacy skills, supported by GM.</p>
<p><i>“I feel like I am on my own and let myself get intimidated, then I get annoyed with myself”</i></p>	<p>Support more families and friends of children and adults with a learning disability to have the <u>confidence and skills to speak up</u> for themselves and their peers and evidence why that is important in Greater Manchester</p>	<p>We will support awareness-raising about different the types of advocacy and their benefits.</p>
<p><i>“We need clear definitions of roles-formal/informal/family/community”</i></p>	<p>Self-Advocates, families, friends, providers and those working in Public Services will have clear <u>understanding of all types of advocacy</u> and be clear how they differ from</p>	<p>We will support independent citizen advocacy for those that are unable to self-advocate.</p>

	each other	
<i>“Stronger together not competing for the same scraps”</i>	Advocacy groups working together	
Priority 3: Bespoke Commissioning (Reducing Inequalities in Control) Support designed with and for me		
<i>“Let’s get personal – one person one plan”</i>	Bespoke support and commissioning – support designed with and for me	We will invest support and bring in expertise to test and embed new person-centred planning approaches into the support planning and commissioning process. We are calling this an ‘Innovation project’. We will work with 2-4 localities now, and then help other localities take and use what they have built and learnt. We will review our commissioning and contracting processes for people with high support needs and develop best practice standards to ensure people get high quality care and support that meets their individual needs, close to home.
<i>“It’s not me that’s complex it’s your systems they are much easier to change than me.”</i>	Make sure that Greater Manchester gets high quality, value for money support for people.	
<i>“Let’s prevent the crisis not wait for it. Don’t wait till we are on our knees.”</i>	Always expect and plan for the unexpected so there are fewer crisis situations All areas should know their population.	
Priority 4: Good Health (reducing health inequalities)		
<i>“One person went to have an annual health check with their GP. They found a serious health problem that hadn’t been identified before. They were able to have an operation and make a full recovery. How wonderful are annual health checks!”</i>	Annual Health Checks for People with Learning Disabilities.	We will review the GP learning disability registers and set targets for more people to access a good quality annual health check. We will review and work to embed the learning from the mortality review across GM.
<i>“Why aren’t more people angry that we die young? It scares me that I might die and it scares me that people don’t care”</i>	LeDeR – Learning from the Learning Disability Mortality Review to improve care and prevent premature or avoidable deaths occurring.	We will embed STOMP into the GM medicines management strategy and increase awareness of people’s right for a medication reviews.
<i>“This is about death by indifference and health inequalities for us all too”</i>	Improve access to mainstream health services, , including mental health services, developing reasonably adjusted health and social care pathways and services	Work with the GM Cancer Leads to improve Cancer screening rates for people with a learning disability.
<i>“I didn’t know I could ask for a review of my</i>	STOMP - reduce the use of anti-psychotropic medication	

<i>medication”</i>		
<i>“Screening – should be the same for everyone but it isn’t”</i>	Improve cancer services and experiences for people with Learning Disabilities and improve the uptake of the national cancer screening programmes.	
Priority 5: Belonging not Isolation (Reducing inequalities in my right to have a great life)		
<i>“It’s having no friends that makes us vulnerable not learning disability or autism”</i>	No one in Greater Manchester should be alone if they wish to belong	We will grow and develop the small sparks initiative so people with learning disabilities can make friends and are able to spend time doing the activities they enjoy.
<i>Please take 2 minutes to read this blog</i> https://changepeoplephilipa.wordpress.com/2017/05/17/lees-story-my-fiancee/	Why be Shy?	
Priority 6: Homes for people (reducing inequalities in getting a good home)		
<i>“Living independently doesn’t have to mean living on your own. It’s about having choice, freedom and control over your own life. It means that you decide where to live, who you live with and how to live your life. It means you get all the support you need.”</i>	Everyone gains confidence and understanding about what housing options are available, what we need in GM and our plan for the future.	We will expand the Shared Lives provision and the Home Ownership for people with Long-term Disabilities (HOLD) mortgage offer in GM so that more options are available for people with learning disabilities to choose the best living arrangement for them.
<i>“We need lots of options like everyone else.”</i>	Widen the definition and type of services offered by Shared Lives	We are developing a housing plan for people with learning disabilities and autism.
<i>“My house, my home should be my rules”</i> <i>Please take 2.08 minutes to watch this clip</i> https://www.youtube.com/watch?v=lrXmOHadkU4	Housing Support for people leaving assessment and treatment units – a place I can call home.	
Priority 7: Employment (reducing inequalities in getting a paid job)		
<i>“The right to a job I want not what someone else forces me to do”</i>	Supporting Individuals including support for travel.	We will set targets for localities in GM to increase the number of people with a learning disability and autism in employment, traineeship or apprenticeship.
<i>“Employers need to know what’s possible.”</i>	Support for Employers.	We are developing good practice standards for practitioners, commissioners, employers and
<i>“No one asks you when you’re little what you want to be when you grow up so lots of people don’t even think about work. Is that</i>	Transitions, Supporting Young People into the world of work	

<i>their fault?”</i>		supported employment providers. We will work with employers to increase the number of opportunities for work available to people. We will work with schools and colleges to ensure employment, apprenticeships, internships and traineeships are considered for all young people.
Priority 8: It's EVERYONES Job Learning with the Workforce to develop good lives with people in GM		
<i>“People need to understand how to support as well as what to do, you can't teach humanity”</i>	Learn about our Values Base – it's not just what you do, how you do what you is just as important	We will develop a new learning disability workforce strategy to ensure we have a skilled workforce and quality providers. This will include working with mainstream universal health services to ensure that people with a learning disability are able to access services.
<i>“Bigger isn't always better let's not lose the smaller providers who can often be more flexible and responsive.”</i>	People in GM deserve the best, we want quality Providers	
<i>“We want quality providers with quality staff”</i>	A Skilled 'workforce' – it's EVERYONES job!	
<i>“People need to understand how to support as well as what to do, you can't teach humanity”</i>	Learn about our Values Base – it's not just what you do, how you do what you is just as important	
Priority 9: Early Support Solutions (reducing inequalities for children and young people)		
<i>“Assessment and diagnosis are inextricably linked to funding. This perpetuates the medical model and the focus on 'fixing' people.”</i>	Early referral, assessment and post diagnostic support	We will bring services for children and young people together to improve and streamline the assessment processes.
<i>“Decisions about services and support are made too late, particularly at points of transition.”</i>	Getting the right help as early as possible	We will strengthen joint working between SEND, CAMHS and children's social care leads to improve services for children and young people and their families. This will include embedding arrangements for Care, Education and Treatment Reviews to
<i>“The solutions that services offer us can at times be as bad as or worse than the</i>	When working with children and young people a whole family approach is essential whenever possible.	

<i>problem we asked for help with</i>		
<i>“We - families - are expected to cope, even if services can’t”</i>	Invest in more intensive support	prevent children and young people being placed away from home.
<i>“Courses to help families and the teams develop strategies together (not called parenting courses)”</i>	Maximise the opportunities that joint working across GM will bring to supporting Children, Young People and families	
Priority 10: Justice System		
<i>“Don’t send me back to the place and people where I got into trouble”</i>	Offenders are being represented and treated fairly to help them not to reoffend.	Work with people, families, GM Police and others to develop plans to ensure people are treated fairly when they come into contact with the justice system.
<i>“Many of us live alone and feel isolated vulnerable and scared this makes us feel unsafe.”</i>	Victims voice.	

We will be asking all Learning Disability Partnership Boards to consider this plan and decide which areas they want to focus on locally.

What Next?

Alongside this strategy, people with learning disabilities and their families have developed work plans for each of these themes. These also identify the links and connections between each of the themes. These will be shared with the work stream leads listed in appendix A.

The Strategy will be overseen by the LD and Autism Governance Structure, see appendix B. Working groups will involve people with a learning disability and/or family representatives to ensure coproduction is embedded into all of our work and we will look to Conform and Challenge.

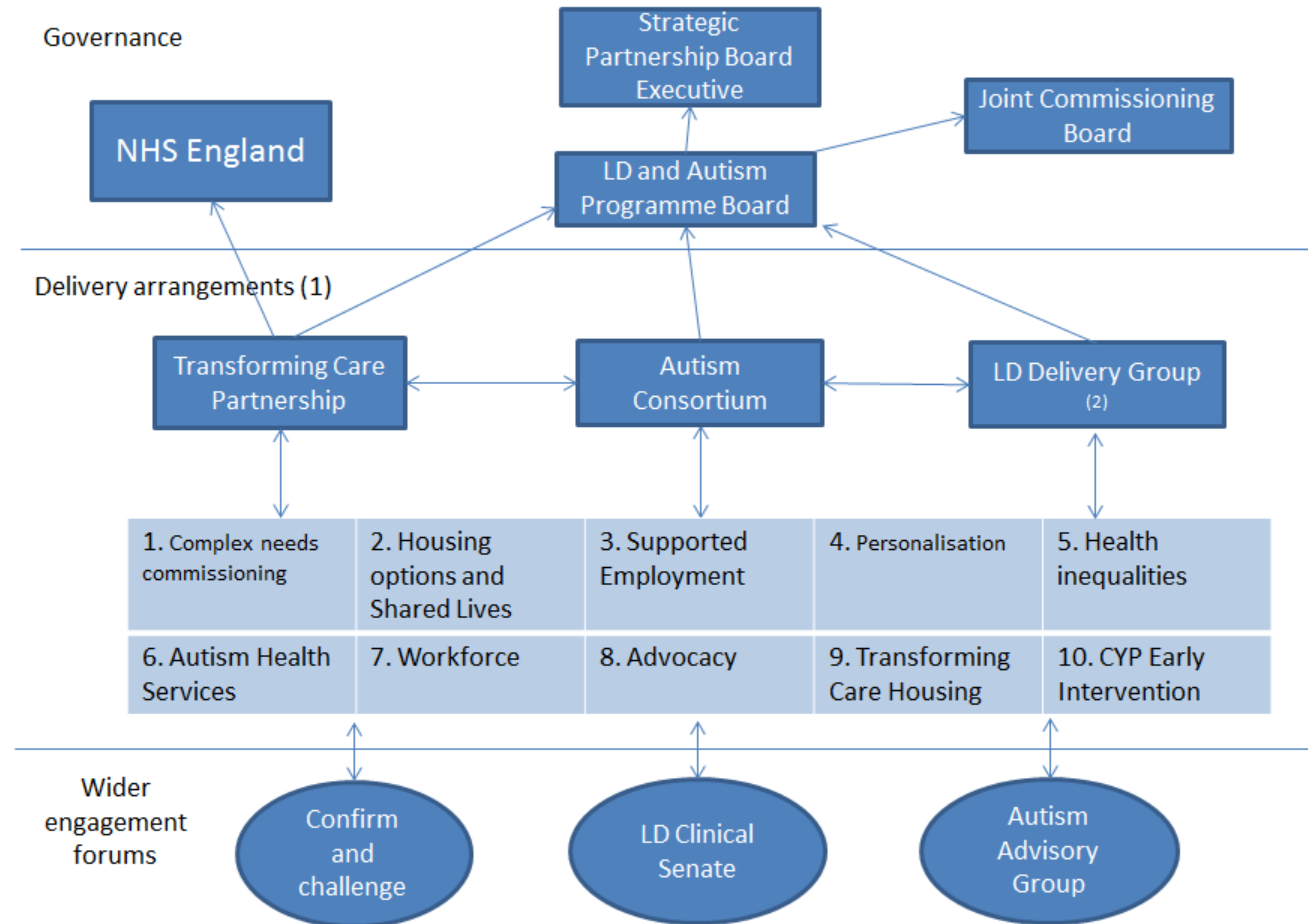
The leads working with Conform and Challenge will together develop arrangements for reviewing actions and reporting back progress.

Appendix A: Priority Leads

These are the people that are leading the work for each of the priorities. These people will be responsible for working with people with a learning disability and their families to ensure we achieve our vision and will report back regularly to Confirm and Challenge.

Priority	Lead	Organisation
Strategic leadership	Mark Warren	GM ADASS Lead, Oldham Council. LD Delivery Group Chair.
Advocacy	Mary Edwards	Stockport Advocacy
Bespoke Commissioning	Jo Chilton	Adult Social Care Programme Director, GM HSCP
Good Health	Tina Long	GM HSCP Chief Nurse
Belonging not isolation	Kath Bromfield	Pathways Associates
Homes for people	Jo Chilton	Adult Social Care Programme Director, GM HSCP
Employment	Jo Chilton	Adult Social Care Programme Director, GM HSCP
It's everyone's job – Workforce	Sandy Bering	GM Strategic Commissioner for MH and LD, GM Commissioning Hub
Early Support Solutions	Charlotte Ramsden	Salford Director for Children's Services
Justice System	To be agreed	

Appendix B: LD and Autism Governance Structure



(1) Delivery arrangements are flexible and will change as work progresses

(2) Working groups 1–4 report into LD Delivery Group