



ST HELENS
BOROUGH COUNCIL

LEARNING DISABILITY STRATEGY

SEPTEMBER 2023



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FOREWORD

We know that demand for services for people with a Learning Disability is increasing and will do for the foreseeable future. Additionally, the impact of the Covid pandemic is yet to be fully understood for its impact on the sustainability and viability of the care sector. This Learning Disability strategy sets out how we plan to meet these challenges by commissioning and developing a range of services to support residents to maintain, or regain, their independence.

Our intention is to place a greater focus on individual choice and control in community-based settings. We also want to develop services that prevent crises from happening and, if they do, mitigate their impact by intervening at an early stage. We believe we can best do this by promoting the independence and wellbeing of residents, their families, and communities through a range of effective support services. We will put in place new, more cost-effective preventative and enabling approaches to reduce demand and release resources for those who most need them. To achieve this, we need to focus on the following key areas:

- Community Inclusion
- Early help
- Life Changes (Transition)
- Education and Employment
- Sort Breaks
- Assistive Technology
- Housing
- Workforce Development
- Mortality, Health, and Transformation
- Autism

The joining of health, social care and our local communities is essential for people with Learning Disabilities to be able to realise their full potential. We will work with all partners which includes service users, carers, health partners, voluntary, community and third sector partners to commission positive outcomes and make the best use of our combined resources. Together we can ensure that people with a learning disability live healthier, happier and for longer.



M. M. Quinn

Councillor Marlene Quinn
Cabinet Member -
Integrated Health & Care

1. INTRODUCTION AND CONTEXT

1.1. PURPOSE OF THIS STRATEGY

This Strategy sets out the vision, ambitions, and commissioning intentions for people with learning disabilities of all ages living in the Borough. Our main aim is to ensure that all individuals can live a healthy, happy and independent life with choice and control over the care that they receive.

This will necessitate a continued shift in the way we do things; from a professional-led model of care - which sees the individual and their families as recipients of service - to a truly collaborative model where the professional is an equal partner to the individual and their carer. In this regard, and as stated in the National Institute for Health and Care Excellence (NICE) guidelines, we will be taking a 'whole-life' approach from early childhood onwards. This will help enable smooth transitions into adulthood whilst still addressing the needs of different age groups through to old age.

THIS STRATEGY, THEREFORE, IS FOR EVERYBODY WHO LIVES IN ST HELENS WHO HAS A LEARNING DISABILITY.

This Learning Disability strategy directly links to the delivery of St Helens Cares place-based partnership plans, the People's Plan and the Adult Social Care Integrated Commissioning Strategy. There are also national and regional drivers that direct our approach to Learning Disability commissioning; the Council must

comply with statutory duties, adhere to national and local policy; meet local need within a tight financial envelope and respond to the legacy of the Covid-19 pandemic. Notably, the Children and Families Act 2014 also advances the Government's commitment to improve services, opportunities, and choices for disadvantaged children and young people.

Coupled with the above, the Care Act which came into effect in 2015, sets out the need to support people to have a greater degree of autonomy in the care they receive. Importantly, the Care Act modifies many aspects of how care is organised and tries to give people in need of support more power and influence. This includes:

- A modification to how Local Government conducts assessments with people who require support. People will be urged to consider the results they hope to achieve in their lives. This is true of day opportunities and putting the "having a good day model" into practice
- New rights for carers that place them on an equal footing with the people they care for. Every carer is eligible for an assessment
- A stronger focus on safeguarding the most vulnerable members of our society from mistreatment and neglect
- A stronger focus on prevention. People will be encouraged and supported by local

governments and other support organisations to live healthy lifestyles, decreasing the likelihood that they will require more assistance in the future

- Greater emphasis should be placed on local authorities' ability to provide the public with clear information and guidance so they may choose their support options appropriately and maintain control over their lives
- A stronger focus on personal budgets, which enable people the freedom to use funds allocated to them as part of their support plan to pay for care that meets their needs

We have made some progress in transitioning toward more intimate, community-based activities, but there is still considerable work to do. We need to work with local communities to provide people with learning disabilities greater opportunities to work. By 2025, there is a national target to double the proportion of people with a learning disability working, a target we subscribe to. Importantly, this doesn't simply mean internships or voluntary work unless they are truly a step toward finding paid employment.



1.2. PEOPLE WITH LEARNING DISABILITIES IN ST HELENS

A LEARNING DISABILITY IS DEFINED BY THE DEPARTMENT OF HEALTH AS A REDUCED INTELLECTUAL ABILITY AND DIFFICULTY WITH EVERYDAY ACTIVITIES FOR EXAMPLE, HOUSEHOLD TASKS, SOCIALISING OR MANAGING MONEY WHICH AFFECTS SOMEONE FOR THEIR WHOLE LIFE.

The total number of the adult population (aged 18 to 64) who have a learning disability was estimated to be 2,566 in 2017 which will have remained broadly the same in the years since. The population of St Helens is ageing, which means that the number of people in older age groups has increased significantly when compared to younger age groups. At present, more than a quarter of the population of St Helens will be over 65, which is higher than the national average. In line with this, people with learning disabilities are living longer and developing age related conditions such as dementia, epilepsy and sensory impairment.

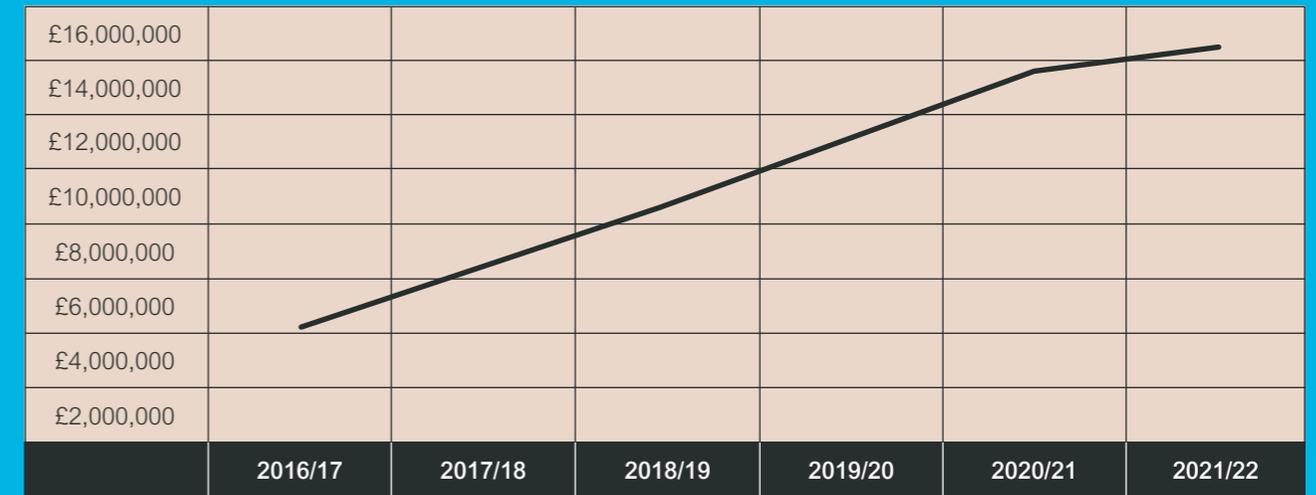
The table opposite shows the projected numbers of people with Learning Disabilities in St Helens:



		2017	2025	2030	2035
People age 18-64 predicted to have a learning disability	England	823,082	839,368	848,518	855,914
	St Helens	2,566	2,527	2,496	2,472
People age 18-64 predicted to have a moderate or severe learning disability and hence likely to be in receipt of services	England	187,508	191,859	194,818	196,861
	St Helens	583	576	573	573
People age 18-64 predicted to have a severe learning disability	England	49,739	50,877	51,949	52,506
	St Helens	153	151	152	150

Source: PANSI 2018

Aligned to the above, the cost of support for people with learning disabilities in St Helens has doubled in the last decade, from £10,252 million in 2011/2012 to £28,300 million in 2021/2022. This is evident across a range of services and types of provision. For example, as the following chart shows, the spend on learning disability supported living has doubled over the five-years since 2017.



The consequence of the above figures is that services will need to adapt to meet rising demand and we will need to work in partnership with our communities, health colleagues and independent providers to do this.

1.3. OUR COMMITMENTS

In our Adult Social Care Integrated Commission Strategy 2022-2024 we have stated a set of commitments that apply across the range of work we undertake. We will:

- **Satisfy the anticipated increase in demand and innovate** - To ensure that people receive high-quality services that fulfil their care needs and produce the desired outcomes for specific persons, we will foster improvement and identify novel methods of service delivery
 - **Empower individuals** - To take charge of their own care and support and make defensible decisions about how and when to get assistance for living their lives
 - **Increase chances for neighbourhoods to enter the care sector** - Making sure that people have access to a variety of care and support options
 - **Maximise chances for locals** - To develop self-reliance, independence, and the ability to live a long, healthy life
- **Change the way we talk with service providers and partners** - So that we can jointly identify savings from service redesign, incorporate opportunities, and develop creative solutions that are supported by what benefits people

The above will be made possible by creating new support models that encourage the passage from dependency to independence and steer clear of specialist bed-based care. The principles of wellbeing, enablement, opportunity, employment, community support, and short-term interventions will serve as the foundation for this work.

1.4. WORKING TOGETHER

How we deliver the above commitments, will be contained within the action plan associated with this document. However, this is not a singular Strategy and is created, influenced, and delivered through our numerous partnerships, service providers and communities which includes:

- Service users, carers, and families
 - Leaders of Integrated Care Boards, local authorities, and health partners
 - Service providers for social services, health care, social and physical environment
- Health, social, and community service commissioners
 - The community and voluntary sector

The delivery of coordinated and seamless services to help people live healthy, independent, and dignified lives increases with the integration of health and social care, which also improves results for the population as a whole.



2. VISION AND PRIORITIES

2.1. WHAT WE ARE TRYING TO ACHIEVE

While learning disabilities are lifelong, the St Helens Learning Disability Service's primary goal is to help as many people as possible achieve maximal autonomy and independence to the point where they no longer require adult social care intervention and assistance. Individuals with more complicated needs will be supported in improving their quality of life.

This Strategy ensures that people with learning disabilities and autism spectrum disorders have access to services that are tailored to the needs of each individual rather than being a one size fits all approach. Within this, we also recognise that people with learning disabilities frequently deal with mental health concerns in addition to their disability diagnosis. Indeed, research shows that between 25% and 40% of people with learning disabilities struggle with mental health issues. The prevalence rate of a diagnosable psychiatric disease among children and adolescents with learning disabilities is 36%, compared to 8% in children and adolescents without a learning disability. To this end, a separate Mental Health Strategy will be developed in tandem with this document.

We appreciate that in order for this Strategy to be a success, and truly embedded into our practices, we must also work with our partners collaboratively and link this to the St Helens Special Educational Needs (SEND) Strategy. Through this, we will work with the 0-25 SEND

Collaboration - a multi-agency partnership that leads and drives advances in support, processes, and provision for children and young people in St. Helens with Special Educational Needs and Disability aged 0 to 25 years old. This also includes Preparation for Adulthood (PfA) which is a specialised service provided by the SEND Partnership for 16-25 year-olds who are transitioning to adult services.

Rather than being forced into a specific service with no say in the issue, we aim to allow individuals to make their own decisions about the support they receive from our commissioned services. We will use a strengths-based approach, focusing on what people can do and what resources they can access from inside their own networks rather than what they can't. We will also encourage employees from the health, education, and social care sectors to keep working together and strengthen these bonds so that people with learning disabilities only have to share their experience once.

OUR VISION APPLIES TO EVERYONE IN OUR BOROUGH WHO HAS A LEARNING DISABILITY OF SOME KIND, NO MATTER HOW MINOR OR SEVERE.

This includes people who may not be known to Social Care, because we want to help them live independently for the remainder of their lives. This emphasizes the importance of having access

to basic amenities such as health, housing, education, and recreation, which others may take for granted.

As a result, this document will align with the development of four Care Communities across health and social care partners. We intend to focus on early intervention and prevention, with specialised services employed only when absolutely necessary. We will be able to focus on improving the lives of the most vulnerable individuals in our community by increasing independence and promoting access to universal services.

We will utilise our Learning Disability Partnership Board, the mission of which is to better the lives of adults with learning disability and to assist in meeting the needs of peoples with learning disabilities in St Helens. The membership of the St Helens Learning Disability Partnership Board will be reviewed to ensure that the terms of reference are being met and we will continuously revisit the priorities of the Board to ensure that it remains a powerful and effective forum for people with learning disabilities and a catalyst towards positive change.



2.2. OUR PRIORITIES

IN ORDER FOR US TO MEET OUR VISION, WE WILL FOCUS ON TEN KEY PRIORITIES, EACH OF WHICH IS DESCRIBED IN THE FOLLOWING SECTION.

COMMUNITY INCLUSION

We want to ensure that people with learning disabilities of all ages are completely integrated into mainstream society, are not stigmatised or afraid and have the skills and support to live a happy and independent life.

In order to achieve this, we will develop a holistic approach, collaborating with health partners, education, leisure services, transport, planning and community organisations. This approach will ensure that we can capitalise on the community assets we have in St Helens, such as parks, swimming pools, and green spaces. It also means that we can promote and refer people with learning disabilities to local community groups that are available to help them form relationships and learn a variety of life skills.

EARLY HELP

Each year, 15,000 children are born with a learning disability, according to Mencap. Regrettably, children with learning disabilities are more likely to experience poverty, physical and mental health issues, and academic difficulties.

As a Local Authority, we will ensure that children and their families receive early support and intervention in order to minimise the likelihood of experiencing greater challenges later in life. As soon as their requirements are determined, family and carers will be offered appropriate support to remain happy, autonomous and at home.

The St Helens Learning Disability Partnership Board will be utilised as a forum and meeting point for people to discuss concerns, exchange ideas on best practice and co-produce new ways of working.

LIFE CHANGES (TRANSITION)

Transition is a critical area for our young people with learning disabilities and we recognise the importance of managing it correctly. Transition is a continuous and evolving process that helps young people prepare for adulthood. It is not a single event or encounter but rather a series of events that take place between the ages of 14 and 25.

Education, Health, and Social Care collaborate with young people and their families to ensure that early planning occurs not only at the age of 14, but also earlier in life. This planning takes into account the abilities, needs, and desired outcomes of children and young people as they prepare for adulthood. Employment, independent living, participation in society, and being as healthy as possible are some of these outcomes.

It is critical to prepare for this phase of transition by sharing information promptly and working together to identify any gaps in need and ensure that the appropriate assistance is in place to satisfy young people's long-term requirements. As such, we will work with young people and their parents/carers to help them navigate the

transition time, emphasising the significance of involving them in decisions about their support and capabilities.

We acknowledge that one of the opportunities for successful transition is the need to be more creative in our commissioning and we intend to provide more choice and improve our local offer so that people transitioning to adulthood can experience independent living and all that entails.

We also recognise that transition doesn't solely relate to young people transitioning to maturity. Indeed, there are other types of transition that need to be supported as well. An individual with learning disabilities, for example, who has spent their entire life with their parents and whose parents pass away. Appropriate arrangements will be put in place for such situations through a person-centred approach to care planning and an understanding of the family environment in which people with learning disabilities live. People with learning disabilities who become parents are another example of transitioning to a different and sometimes challenging phase of life. Critically, all of the above will only be achieved if individuals, carers, friends and family are actively involved in decision-making and care planning.

EMPLOYMENT

Nationally, the current disability employment rate is 32.2 percent, implying that 3.8 million disabled people are unemployed.

Yet, according to the Government, 65% of adults with learning disabilities want to work.

Working promotes health and well-being, contributes to a feeling of identity and personal accomplishment, and provides a social network of support. We understand that work is not for everyone, but it should always be an option.

With this in mind, we need to work with local communities to provide people with learning disabilities greater opportunities to work. By 2025, there is a national target to double the proportion of people with a learning disability working, a target we subscribe to. Importantly, this doesn't simply mean internships or voluntary work unless they are truly a step toward finding paid employment.

As a Borough, we will continue to pursue an asset-based approach, focusing on what people can do rather than what they can't. We recognise that learning and undertaking complicated activities may be more challenging for people with learning disabilities but, with the correct support, it is not impossible. Through effective planning and an integrated approach, we can ensure that individuals are more comprehensively supported during their first few months in employment.

EDUCATION

80% of schools in St Helens are currently judged Good or Outstanding by the Office of Standards in Education Children's Services and Skills (Ofsted). Whilst the national figure is 89%, we know that we have a strong base from which to work.

We will support the ethos of community inclusion and allow children with special educational needs and disabilities (SEND) to enjoy their lives and experience the same opportunities as their peers. We want to ensure that St Helens pupils with SEND are exceeding the national average across the board for all attainment measures.

Where children and young people require specialist educational provision, we want to be recognised as a leading authority in promoting educational excellence through providing, commissioning, and brokering high quality educational services. For those individuals who can receive education in a mainstream setting, it is crucial that the education system supports these children. This means that we will work to ensure that staff within educational settings have access to appropriate resources and training that enables them to meet the needs of our children and young people with SEND.

SHORT BREAKS

We are in the process of commissioning a more flexible offer of short break support for people with learning disabilities who have eligible support needs. This encompasses both community-based and accommodation-based short breaks. We will be able to provide a more effective range of short break services through this new model; delivering a variety of

individualised solutions that are appropriate to meet the needs of many and provide the best value.

Notably, the above offer will be available for both carers and the cared for. This builds on the requirements of the Care Act (2014) which mandates that local governments analyse a caregiver's support requirements which leads to an increase in the number of carers eligible for an assessment of what support they need. This can include direct payments to the individuals that they care for to ensure that a carers time can be funded and any activities that are undertaken are not always solely funded by the carer.

Our short breaks service will establish a range of support services that provide a variety of individualised solutions and are appropriate for a wide range of needs. This also requires a focus on timely and appropriate support for carers. Importantly, the new service will be tailored to support those people in the Borough with the most complex needs.

ASSISTIVE TECHNOLOGY

The 2004 amendments to the Assistive Technology Act of 1998 support the need to improve the provision of assistive technology to individuals of all-ages with disabilities. Assistive technology ranges from low to high tech and there are several benefits to their usage. It can:

- Promote independence and allows people to make choices about their life
- Allow people to feel safer in their home as well as out and about
- Support more regular communication with others and reduce social isolation

- Help people become a valued member of their local community
- Enable people with learning disabilities to experience more privacy
- Support individuals to achieve better standards of care

Our ambition over the next ten years is to ensure that, as a Local Authority, we are leading the way in commissioning and providing more innovative technologies and putting them into practice where possible. To achieve this, we will develop a set of clearly defined guidelines and processes to ensure that this type of assistance is more prominent in the options that people have. We will also seek to arrange care package financing in a more constructive and person-centred way.

Coupled with the above, we also recognise that in order to encourage people to use such technologies, support and training on how to use them will be required. This aligns with the involvement of families, carers, and those who are being cared for at every stage of the process, since their participation is critical to its success.

HOUSING AND ACCOMMODATION WITH CARE OPTIONS

We will promote independent living for people with learning disabilities, wherever it is feasible and affordable, so that those who are capable of living independently can do so. To achieve this, we will need to improve the housing provision we have in our Borough which necessitates a stronger working relationship with our housing providers, independent builders, community groups, carers and people with learning disabilities.

Importantly, we recognise that a child or young person's dependence on a particular form of housing can begin in childhood. Therefore, as soon as they enter a residential school environment, a plan will be devised for how they will progress toward returning to their family home and greater independence. Every six months, this plan will be evaluated to ensure that progress is being made and that the agreed-upon outcomes are being reached. We will also ensure that the child or young person continues to get support in order to achieve the goals set out in their education, health, and care plan.

CHILDREN AND YOUNG ADULTS WITH A LEARNING DISABILITY, AUTISM OR BOTH WILL, WHEREVER POSSIBLE, RECEIVE THE SUPPORT AND RESOURCES THEY REQUIRE TO REMAIN WITH THEIR FAMILIES IN THEIR OWN HOMES OR AS NEAR AS POSSIBLE TO IT. PLACEMENTS OUTSIDE OF OUR BOROUGH WILL BE AVOIDED WHEREVER POSSIBLE.

WORKFORCE DEVELOPMENT

Our aim for workforce development is four-fold:

- We will enhance opportunities to work in social care and provide a greater understanding of the benefits and rewards of doing so
- We will work with our own staff and our partners to enhance understanding, skills, and capabilities in supporting those with a learning disability
- We will work with providers and independent employers to provide greater training and support to employ and keep more learning-disabled people in employment
- Provide greater opportunities for people with learning disabilities to work, including the enhancement of pathways into work, on the job support and confidence to build independence and life-skills

To achieve the above, we will co-produce an extensive action plan with our communities, partners and service users, through a variety of mediums. Through this, we can research best practice and utilise case studies and success stories of peoples who have gone on to achieve great things.

This also applies to our own staff, many of whom understand what our service users want from their lives, but who may not have a complete picture of how best to support them to achieve it. As such, we will re-focus the way we assess people's needs to incorporate a more holistic approach – this supports our staff to discuss what broader services are required to enable service users, carers, and families to be happier, healthier, and independent. Much of the time, this

will incorporate access to work, education, and vocational skills.

Aligned to the above, the development of our care communities model will ensure that people can access a broader set of services across health, social care and independent organisations. Through this, a more robust case management approach will be utilised so that those with more complex needs.

From a recruitment perspective, we will collaborate with schools and colleges to encourage young people to choose a career in social care from an early age. We also need to more proactively emphasise the benefits of working in such a satisfying field and the pathways it can lead to more senior roles.

MORTALITY AND HEALTH

It has been demonstrated that people with learning disabilities have poorer health and shorter life expectancies than those who do not have a learning disability. Higher incidences of lung disease, gastrointestinal disorders, mental illness, dementia, epilepsy, diabetes, poor oral health, osteoporosis, sensory disabilities, and obesity are among the consequences. Around one-third of people with learning disabilities are also thought to have a sensory disability and are ten times more likely to use glasses. Individuals with learning disabilities may be unaware that they have a vision problem and may find it difficult to communicate this to their parents and/or carers.

In addition, between 25% and 40% of people with learning disabilities struggle with their mental health. The prevalence rate of a diagnosable psychiatric disease among children

and adolescents with learning disabilities is 36%, compared to 8% those without a learning disability. Young people are also 33 times more likely to be on the autism spectrum.

According to the Confidential Inquiry into Premature Fatalities of People with Learning Disabilities (CIPOLD), 37% of deaths in people with learning disabilities may have been avoided. Clearly, this is a concerning figure, and we acknowledge that both the health and social care sectors must work together to alter it. Annual health checks, which are being promoted in St. Helens, will assist to eliminate health inequities faced by people with learning disabilities.

Notably, according to Public Health England, roughly 30,000 to 35,000 adults with learning disabilities take psychotropic medicines every day, even though they do not have the health problems for which the medicines are prescribed. They are also prescribed to children and teenagers. Overuse of these medicines can have major consequences for one's physical health, among other things so we will collaborate with our medical colleagues to promote the correct usage of such drugs.

Clearly, we need to do more, in partnership, to greatly enhance the health and wellbeing of people with learning disabilities in our Borough and to support people to live happier and longer lives. To do this, we will:

- Deliver four Care Communities across the Borough, focused on joining-up care and support so that individuals needs are supported in a more planned, seamless way. This joins social care and healthcare services together to ensure that health, wellbeing and

happiness are foremost in the care each person receives

- Ensure that support pathways for dual diagnosis are in place and provide a more robust set of services for early intervention for those with mental health difficulties
- Improve the transition experience of young adults and their family to ensure that it is better understood and managed. The foundation of this is to support people to gain the skills and confidence they need to live a happier and more independent life
- Enhance our approach to undertaking capacity assessments and ensure that the number of carer assessments undertaken increases
- Enhance our approach to sharing and accessing information on each service user, building on the St Helens Shared Care Record. This will ensure that the degree of the learning disability is accurately coded across all agencies and that care plans are more holistic and shared across all agencies who support each individual.
- Work with our health partners to explore ways to increase participation rates in cancer screening among people with learning disabilities
- Examine the role of carers, such as nursing home staff and foster carers, in assisting the people in attending appointments
- Ensure that independent mental capacity advocates are used wherever possible and that their participation is not delayed.

TRANSFORMING CARE AND COMMISSIONING MORE EFFECTIVE COMMUNITY SERVICES

Over several years, central and local government organisations, health care providers and regional commissioners have been committed to reforming care for individuals with learning disabilities and great progress has been made.

Nevertheless, there is more work to do, and our aspirations must remain achievable but challenging. In this regard, there are a few areas where we will focus time and resource in order to enable the redesign of better and more effective care. We will:

- Work with health partners to look at people's journeys of care and link our individual elements of these together. The intention, through this, is to avoid hospital admissions for people with learning disabilities and complex needs. Our efforts will be focused on; continued reduction in the number of people placed in inpatient settings, a reduction in the length of stay for all people in inpatient settings, improved quality of care for people in inpatient and community settings
- Provide greater information and guidance for people with learning disabilities to challenge their admission or continuous placement in inpatient care and provide a Care Support Review (CSR) to every inpatient or inpatient's family member who seeks one.
- Enhance provider regulation and inspection and strengthen providers' corporate accountability, responsibility, and management in order to drive up better standards in care quality, safety and effectiveness

- Enhance the use of information, data, and analysis to support more preventative approaches and to ensure that correct information is available to the right people at the right time

AUTISM AND ADHD

Although autism is not a learning disability, about four out of ten autistic people may have one.

It is important to acknowledge that there are different perspectives on this and not all autistic people consider themselves as impaired, but it does, to varying degrees, impacts how people perceive, communicate, and connect with others.

THERE ARE AN ESTIMATED 700,000 AUTISTIC ADULTS AND CHILDREN IN THE UK, OR ABOUT 1% OF THE TOTAL POPULATION.

Additionally, it is projected that 3 million family members and carers of autistic individuals reside in the UK.

ADHD, like Autism, is not a learning condition, although it does make learning more challenging. Learning difficulties and ADHD frequently coexist, and children with ADHD are more likely than children without ADHD to have a learning disability.

Alongside this Strategy, we have also developed an All-age Autism Strategy within which we have set a range of priorities based on the needs and wants of our population. We will not deliver this in isolation; our partners and communities have helped to shape exactly what it is that we need to focus our efforts on.

This includes:

- Having well-defined routes for children and adults based on a needs-led approach, along with strong pre- and post-diagnosis care, is important
- Training and awareness-building efforts are being made in every sector to enable professionals and services better understand the requirements of those with autism in our local communities and services and to acknowledge the fact that autism affects individuals differently
- Services that support people with autism throughout their lives and help them in school, in colleges, and in universities so they can live independently and have meaningful work prospects
- Collaboration between the fields of health, education, and social care to provide integrated services that make the most of the available resources
- For people with autism to have pleasant experiences when they enter healthcare, educational, and social care settings like primary care and hospitals, it is important for services to understand what acceptable adaptations are and how they might enhance environments



2.3. WHAT SUCCESS LOOKS LIKE

The success of the learning disability adult service will be judged by its contribution to the following indicators. In partnership, we will:

- Increase the number of assessments of people before they reach their 18th birthday to enhance transition
- Ensure that more adults with a learning disability are settled in their own accommodation
- Increase the number of adults with a learning disability in employment
- Address health inequalities across our Borough to that ensure people with learning disabilities have equal access to health care
- Reduce Hospital admissions for people with learning disabilities
- Update our Education Health and Care Plan (EHCP) and review the quality outcome measures within
- Work with providers to rationalise and rebalance supported housing stock, tenant compositions and independent tenancies
- Work with partners in assessing Council-owned assets to identify potential development opportunities, promote and develop sheltered and supported living/extra care housing as options for peoples with learning disabilities
- Make high-quality residential and nursing care choices available to suit the requirements of people for whom this is the best option
- Provide enhanced information, advice and guidance for families and young people with learning difficulties to encouraged them to plan and to seek help and support sooner rather than later.



3. DELIVERING THIS STRATEGY

Through our vision, priorities, and measures of success, we have set out what we want to achieve and an indication of how we will know if we are on the right path. Delivering this, though, takes a holistic approach and one that encompasses a range of provision, partners, and people. The following section provides an overview of the key elements of this.

3.1. MEETING RISING DEMAND

By working in partnership across the NHS, voluntary and community sectors, we aim to slow the rising demand for care and support in our Borough. However, people are living longer, population growth continues, and people's needs are becoming increasingly complex. Therefore our support to carers is so vital in improving the way we can deliver health and care services.

In contrast to being admitted to a long-term residential or nursing care, community-based services are designed to help or enable people

to live independently at home. People and families therefore need adaptable community services that can meet their unique and varied needs. Rather than approaching this under the assumption that social care needs to provide all of this, we will instead focus effort on helping people and communities to support each other. This is a key facet to our wider partnership approach and the recent transition to an Integrated Care System across Cheshire and Merseyside provides us with a stronger platform to do just this.

3.2. CO-PRODUCTION AND CO-DESIGN

The goal of community-based services is to help or empower people to live independently at home as opposed to being admitted to a long-term residential or nursing home. The needs of individuals and their families call for adaptable community services that can meet those specific and varied needs. They must also take account of how they will entice and meet the unique needs of their workforce.

Therefore, in many cases, we work to delay or prevent the need for ongoing Adult Social Care services in order to help people maintain their level of independence. We want to actively engage with and listen to communities as equal partners in order to make a difference. By actively participating in developing strategies for how we may build stronger communities now and in the future, as well as by leveraging local working and existing networks and good practice, we can help people understand their role in maintaining fitness and health and reducing reliance on services.

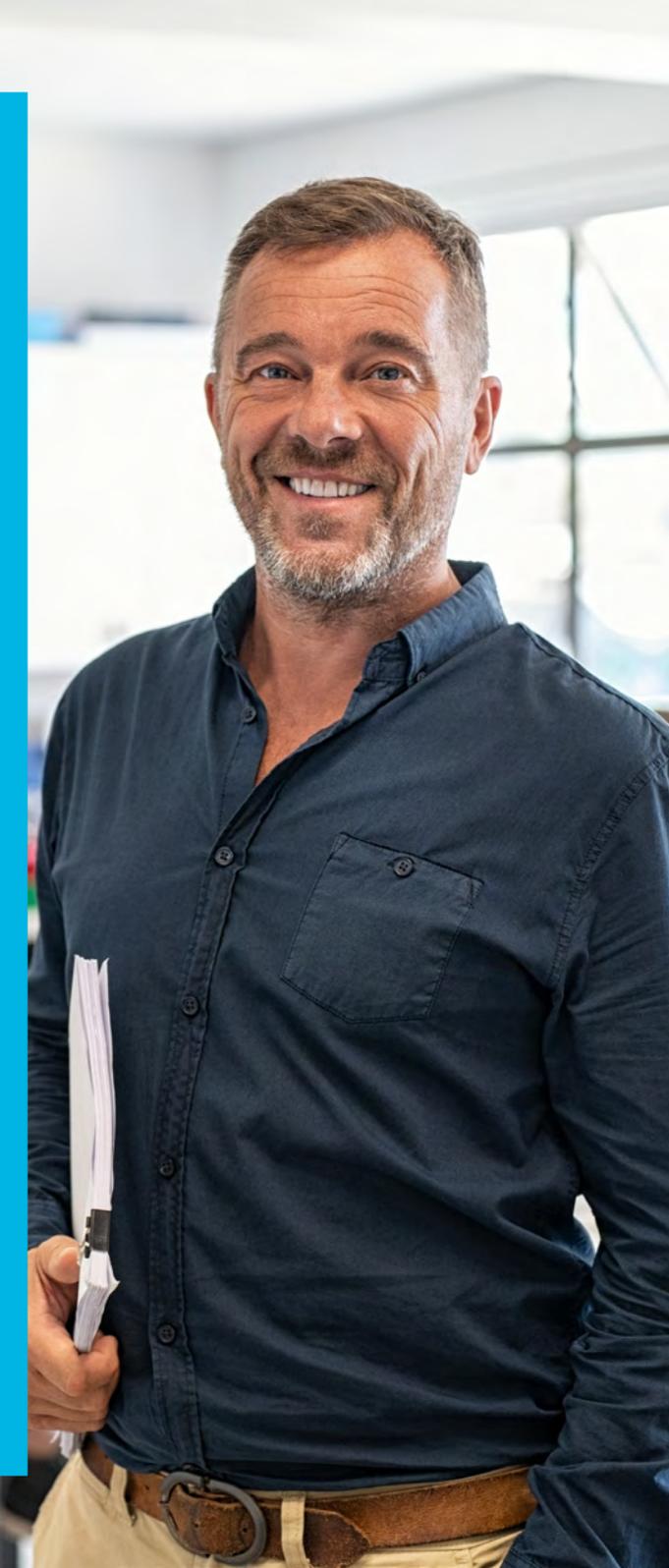
3.3. ENHANCED INFORMATION AND ADVICE

Linked to the above point, the 'St Helens Information and Advice Service' will be re-launched, and we'll make sure that it improves people's lives by educating, counselling, and promoting self-help and self-management so that they can keep their healthy independence.

As part of this, more people will be made aware of the price of that support and encouraged to buy their own through a Direct Payment. Adults will be able to fully self-regulate from social care-managed support care packages, which will lessen the need for more costly interventions. To ensure that everyone who can receive funding in paying for their own support is helped, we will also review our Direct Payment Assistance Programme.

3.4. LEARNING FROM BEST PRACTICE

Building on what has been successful over the past ten years, dementia services in St Helens will learn from residents and other Boroughs about what else could be done more effectively.



4. MONITORING, REVIEW AND CONTINUOUS IMPROVEMENT

Monitoring and evaluating the impacts of this Strategy, and the objectives contained within, is vital in ensuring that our efforts continue to be focused on the cared-for and carer experiences. This, in turn, needs to feed into every commissioning decision that we take.

As such, we are developing an action plan for the whole of Adult Social Care to ensure that we understand progress, tackle any issues that arise and focus on continually improving the services we commission and provide. There are two levels of effectiveness for monitoring this:

LEVEL ONE - GUIDING PRINCIPLES

These principles work to prioritise the needs of the people we support and ensure that the assistance they get will both achieve the desired outcomes and manage any risks:

- **The right people:** those who require assistance are identified and given top priority
- **The right time:** to prevent things from getting worse, to increase resilience, and to encourage independence
- **The best location:** Depending on the need and the most cost efficient solution, at home, in the community, or in a specialised environment
- **The correct support:** Just enough to keep everyone safe while also preventing, minimising, or delaying the need for long-term support, supplied by the appropriate individuals with the appropriate skills
- **Improved coordination and cost-effective support:** Provided through working more effectively with individuals, their friends and families, as well as in partnership with other organisations.

LEVEL TWO - PERFORMANCE REPORTING

To determine whether services for those with learning disabilities are achieving the necessary strategic results, the overall organisation and coherence of those services will be tracked and evaluated. Performance indicators (PIs), regular critical appraisals, satisfaction surveys, and the departmental index of complaints will all serve as guidelines for the reporting structure.

To support the above, we will routinely gather and compile data from a range of sources which will include:

- Employing regional and national performance metrics to compare our performance to that of other local authorities and assess the development of certain goals
- Continually evaluating our actions considering past, present, and projected requirements in strategic and performance management frameworks to ensure that we have enough capacity to meet any changes in service user demand
- To accelerate the implementation of innovative thinking that support the essential elements of the vision, we modified our strategy to take advantage of the most recent best practice.



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