

# Learning Disability Action Plan

2014 – 2017

*For*

*The London Borough of Hammersmith & Fulham,  
The Royal Borough of Kensington and Chelsea  
and  
Westminster City Council*



## 1. BACKGROUND

- 1.1 Outcomes experienced by those with learning disabilities are poorer than in the general population. For example, the average age of death of someone with a moderate learning disability is 20 years less. Yet, although many people with learning disabilities have complex health needs, they often suffer from potentially preventable conditions, also common to the general population. These conditions are often left untreated due to barriers accessing services in a timely and effective way and insufficient support to enable lifestyle change.
- 1.2 Wider aspects of living which many people take for granted, such as housing, employment, material wealth and social inclusion, often create challenges for those with learning disabilities, and result in substantial health inequalities for this group.
- 1.3 Because the impacts reach so far into all aspects of life, making progress towards improving outcomes relies on a wide-ranging and strong partnership approach, where working together on key strategic issues and projects can make a real difference to the lives of people with learning disabilities.
- 1.4 Working in partnership with key agencies such as Housing, Health, Education and Regeneration will be the critical success factor in achieving real progress and ensuring that people with learning disabilities have access to mainstream community facilities and housing opportunities the same as other citizens.
- 1.5 The Council's face serious financial challenges in the next three years. This Plan therefore needs to be set within the context of needing to take difficult financial decisions based on agreed priorities, focusing limited resources to achieve value for money and maximise benefits for people with learning disability and their family.
- 1.6 This Action Plan therefore identifies what the key priorities are across the three Boroughs within this financial climate for improving the quality, quantity and choice of support for people with learning disabilities, and how this will be improved across the three boroughs in the following years. This will include provision that is funded by both health and social care.
- 1.7 The Learning Disability Action Plan has been based on resource, performance and service mapping information, needs assessment of those with learning disabilities (provided in the JSNA), consultation with carers and customers through the Learning Disability Partnership Board, and a range of other partners and stakeholders.
- 1.8 The development of this Plan has also been based on links to other plans listed below.

### Links to other plans

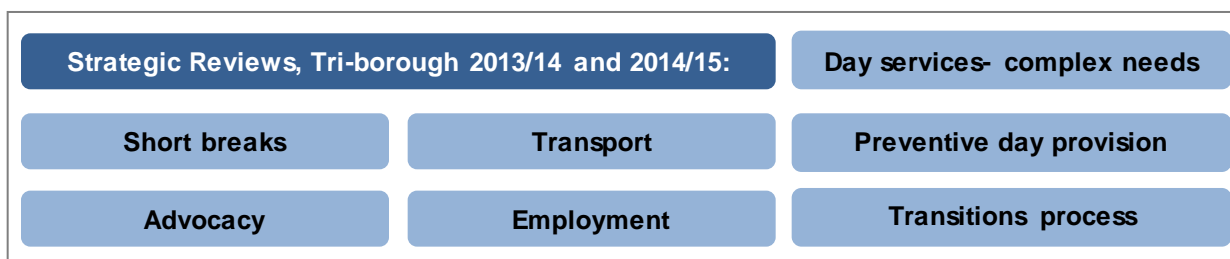
- ❖ **Learning Disabilities Joint Strategic Needs Assessment (JSNA)**  
Available on [www.jsna.info](http://www.jsna.info)
- ❖ **Learning Disability Housing and Support Plans**
- ❖ **Learning Disabilities Health Self-Assessment (SAF)**
- ❖ **Winterbourne View Action Plan**
- ❖ **Autism Strategy**

- ❖ Carers Strategy
- ❖ Market Position Statement for Learning Disability Service Requirements and Provision in London, 2013

*Please see the councils websites for more information*

### Strategic Reviews

The following service reviews are currently taking place and will inform the future re modelling and commissioning plans across the following areas.<sup>1</sup>



## 2. KEY PRIORITIES

2.1 The key priorities are around ensuring that people with learning disabilities (including those with complex health and social care needs) are supported to be able to live in the borough, close to families and friends, rather than have to be placed in out-of-borough residential care.

- **Accommodation and support** – New supported housing developments and a programme of remodelling of existing accommodation will be required in order to meet the ambition of greater numbers of people with learning disabilities living in-borough, as well as expected future demand. Providing access to a range of quality local housing provision will avoid the need for expensive out of borough residential care provision. The development of outreach support and skilled local providers are key considerations along with the development of quality local housing provision. This will involve working with health and housing colleagues to look at a range of housing options within the public and private sector. To deliver on the Winterbourne View actions will mean the joint commissioning of services, pooling of resources as well as identification of capital funding for the refurbishment of existing buildings or new build.
- **Supporting people with complex needs** – As more people with learning disabilities move from children’s to adults services and remain in-borough ‘settled’ accommodation rather than residential care, there needs to be adequate support for them, particularly for those with complex needs , as well as for those who care for them. There needs to be a range of day, work, community and short breaks support available for individuals and their families.
- **Accessing mainstream services and market development** – There needs to be wider access to mainstream community provision and a greater range and choice of services available to people via their personal budgets. This should include ways to develop small local ‘non-commissioned’ services providing work and community support which could be accessed through the development of local micro social enterprises.

<sup>1</sup> To find out more information on these reviews, please contact [mdalton@westminster.gov.uk](mailto:mdalton@westminster.gov.uk)

- **Good transition planning** – Young people from age 14 onwards will be supported through the transition process to ensure that they have a single person centred plan when they move through to adulthood.
- **Reasonable adjustments** - Equality law recognises that bringing about equality for disabled people may mean changing the way in which services are provided to people with learning disabilities, and there is therefore a duty to make reasonable adjustments. This requirement cuts across many aspects of service provision, including GPs, hospitals, community health services and other leisure and community services.

### 3. VISION

3.1 Our vision and key aims are based on improving five key outcomes for people with learning disabilities. These are summarised below. Under each outcome we explain the key actions we will take to achieve that vision and who the key partners are who will need to work together to make it happen.

3.2. The Action Plan in this document gives a lot more detail on the actions that will be needed, when they will be done, and the key measures of success that will be used to monitor how well we are doing.

Outcome	Key Area of Action	Main Partners
Having choice & control	More control through access to personal budgets, advocacy, and seamless well planned transitions service.	<ul style="list-style-type: none"> <li>• Children's /Adult Services</li> <li>• Education</li> <li>• Voluntary sector organisations</li> </ul>
Working in partnership with families	Carers will have a stronger voice and access to quality, flexible support	<ul style="list-style-type: none"> <li>• Family carers</li> <li>• Adults/Children's Services</li> <li>• Voluntary sector orgs</li> </ul>
Having a home I can call my own	People access an increased range of local housing options as an alternative to residential care, including those with complex needs.	<ul style="list-style-type: none"> <li>• Housing departments</li> <li>• Clinical Commissioning Groups (Cages)</li> <li>• Registered Social Landlords</li> </ul>
Being part of my Community	People will be supported to live safely in their community and have access to a broader range of day, work and leisure opportunities. Day provision will be reviewed to ensure the growth of local community and work opportunities.	<ul style="list-style-type: none"> <li>• Leisure services</li> <li>• Regeneration</li> <li>• Voluntary sector organisations</li> <li>• Partnerships with local business</li> </ul>
Better Health	People will have access to Health checks and Action Plans, reasonable adjustments. Also IT flagging of patients to help support reasonable adjustments	<ul style="list-style-type: none"> <li>• CCGs</li> <li>• GP's</li> <li>• Acute hospitals</li> <li>• Mental health trusts</li> </ul>

#### 4. MONITORING THE SUCCESS OF THE PLAN

This plan runs from 2014 to 2017. However, it will be formally reviewed on an **annual basis** to ensure that it remains relevant and up to date.

We will know whether the plan is **making a difference** through a range of quantitative and qualitative information, such as evidence collected for the annual learning disability health self-assessment framework and the annual service user survey. The main quantitative measures of our success against each of the five desired outcomes are shown under each section of action plan.

Measures will be reported on a regular basis to two main tri-borough learning disability groups:

##### Tri-borough Learning Disability Partnership Board

Made up of people with learning disabilities, family carers, provider organisations and health and social professionals, with responsibility for overseeing the implementation of the learning disability plan

##### Tri-borough Learning Disability Executive Group

Made up of health and social care officers of adult social care tri-borough and the North West London Commissioning Support Unit

For further information about this plan, please contact Mary Dalton on:

[mdalton@westminster.gov.uk](mailto:mdalton@westminster.gov.uk)

# London Borough of Hammersmith & Fulham, Royal Borough of Kensington and Chelsea and Westminster City Council. Learning Disability Action Plan

## Outcome 1. Having real choice and control in our lives

People will have control over how they live their lives through access to advocacy, self-directed support and robust person centred planning, ensuring a smooth transition from Children's to Adult Services.

*Key Owners of this Outcome: Children's Services, Adult's Services, Education, Voluntary Sector Organisations*

### Case for change

The improvements in life expectancy for those with learning disabilities will almost certainly drive up **numbers of people with learning disabilities in transition** into adult services over future years, as well as the numbers living into old age. The migratory nature of the local population has always created challenges around **identification** of those in need of support. The **transition process** from children's to adult's services therefore provides an opportunity to accurately identify families in need of support in adult services and improve the process for them, particularly because many families find this a challenging time.

Alongside the improvement of identification and experiences of transition, there is an opportunity to understand the effectiveness of local **advocacy services** through the current review being carried out in Tri borough. Performance against local indicators also identifies that work needs to be carried out to improve the number of **clients receiving a review** locally (except in Kensington and Chelsea, where rates are already high), to ensure those locally have control over their lives.

What we are going to do	How we are going to do it	When it will be done	Who Will Lead
<b>Ensure that cross-organisational systems are in place to identify young people with learning disabilities who are transitioning to adult services</b>	As part of the Customer Journey, review the operational structure across the Boroughs for working with people in transition	April 2014	Rohan Wardena Customer Journey Project Lead Gill Vickers Operational Director (ASC)
	Identification of young people from age 14+ to ensure that Adults division has the information to undertake an assessment of need (if appropriate) from age 16 +	October 2014	LD Operational leads/ Berni Jennings Transition Commissioning lead

<b>Ensure that young people and their carers experience a seamless transitions service</b>	Children with special needs have a single Education, Health and Care plan when leaving school	September 2014	Tri B Director of Schools Commissioning/Asst Director SEN
<b>Improve local provision to meet the needs of young people coming into adult services</b>	Work with families to identify the current and future needs of young people and ensure that there are plans in place to meet any gaps in service provision	April 2014	Berni Jennings, Commissioning Lead Transition /Operational Leads
<b>Ensure that all learning disabilities clients are offered an annual review or re assessment</b>	Monitor performance through a Service Level Agreement with Care management to ensure improvements in this area of work.	On going	LD Operational leads /Commissioning lead
<b>Provide a joined up professional advocacy service across the three Boroughs</b>	Review of current 1 to 1 advocacy provision across Tri Borough.  Commission new framework for advocacy services across the Tri Borough.	Feb 2014	LD Commissioning Lead Pete McDonnell
<b>Develop user involvement</b>	Review current arrangements for customer involvement in the planning and monitoring of services and agree a new procurement strategy.	In place during 2014/15	Toby Dickenson Linda Burke Commissioning leads
<b>Put in place flexible purchasing and contract arrangements with providers that enable individual choice.</b>	Review the current Procurement Plan /Strategy with existing contracts to ensure that there is an agreed approach for all future purchasing arrangements	July 2014	Commissioning and contracts leads

**Measures of success**

- More people supported at home will have a personal budget
- More people will receive their personal budget as a direct payment
- More people will have a review in the year
- More survey respondents will say 'I make all the choices I want' / 'I make some choices, not all, but that is OK' (Annual survey)
- More young people will have a seamless experience from children to adults services



## Outcome 2. Partnership with families

Family carers will be expert partners in care, have a strong voice, and be supported better as carers and as individuals

*Key Owners of this Outcome: Family Carers, Children's Services, Adult's Services, Voluntary Sector Organisations*

### Case for change

Caring for someone with learning disabilities can be demanding and has impacts on mental and physical health. Caring can also have a big economic impact on carer's working lives. Like elsewhere in the country, local carers of people with learning disabilities can struggle to maintain sufficient **social contact** and **control** in their lives, and eight out of ten locally say they do not do enough of the things they **value or enjoy**.

Ongoing **employment, leisure and short break-related support** for carers is likely to prevent more costly and less suitable interventions from statutory services when crises occur.

Although local carers find **information and advice** useful, surveys suggest not all say it is easy to find. There is scope to make information and advice more accessible using a range of approaches.

In two of the boroughs, the number of carers receiving an **assessment or review** has been less than in previous years (rates remain high in Kensington and Chelsea). Although rates now appear to be improving, ensuring high levels of assessment and review is necessary as part of providing the support needed to carers and facilitates ongoing 'signposting' to services that might support them.

What we are going to do	How we are going to do it	When it will be done	Who Will Lead
<b>Provide timely , flexible support to carers</b>	Strategic review of short breaks provision across the boroughs with options for improving the range and choice of services available	April 2014	Commissioning Lead Derry Pitcaithly
	Re commissioning of Home Care provision across the boroughs to improve the quality of service.	Implementation April 2015	Commissioning Lead Sara Newton
	Offer a Carer's Assessment to all carers to ensure they are aware of the support, advice and information available	On-going	LD Operational Leads
	Identify and support older carers to plan for the	On going	LD Operational Leads

	<p>future care of their family member</p> <p>Work in partnership with Carer Support Services to review and establish specialist support for LD carers</p> <p>Review, improve and promote existing carers' information and advice literature, including websites, to raise awareness amongst carers and stakeholders of the support available</p> <p>Undertake a mapping exercise of employment, training and volunteering opportunities for carers prior to developing a comprehensive guide</p>	<p>March 2014</p> <p>April 2014</p> <p>June 2014</p>	<p>Carer Commissioning Lead</p> <p>Communications Team/People First</p> <p>Carer Commissioning Lead</p>
<b>To ensure that the views of carers are taken into account when planning services</b>	To review the current framework and forums for carer feedback and engagement including the LD and Carers' Partnership Board, and Carers' Forum	March 2014	LD and Carer Commissioning Leads
<b>Provide support to those people with a learning disability who are also carers</b>	Identify the people who are carers and ensure they are offered a proper Carer's Assessment and additional training and support where required	June 2014	LD Operational Leads

### Measures of success

- More people supported at home will have a personal budget
- More carers will have an assessment or review in the year
- More carers will have a carer's personal budget
- All staff within the learning disability team, service providers, and relevant external partners will complete the new carers e-learning module
- More carers will say they are extremely or very satisfied with the support or services that they and the person they support receive (Statutory carers survey)

### Outcome 3. Having a home I can call my own

People with learning disabilities experience more choice and control in the range, quality and supply of local supported housing available as an alternative to out of borough residential care

**Key Owners of this Outcome:** Housing Departments and Regeneration, Clinical Commissioning Groups (Cages), Registered Social Landlords (RSLs)

#### Case for change

Outcomes for clients in **residential care** settings are generally considered to be poorer than in 'settled accommodation', but movement to other in-borough housing options is only possible with an available range of suitable housing stock.

The proportion of clients with learning disabilities in Westminster who are living in '**settled accommodation**' (secure tenancy) has risen to beyond London levels. However, the other two boroughs remain below, with a particularly high proportion of clients in Hammersmith and Fulham living in residential care and many clients living outside the borough in both cases.

Hammersmith and Fulham spend a large proportion of the budget on residential and nursing care.

The situation and **demand for suitable housing** is likely to become increasingly challenging. The current and predicted future rise in numbers **transitioning** in to adult services, and the increasing complexity suggests more 'bespoke' housing solution may be needed. This is exacerbated by the improving life expectancy for **older people** with learning disabilities, many of whom may outlive their parents and have disabling conditions such as dementia.

What we are going to do	How we are going to do it	When it will be done	Who Will Lead
<b>Develop more housing with support options locally to minimise the need for people to live in residential care out of the borough</b>	Consider the business case for a shared lives scheme across the Tri borough, with a focus on the provision of short breaks as well as longer term accommodation.	April 2014	Christian Markandu Commissioning Lead
	Consider the options and arrangements for the potential leasing of properties from the Private Rented Sector market	September 2014	Accommodation and Support Commissioning Lead Hannah Carmichael
<b>Pathways into housing</b>	Consider the Business Case for a framework	December 2014	Operational

	for mapping and utilising supported housing voids across the Tri Borough.		Leads/Accommodation and Support Commissioning lead
<b>Improve accommodation and support locally for people with complex needs</b>	Continue the implementation of Westminster's Housing Strategy	In place 2016/17	LD Accommodation Manager Cindy Maula
	27 New build units of specialist supported housing for people with autism and high support mobility needs in Harrow Road /Elmfield Way	Completed April 2016- April 2017	Cath Atlee. Project Sponsor
	Capital investment projects to refurbish properties for people with complex needs.	2014-15	LD Accommodation Manager Cindy Maula
	Re modelling of the Westminster Society contract from residential care to supported living.	Re registration completed by December 2014.	LD Accommodation Manager Cindy Maula
	Implementation of LBHF Accommodation and Support Strategy	2014-17	Accommodation and Support Commissioning Lead . Hannah Carmichael
	Review in house provision at Coverdale Road.	March 2014	Commissioning/ Operational/Contracts
	Review Community Support Service. Re model Yarrow services into Supported Housing	April 2015	Housing/Regeneration/Planning
	Identify possible sites for new build supported housing for people with complex needs	December 2014	Accommodation and Support Commissioning Lead . Hannah Carmichael
	Identify avenues for potential capital		

	investment to adapt and refurbish existing property for people with mobility/complex needs.		
<b>Improve the support available for people to live in their own homes</b>	<p>To review the current provision of outreach and community support to people in their own homes to ensure that it can support people with more complex needs. ( With a focus on LBHF provision)</p> <p>To review and re commission the Supporting People funded housing support in RBKC</p>	<p>Completed April 2015</p> <p>New contract from 1<sup>st</sup> Feb 2014</p>	<p>Accommodation and Support Commissioning Lead . Hannah Carmichael</p> <p>Hannah Carmichael Accommodation and Support Commissioning Lead</p>
<b>That people have more choice and control over their housing options and the support that they receive</b>	Review existing contracts with providers to move towards a core and flexi model of support. Models of supported housing will be delivered increasingly through the use of personal budgets to enable choice of support from a range of providers	Ongoing	Personalisation Lead /Contracts Team

#### **Measures of success**

- More people will live in their own home (a home with a secure tenancy) or with their family
- Fewer people will live in residential care
- More survey respondents will say, 'I can do everything I need in my home' / 'I can do most of what I need in my home, it's OK.'  
(Annual survey)

## Outcome 4. Being part of my community

People with a learning disability will be supported to be active and independent citizens, living and working in their communities in the same way as non-disabled residents

*Key Owners of this Outcome: Leisure Services, Economic Development and Regeneration, Voluntary Sector Organisations, Partnership with Local Businesses*

### Case for change

People with learning disabilities locally generally state in surveys they have adequate **social contact** with other people (similar to nationally), and that they can **get to places** in the local area (better than nationally). However, given the inequalities that those with learning disabilities face every day, particularly around employment, safeguarding and accessibility of services, there is still considerable scope for further improvement

Increasingly, the incidence of hate crime for people with learning disabilities and their families is being raised as a local issue, and nationally

Uptake of **personal budgets** has been lower than nationally. Levels of **paid employment** for those with learning disabilities are lower than London and England averages.

What we are going to do	How we are going to do it	When it will be done	Who Will Lead
<b>Develop the range of local non-commissioned services that can be accessed via personal budgets</b>	Consider developing the market through supporting local micro social enterprises and community development initiatives. Explore the use of Social Impact Bonds	2014 - 2015	Pete McDonnell LD Commissioning Lead
	Look at the possibilities for developing the role of People First to provide information on Community activities and support that can be individually purchased. To ensure that this information feeds into care planning.	2014 - 2015	Nick Merchant/Pete McDonnell LD Commissioning Lead
<b>To provide access to community activities which</b>	Review the range of preventative day activities that can provide people with meaningful	2014 – 2016	Pete McDonnell/Derry Pitcaithly Commissioning Lead

<p><b>increase integration and reduce social isolation</b></p>	<p>leisure, work and education opportunities.</p> <p>To identify support networks that can help people to pool their personal budgets to increase access to a range of social as well as individual community activities during the evenings and weekends</p>	<p>2014 - 2016</p>	<p>Pete McDonnell/Derry Pitcaithly Commissioning Lead</p>
<p><b>Work to identify and prevent hate crime</b></p>	<p>Collate information across the boroughs on areas of hate crime and work with service users, advocates and the police on an awareness raising and preventative plan.</p> <p>Widely distribute the accessible 'Keeping safe' pack across Tri-borough so people and their families know how to report abuse, are listened to and feel safer as a result of safeguarding activity.</p>	<p>Ongoing 2014-2016</p> <p>Ongoing 2014-2016</p>	<p>Safeguarding Lead Commissioning Linda Burke</p> <p>Mary Wynne and SARG members Louise Butler</p>
<p><b>Improve transport and community facilities</b></p>	<p>To work with planners across the boroughs regarding the building of more accessible changing places / toileting facilities:</p> <p>Review the current transport arrangements to provide a more flexible, personal service.</p> <p>Pilot Tri B Travel Support Plan Roll-out Travel Support Plan</p> <p>New Tri B Transport Framework of buses and Taxis and internal Transport Commissioning Office</p> <p>Review Travel Mentoring and Buddying</p>	<p>2014-2016</p> <p>2014 - 2015</p> <p>Nov 13 – Feb 14 April 2014</p> <p>April 2014</p> <p>Winter 2014</p>	<p>Hannah Carmichael/Linda Burke LD Commissioning Leads</p> <p>Pete McDonnell/Rachel Hargreave Mawson</p> <p>Pete McDonnell/Laxmi Jamdagni</p> <p>Cath Atlee/Pete McDonnell/Rachel Hargreave Mawson</p> <p>Steven Falvey/Barry Keenan</p>

<b>Ensure local day activities support people with complex needs</b>	Review of day activities across the three boroughs to ensure that the Council's buildings and staff are being used in the most flexible way to support people in the community.	2015/16	Stella Baillie/Mary Dalton
	New service offer to include combined LBHF and RBKC day provision. To outsource all in-house complex need day services	2015/16	Stella Baillie/Mary Dalton
<b>Support more people to understand how they can 'have a say' through voting</b>	Work with Electoral Services and communications sections across tri-borough and also advocacy organisations and support staff to promote awareness of and encourage participation in local and national elections	2014 to 2018	LD Commissioning Lead
<b>Employment and Volunteering Opportunities</b>	Tender RBKC and WCC Supported Employment Services	July 2014	Mary Dalton/Pete McDonnell/Charles Stephens/ Commissioning Leads /Economic Development Team
	Pump prime a social enterprise to offer a very supported employment environment (WCC/KC)	May 2014	Mary Dalton/Pete McDonnell/Charles Stephens/Michael Gray
	Develop an offer from the Economic Development Team in LBHF in job and work experience opportunities for ASC customers. Develop better employment opportunities from the Councils	On-going from November 2013	Mary Dalton/Pete McDonnell/Michael Gray/Julia Copeland/LBHF Economic Dev. Team Pete McDonnell/WCC Economic Development Team
	Continue to develop successful Volunteer	2014 onwards	



	<p>schemes with a work experience focus and investigate Tri-borough options leading to an ASC and NHS volunteering strategy and procurement. Link to the wider voluntary offer in London.</p> <p>Put employment at the forefront of day opportunities and care management through senior management endorsement and targeted staff training</p>	<p>2014 onwards</p>	<p>Linda Burke/Pete McDonnell RBKC Economic Development Team Pete McDonnell/Linda Burke</p> <p>Pete McDonnell/Lara Hogan</p>
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### Measures of success

- More people of working age have a paid job in the year
- More people will do voluntary work in the year
- More survey respondents will say, 'I spend my time as I want' / 'it's OK' (Annual survey)
- More survey respondents will say, 'I see my friends / family as much as I want' / 'It's OK' (Annual survey)
- More survey respondents will say, 'I can get to all the places I want' / 'Sometimes it's difficult' (Annual Survey) (Also 3.4)
- More survey respondents will say 'I feel very safe' (Annual Survey)
- Number of safeguarding alerts which are followed up under safeguarding policies and procedures
- In the great majority of concluded safeguarding cases, the risk of harm or abuse will have been removed or reduced
- Number and nature of complaints (and compliments) received by the Tri-borough Customer Feedback Team

## Outcome 5. Better health

People will have improved access to mainstream health services and health promotion and more people will receive a health action plan and an annual health check

*Key Owners of this Outcome: Clinical Commissioning Groups (Cages), GPs, Hospitals, Mental Health Trusts*

### Case for change

People with learning disabilities have **poorer health outcomes** than the general population. Some of this can be accounted for by conditions common to the general population, which are not identified early enough or are not managed properly because the system doesn't cater for needs specific to people with learning disabilities. In some cases, high levels of obesity, typical to some with learning disabilities, can lead to health complications such as high blood pressure and heart disease.

Identifying conditions early through **annual health checks** with GPs is critical. Previously, Westminster and Kensington and Chelsea performed well in relation to London but performance slipped in 2012/13. Hammersmith remains similar to the London average, suggesting further progress can be made.

Community and hospital-based health services are not set up in a fashion that allows people with learning disabilities to be supported in receiving health care, and **reasonable adjustments** need to be considered by law. Local people with learning disabilities and their families want a range of things, including longer appointments, appropriate waiting areas and IT systems that can identify specific needs.

The **Winterbourne View Concordat** has also required that patients in hospital placements are, where appropriate, discharged into the community with action plans in place.

What we are going to do	How we are going to do it	When will it be done	Who Will Lead
<b>Improve and maintain uptake of health checks, action plans, and prevention services</b>	<p>To work with LD Community Teams and GPs to increase the numbers of health checks and audit the quality of health checks and action plans</p> <p>To address data quality issues around numbers attending cervical and breast screening: - establish baseline data for breast, bowel and</p>	Current to March 2014.	NHS NW London Community Support Unit

	<p>cervical screening - develop actions to improve uptake in mainstream screening where necessary</p>		
<p><b>Make reasonable adjustments to services to make them more accessible and easier to use</b></p>	<p>Implement a I.T. system to identify the learning disability status of patients in primary care</p>	September 2014	Senior Commissioning Officer LD & Carers
	<p>Work with acute leads to ensure that an approach is made to embed reasonable adjustments into mainstream provision</p>	Ongoing	Health/Nurse lead in community LD team
	<p>Provide staff in acute settings with access to training</p>	Ongoing	Health/Nurse lead in community LD team
	<p>To work with community services (e.g. CLCH community care, dentists, pharmacies, optometrists, maternity services, offender services and other services) to make further adjustments to enable service users with complex and challenging behaviour to access the services easily</p> <ul style="list-style-type: none"> <li>- This may include aspects such as designated slots when there are fewer patients, and reductions in waiting times for clients with LD</li> </ul>	Ongoing	Health/Nurse lead in community LD team
<p><b>To improve opportunities to take part on health and leisure opportunities</b></p>	<p>To work with housing, leisure services and care providers around issues relating to the promotion of leisure facilities and the tackling of obesity for people with learning disabilities</p> <p>This will include reasonable adjustments to ensure that those with learning disabilities or autism are able to access mainstream services (e.g. leisure</p>	September 2014	Health/Nurse lead in community LD team

	services), to maintain positive outcomes		
<b>Ensure people in specialist hospitals have access to local housing and support</b>	Review all people in inpatient Assessment and Treatment Provision and ensure that completed reviews and discharge plans are in place to use community-based services, to avoid the inappropriate use of inpatient assessment and treatment placements.	April 2013 and ongoing	LD Community Teams
	Ensure that all people are moved from assessment and treatment provision if deemed no longer appropriate	June 2014	LD Community Teams
	Work with Children and Families Services to identify those individuals likely to use inpatient assessment and treatment provision <i>in the future</i> and plan to implement community services to avoid this, where appropriate and possible	2014-2016	LD Lead
<b>Supporting good mental health</b>	To improve access and experience of treatment for those with learning disabilities who have mental health needs	April 2015	LD Lead and Service Managers
<b>Prevent unnecessary death from conditions related to learning disabilities</b>	To report causes of death of those with learning disabilities, to give indications of possible preventability, risk factors and causes	September 2014	Service Managers
	Link findings to the health checks and health action plans process to improve outcomes via reducing the risks. Track performance over time		

**Measures of success**

- More people will have an annual health check
- More people will have a health action plan
- More survey respondents 'My life is really great' / 'Mostly good' (Annual Survey)
- More survey respondents will say 'I am very healthy' / 'I am quite healthy' (Annual survey)
- Number of deaths of people under 60 years of age
- More survey respondents will say 'I am very happy with the way staff help me, it's really good' / 'I am quite happy' (Annual survey)
- Fewer respondents will say 'the way I'm helped and treated makes me feel a bit bad' / 'Very bad about myself (Annual survey)'