SUMMARY OF REPORT:

This report provides a summary of GM’s first Learning Disability Strategy and the work that has taken place to develop it. The Strategy has been written by people with a learning disability for people with a learning disability.

KEY MESSAGES:

- A joint governance structure is now in place to oversee all the learning disability work in GM and will be accountable for delivery of the Strategy.

- Pathways Associates, an organisation which supports and advocates for people with a learning disability and has a long history of working in GM, has facilitated the coproduction work and led on drafting the priorities with people with a learning disability.

- There are 10 priorities identified within the strategy; many of which are already being worked on through the GM Adult Social Care Transformation Programme or the Transforming Care Programme.

- The Strategy has already been presented to and supported by Greater Manchester Directors of Adult Social Services, CCG Directors of Commissioning and the GMCA Wider Leadership Team.

- Delivery plans are in place or are in development working with Confirm and Challenge group on implementation of the Strategy.

- A separate GM strategy for autism is being developed which will highlight the unique issues and priorities for people with autism and no learning disability. Implementation of the strategies will be joined up where possible and the leads for the strategies are working closely together to prevent duplication.
PURPOSE OF REPORT:

The purpose of this report is to seek approval from the Greater Manchester Health and Care Board for the GM Learning Disability Strategy. The Strategy will steer the work of colleagues across the Partnership, both in localities and acting together across GM, and GMCA over the coming years and continue to support our working relationships with people in GM with a learning disability and their families. The report also provides an update and requests approval on a number of key pieces of work which have been progressing alongside development of the strategy and are referenced within in.

RECOMMENDATIONS:

The Greater Manchester Health & Care Board is asked to:

- Review and approve the new Greater Manchester Learning Disability Strategy provided at Appendix A.
- Review and approve the recommendations following the Shared Lives Readiness Assessment:
  - Shared Lives is expanded in GM to reach 15% of people with a Learning Disability and 0.75% of people requiring mental health support on the ASC caseload in each locality.
  - The GM Commissioning Hub undertake a role in supporting the Shared Lives operational process across GM
- Review and approve the locality targets of 7% of people with a learning disability in employment by March 2020.

CONTACT OFFICERS:

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1.0 BACKGROUND

1.1. In 2017, the Adult Social Care (ASC) Transformation Programme identified learning disability as a priority area of work. This was agreed and signed off by the Strategic Partnership Board due to:

- the high proportion of adult social care budgets spent on services for people with learning disabilities (32% of the GM ASC budget);
- a recognition that much more could be done to improve quality of life for people with LD including greater choice on housing and more person-centred approaches to enable independence and life in the community; and
- the inequalities experienced by people with LD in terms of employment (the national average of people with LD in employment is poor at 5.7%; GM is lower than this at 4.4%).

1.2. Alongside this, the GM Transforming Care Programme was reviewed and refreshed to take account of the progress and learning since the programme commenced in 2015 and ensure that the plans going forward were focused on delivering the national targets agreed by March 2019.

1.3. It was agreed by Strategic Partnership Executive at its meeting of 12 January 2017 that a joint governance structure should be created to ensure the work of the ASC transformation and Transforming Care was joined-up to strengthen the links between these two areas of work and reduce duplication. It was this broader programme of work for learning disability should be brought together into a single Strategy to outline the key priorities and steer the work across GM.

1.4. The following diagram illustrates the broad needs of the learning disabled population which have been brought together through the Strategy and governance framework. Transforming Care has focused on the small groups at the top of the pyramid who are in inpatient services or at risk of admission while the ASC programme has focused on the larger groups further down the pyramid.
1.5. The Strategy will support us to embed and maintain the successes delivered through the Transforming Care programme after it comes to an end in March 2019 through the broader work with Adult Social Care work.

2.0 STRATEGY DEVELOPMENT PROCESS

2.1. To ensure that the Strategy effectively reflected the experiences and needs of people with LD and their families in Greater Manchester and was something which they had ownership of, Pathways Associates (an organisation which supports and advocates for people with a learning disability and their families) led on the development of the Strategy.

2.2. It was agreed by the Learning Disability Delivery Group that the scope will not include those with autism and not a learning disability. Although many of the issues experienced by people with a learning disability or autism are similar, there are some unique issues which people with autism only experience which do not apply to those with an LD. As such, a GM Autism Strategy is in development led by the Greater Manchester Autism Consortium (GMAC). GMAC have been involved with the development of the Learning Disability Strategy to ensure those with an LD and autism are represented and will ensure that the GM Autism Strategy aligns closely with it.
2.3. A well-established Confirm and Challenge model exists in GM which involves a network of people with LD and their families in GM who have experience of coproducing work with the partnership and individual CCG and Local Authorities. This group identified an initial set of priorities.

2.4. Following on from this an event was held on 14 December bringing together over 100 people with LD, their families, professionals and commissioners to further develop the priorities by identifying the actions and outcomes they wanted to be delivered.

2.5. Through this work some valuable information was collected directly from people with a learning disability and their families on their experiences and what they want to see change which has been fed directly into the Strategy.

3.0 PRIORITIES

3.1. The Partnership has worked with Pathways Associates to support the process of drafting the Strategy from the key information gathered from the event and through further discussions into a concise document which is more accessible to people with LD and their families. The Strategy can be found at Appendix A. In addition, an easy read introduction has been drafted.

3.2. Self-advocates and families have identified 10 priorities for the GM LD Strategy which has pulled together the existing pieces of work across health and social care that localities have already been involved in developing. The 10 priorities have not identified anything new which GM and/or localities were not already aware of or working to improve through the ASC Transformation or Transforming Care Programmes although the work to tackle some priorities is more developed than others.

3.3. The table below lists the 10 priorities and summarises why these have been identified, the work already in place to tackle it and next steps. Detailed work has already been undertaken specifically around two of the priorities (priority 6: homes for people and priority 7: employment) and recommendations are proposed to support delivery of these priorities.
<table>
<thead>
<tr>
<th>PRIORITY</th>
<th>WHY THIS HAS BEEN IDENTIFIED</th>
<th>WORK TO DATE</th>
<th>NEXT STEPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Strategic Leadership (reducing inequality)</td>
<td>Coproduction is essential to successful design and implementation of all our LD work. This underpins all the other priorities in the Strategy.</td>
<td>Coproduction with GM Confirm and Challenge group and the NW themed groups is embedded into our governance framework. Commissioners and programme leads attend these meetings. People with an LD and/ family members are represented on a number of working groups within the LD and Autism Programme governance.</td>
<td>Continue to work with Confirm and challenge to further develop plan and review progress.</td>
</tr>
<tr>
<td>2 Advocacy (reducing inequalities in being heard)</td>
<td>Self-advocates and families want to be supported to have self-confidence to speak up for themselves and their peers to ensure they get the care and support they need.</td>
<td>This work is primarily led by the voluntary sector.</td>
<td>We will support the voluntary and community sector organisation and self-advocates to develop plans and to lead on delivery of this. We will support awareness-raising about different the types of advocacy and their benefits.</td>
</tr>
<tr>
<td>3 Bespoke Commissioning (Reducing inequalities in control and support designed with and for me)</td>
<td>People want greater choice and control over the services that in place for them. We need to take a different approach to commissioning for people with complex needs which is more person-centred and will prevent crisis.</td>
<td>The Transforming Care Programme has been working to reducing the number of people in inpatient settings and improving community services for people with complex needs to live in the community since 2015. All localities have plans to support delivery of GM targets. A Complex Needs project identified and agreed as part of ASC transformation programme to review and make recommendations to improve commissioning arrangements and deliver better outcomes. The Person and Community-Centred Approaches (PCCA) team is supporting this work through a number of locality-based projects.</td>
<td>Inpatient discharges will continue to be delivered through bespoke packages of care supported by Care and Treatment Reviews in localities. We are developing recommendations for commissioning based on an analysis of complex cases to reduce the number of out-of-area placements and deliver efficiencies through the GM Commissioning Hub. The PCCA Team is delivering an Innovation Project to invest in support and bring in expertise to test and embed new person-centred planning approaches into the support planning and commissioning process.</td>
</tr>
<tr>
<td>4 Good Health (Reducing Health inequalities)</td>
<td>People with learning disabilities have poorer health outcomes, on average die younger and are more likely to die from preventable causes than the non-learning disabled population.</td>
<td>The Learning Disability Mortality Review (LeDeR) is being rolled out in GM and a GM steering group is in place to support sharing and embedding learning across GM.</td>
<td>Work with localities and other stakeholders to improve GM performance on a range of health improvement initiatives, including GP annual health checks and cancer screening.</td>
</tr>
<tr>
<td>PRIORITY</td>
<td>WHY THIS HAS BEEN IDENTIFIED</td>
<td>WORK TO DATE</td>
<td>NEXT STEPS</td>
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<tr>
<td>5</td>
<td>Belonging not Isolation (Reducing inequalities in my right to have a great life)</td>
<td>Making friends and having relationships is essential to a good quality of life and being safe.</td>
<td>GM has invested and is supporting the Small Sparks project led by Pathways which supports people with LD meet others and spend time doing something they enjoy. This project has been led by people with learning disabilities.</td>
</tr>
<tr>
<td>6</td>
<td>Homes for people (reducing inequalities in getting a good home)</td>
<td>People want to have a choice of housing options which best meet their needs and to enable them to live as independently as possible.</td>
<td>Shared Lives provides family-based care and a GM project is in place to enable expansion of this housing option for people with LD. This is a priority agreed within the ASC Transformation Programme and is being led by a provider and commissioner steering group and involving self-advocates. GM HSCP has engaged My Safe Home to encourage commissioners to consider the Home Ownership for people with Long-term Disability (HOLD).</td>
</tr>
<tr>
<td>7</td>
<td>Employment</td>
<td>Young people should be supported to</td>
<td>Agreed as a priority within the ASC Transformation</td>
</tr>
<tr>
<td>PRIORITY</td>
<td>WHY THIS HAS BEEN IDENTIFIED</td>
<td>WORK TO DATE</td>
<td>NEXT STEPS</td>
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<tr>
<td><strong>(reducing inequalities in getting a paid job)</strong></td>
<td>have aspirations. People with LD have skills and want to work.</td>
<td>programme. A Supported Employment task and Finish Group is in place involving commissioners, providers and self-advocates to steer the work. The group has established a number of ambitions: - Improving the transition from education to employment. - Increase opportunities for people with LD - Changing systems and culture. - Developing a GM commissioning and practice standards. - The public sector leading by example.</td>
<td>employment from the existing GM average of 4.4% to above the national average of 7% by March 2020. Work with schools and colleges to support implementation of best practice for young people in transition as part of the EHCP process. Develop a business case to draw down further external funding for supported employment.</td>
</tr>
<tr>
<td><strong>8 It's Everyone's Job (Learning with the Workforce to develop good lives with people in GM)</strong></td>
<td>We need a skilled, flexible and responsive workforce and good quality providers with a strong values base.</td>
<td>We have an LD Workforce Group which links to the GM workforce governance to tackle workforce gaps and risks. A Joint Training Partnership (JTP) has been established to provide training in best practice for GM service providers for people with learning disabilities.</td>
<td>We will develop a new learning disability workforce plan to support us in ensuring we have a skilled workforce. This will include working with mainstream universal health services to ensure that people with a learning disability are able to access services. We will establish an LD Provider Forum. Continue to support the JTP to provide high quality training and ensure providers are engaged.</td>
</tr>
<tr>
<td><strong>9 Early Support Solutions (reducing inequalities for children and young people)</strong></td>
<td>A whole family approach is needed to support children and young people. Early help as well as intensive support should be available when it is needed to prevent crisis.</td>
<td>An Early Intervention Group has undertaken research with families and developed draft recommendations for localities including peer support and positive behaviour support for families linked to the PCCA work.</td>
<td>Roll out dynamic support registers and Care, Education and Treatment Reviews for Children and Young People as part of the Transforming Care programme to reduce hospital admissions and 52/38 week residential school placements and improve care and support available in the community. Develop intensive and crisis services for children and young people.</td>
</tr>
<tr>
<td><strong>10 Justice System</strong></td>
<td>Victims need to be heard and supported. Offenders need to be supported in the community to prevent reoffending.</td>
<td>This area of work is less well developed. Through Transforming Care Ministry of Justice inpatients are supported back in the community. A GM Health and Justice Board has recently been established.</td>
<td>Work with self-advocates, voluntary organisations and health and social care services to develop plans to support this priority. Engage the new GM Health and Justice Board.</td>
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</tbody>
</table>
4.0 RESOURCES FOR DELIVERY

4.1. Many of the priorities within the strategy have already had resources allocated to deliver improvements or do not need additional resources (priorities 1, 3, 6, 7 and 8) while for others plans are in place to identify additional resources through external funds accessed by GM or the voluntary sector (priorities 2, 4, 5 and 9). Further scoping is required to determine whether any additional resources are required to support delivery of priority 10.

5.0 NEXT STEPS

5.1. It is essential that this strategy remains a live document which is actioned and regularly reviewed. Delivery plans, monitoring arrangements and reporting procedures have already started to be developed with the Confirm and Challenge Group and will link to the Learning Disability and Autism Board. The existing governance arrangements and delivery plans are being reviewed to ensure all of our LD work is aligned to the new strategy.

5.2. Locality Learning Disability Partnership Boards will be asked to consider the strategy and identify the local priorities and actions to support delivery.

6.0 RECOMMENDATIONS

6.1. The Greater Manchester Health & Care Board is asked to:

- Review and approve the new Greater Manchester Learning Disability Strategy provided at Appendix A.

- Review and approve the recommendations following the Shared Lives Readiness Assessment:
  - Shared Lives is expanded in GM to reach 15% of people with a Learning Disability and 0.75% of people requiring mental health support on the ASC caseload in each locality.
  - The GM Commissioning Hub undertake a role in supporting the Shared Lives operational process across GM

- Review and approve the locality targets of 7% of people with a learning disability in employment by March 2020.

7.0 APPENDICES

7.1. Appendix A: Greater Manchester Learning Disability Strategy
7.2. Appendix B: Easy Read: Why we made this GM Learning Disability Strategy.
“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.”

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

“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?”

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

“Go to dance like my sister and have fun.”

“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.”

“Screening – should be same as for everyone else but it isn’t.”

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

“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.”

“Don’t wait until I’m on my knees, its too late then.”

“If you don’t have real friends in your life you are less safe.”

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

“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.”

“Don’t forget I am a person, I need support, we all do.”

“‘Mental Capacity Act’ and ‘Best Interest’ – remember whose best interests”

“It really worries me that peer advocacy groups are disappearing.”

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

Greater Manchester Learning Disability Strategy 2018
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.
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.

<table>
<thead>
<tr>
<th>YOU SAID</th>
<th>OUR SHARED VISION</th>
<th>WHAT IS GREATER MANCHESTER GOING TO DO ABOUT IT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priority 1: Strategic Leadership (reducing inequality)</strong></td>
<td></td>
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<tr>
<td>“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”</td>
<td>Strategic Leadership to support a reduction in inequality across Greater Manchester.</td>
<td>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. 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.</td>
</tr>
<tr>
<td><strong>Priority 2: Advocacy (reducing inequalities in being heard)</strong></td>
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<tr>
<td>“I can speak up for myself so why don’t people listen?”</td>
<td>Support more children, young people and adults with a learning disability to have the confidence and skills to speak up for themselves and their peers and evidence why that is important in Greater Manchester</td>
<td>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.</td>
</tr>
<tr>
<td>“I feel like I am on my own and let myself get intimidated, then I get annoyed with myself”</td>
<td>Support more families and friends of children and adults with a learning disability to have the confidence and skills to speak up for themselves and their peers and evidence why that is important in Greater Manchester</td>
<td>We will support awareness-raising about different the types of advocacy and their benefits.</td>
</tr>
<tr>
<td>“We need clear definitions of roles-formal/informal/family/community”</td>
<td>Self-Advocates, families, friends, providers and those working in Public Services will have clear understanding of all types of advocacy and be clear how they differ from</td>
<td>We will support independent citizen advocacy for those that are unable to self-advocate.</td>
</tr>
</tbody>
</table>
“Stronger together not competing for the same scraps”
Advocacy groups working together

Priority 3: Bespoke Commissioning (Reducing Inequalities in Control)
Support designed with and for me

| “Let’s get personal – one person one plan” | 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. |
| “It’s not me that’s complex it’s your systems they are much easier to change than me.” | Make sure that Greater Manchester gets high quality, value for money support for people. |
| “Let’s prevent the crisis not wait for it. Don’t wait till we are on our knees.” | 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)

<p>| “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!” | Annual Health Checks for People with Learning Disabilities. |
| “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” | LeDeR – Learning from the Learning Disability Mortality Review to improve care and prevent premature or avoidable deaths occurring. |
| “This is about death by indifference and health inequalities for us all too” | Improve access to mainstream health services, including mental health services, developing reasonably adjusted health and social care pathways and services |
| “I didn’t know I could ask for a review of my STOMP - reduce the use of anti-psychotropic medication” | Work with the GM Cancer Leads to improve Cancer screening rates for people with a learning disability. |</p>
<table>
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<tr>
<th>Priority 5: Belonging not Isolation (Reducing inequalities in my right to have a great life)</th>
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<tbody>
<tr>
<td><strong>“It’s having no friends that makes us vulnerable not learning disability or autism”</strong></td>
</tr>
<tr>
<td>No one in Greater Manchester should be alone if they wish to belong.</td>
</tr>
<tr>
<td>Why be Shy?</td>
</tr>
<tr>
<td>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.</td>
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<thead>
<tr>
<th>Priority 6: Homes for people (reducing inequalities in getting a good home)</th>
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<tr>
<td><strong>“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.”</strong></td>
</tr>
<tr>
<td>Everyone gains confidence and understanding about what housing options are available, what we need in GM and our plan for the future.</td>
</tr>
<tr>
<td>Widen the definition and type of services offered by Shared Lives</td>
</tr>
<tr>
<td>Housing Support for people leaving assessment and treatment units – a place I can call home.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>We are developing a housing plan for people with learning disabilities and autism.</td>
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<table>
<thead>
<tr>
<th>Priority 7: Employment (reducing inequalities in getting a paid job)</th>
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<tbody>
<tr>
<td><strong>“The right to a job I want not what someone else forces me to do”</strong></td>
</tr>
<tr>
<td>Supporting Individuals including support for travel.</td>
</tr>
<tr>
<td>Support for Employers.</td>
</tr>
<tr>
<td>Transitions, Supporting Young People into the world of work</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>We are developing good practice standards for practitioners, commissioners, employers and...</td>
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</table>
their fault?”

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

| “People need to understand how to support as well as what to do, you can’t teach humanity” | 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. |
| “Bigger isn’t always better let’s not lose the smaller providers who can often be more flexible and responsive.” | People in GM deserve the best, we want quality Providers | |
| “We want quality providers with quality staff” | A Skilled ‘workforce’ – it’s EVERYONES job! | |
| “People need to understand how to support as well as what to do, you can’t teach humanity” | 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)

| “Assessment and diagnosis are inextricably linked to funding. This perpetuates the medical model and the focus on ‘fixing’ people.” | Early referral, assessment and post diagnostic support | We will bring services for children and young people together to improve and streamline the assessment processes. |
| “Decisions about services and support are made too late, particularly at points of transition.” | 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 |
| “The solutions that services offer us can at times be as bad as or worse than the | | |

learned.” | When working with children and young people a whole family approach is essential whenever possible. |
<table>
<thead>
<tr>
<th>Problem we asked for help with</th>
<th>“We - families - are expected to cope, even if services can’t”</th>
<th>“Courses to help families and the teams develop strategies together (not called parenting courses)”</th>
<th>“Don’t send me back to the place and people where I got into trouble”</th>
<th>“Many of us live alone and feel isolated vulnerable and scared this makes us feel unsafe.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>“We - families - are expected to cope, even if services can’t”</td>
<td>Invest in more intensive support</td>
<td>Maximise the opportunities that joint working across GM will bring to supporting Children, Young People and families</td>
<td>Offenders are being represented and treated fairly to help them not to reoffend.</td>
<td>Victims voice.</td>
</tr>
<tr>
<td>“Courses to help families and the teams develop strategies together (not called parenting courses)”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority 10: Justice System</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>“Don’t send me back to the place and people where I got into trouble”</td>
<td>Offenders are being represented and treated fairly to help them not to reoffend.</td>
<td>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.</td>
</tr>
<tr>
<td>“Many of us live alone and feel isolated vulnerable and scared this makes us feel unsafe.”</td>
<td>Victims voice.</td>
<td></td>
</tr>
</tbody>
</table>

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 Confirm 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.

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

Governance

NHS England

Strategic Partnership Board Executive

Joint Commissioning Board

LD and Autism Programme Board

Delivery arrangements (1)

Transforming Care Partnership

Autism Consortium

LD Delivery Group (2)

1. Complex needs commissioning
2. Housing options and Shared Lives
3. Supported Employment
4. Personalisation
5. Health inequalities
6. Autism Health Services
7. Workforce
8. Advocacy
9. Transforming Care Housing
10. CYP Early Intervention

Wider engagement forums

Confirm and challenge
LD Clinical Senate
Autism Advisory Group

(1) Delivery arrangements are flexible and will change as work progresses
(2) Working groups 1 – 4 report into LD Delivery Group
Why we made this plan

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.

This includes in health, housing, employment, education, support, justice and relationships.

The plan is about stopping these inequalities happening in our communities.
To do this everyone must be involved whatever area they work in.

This is everyone’s job

We all have different roles to play - self-advocates, families, friends, providers, police, hospitals, commissioners, managers, mayor but our job is valuing people.

We will work together in a spirit of openness to make this happen
Working together

Each organisation should work hard to make sure they are accessible and person centred.

All organisations need to take action to support people to be equal.

We know that if someone has poor health for example, this might be because they live in the wrong house, don’t have enough money to live on, are lonely or have been bullied.

We cannot say that because someone has poor health, it is just a problem for health workers to fix on their own.
The same is true whatever difficulties people tell us they need help with.

Wherever we work we can help to find answers with that person.

We need to work out where different organisations all impact on people’s lives.

We need people with learning disabilities and families to be leaders in supporting organisations to do a good job.

If we involve people we can save money by getting it right first time more often.
This is an exciting time to do things together in a new way in Greater Manchester.

We want to show that Greater Manchester is a great place to live if you, or a member of our family, has a learning disability.
We want everyone to have the same chances in life and access to support wherever they live in Greater Manchester.

Get Better Quicker

We want to find new ways to take opportunities quickly when they come along so people don't have to wait for good support.

We want to know and use our strengths in Greater Manchester
This Plan should work to connect people in communities, public, private and community organisations wherever are in Greater Manchester.

We will continue to work on local priorities while we make sure everyone in Greater Manchester has the same opportunities in life.

We know that our diversity is one of our biggest strengths. We will use this to make sure no-one is left out and we find new ways of working together.
We know that this plan must work well with the Autism Strategy and other plans too. We will make sure people with a learning disability and Autism are supported well.

**How We Work Together**

We want people with learning disabilities or autism or both to live good lives in Greater Manchester.

We will support people in a way that respects and values them as equals. We respect that people are all different.
We know sometimes people have not had the same rights in their lives.

All our work will promote and uphold people’s human rights.
Our Human Rights Act

- Right to life (Article 2)
- Right not to be tortured or treated in an inhuman or degrading way (Article 3)
- Right to be free from slavery or forced labour (Article 4)
- Right to liberty (Article 5)
- Right to a fair trial (Article 6)
- Right not to be punished for something which wasn’t against the law when you did it (Article 7)
- Right to respect for private and family life, home and correspondence (Article 8)
- Right to freedom of thought, conscience and religion (Article 9)
- Right to freedom of expression (Article 10)
- Right to freedom of assembly and association (Article 11)
- Right to marry and found a family (Article 12)
- Right not to be discriminated against in relation to any of the human rights listed here (Article 14)
- Right to peaceful enjoyment of possessions (Article 1, Protocol 1)
- Right to education (Article 2, Protocol 1)
- Right to free elections (Article 3, Protocol 1)
- Abolition of the death penalty (Article 1, Protocol 13)

Visit us at www.bihr.org.uk and follow us on twitter @BIHRhumanrights
We will make sure people have very good support that meets their needs and puts them first.

We know that to get the right support people with a learning disability or autism or both and their families must be leaders.

They must be leaders in deciding how they can be supported best and in how support is planned and run in communities.

We know that working together as partners gets the best outcomes for people who use services.
This plan will show how we will get better lives for people by working together.

We know that we are living and working at a time when there is often less money to spend on services.
This means we have a chance to do things differently and it is even more important to get things right for people.

We expect everyone in Greater Manchester to play their part. All of this is our job whatever role we have in people’s lives.

Signed………………………………………………………………………………………………………… Date..............
SIGNED BY JON ROUSE, CHIEF OFFICER, GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP