



MORAY LEARNING DISABILITY STRATEGY

Our Lives, Our Way 2013-2023

**Strategy update
2021-2024**

Version 0.5

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1. Introduction

Welcome to the updated Moray Learning Disability Strategy. It sets out Health & Social Care Moray's refreshed approach to working together with all our partners to improve the quality of life for people with a learning disability who live in Moray.

We are ambitious for everyone with a learning disability. People have told us they want to be as independent as they can within their own community and wish to have more choice and control over their lives in order to reach their full potential, with good quality support built around their individual needs and outcomes.

People have the right to be valued as individuals and lead fulfilling lives. They have the right to access and participate in their communities and benefit from a fair and inclusive society, as well as contributing to the local economy.

The Strategic Plan of the Moray Integration Joint Board (IJB), **Partners in Care 2019**, sets out the vision and priorities which direct the planning of health and social care services for everyone in Moray.

The Learning Disability Strategy has been refreshed in line with the Strategic Plan to support improvement in services for people with a learning disability in Moray in order to achieve positive change and better outcomes.

It builds on the work progressed under the current Moray Learning Disability Strategy, *Our Lives Our Way* 2013-2023, which was co-produced by people with learning disabilities and

their families working alongside people who deliver and commission services.

In 2017 we implemented the Learning Disability Transformation Project to better respond to what people said matters to them and to the demographic and financial challenges facing health and social care services.

Recognising the need to evolve the way we deliver services and to work differently in the future to ensure services are safe, sustainable and improve experiences, the Transformation Project led to the implementation of a new model of delivering community health and social care services for people with a learning disability.

The Progression Model utilises continuous steps to support an individual to progress over a period of time to reach their potential. Support is designed so that people can learn the skills to be independent in order to help them do as much as they can for themselves. This promotes social inclusion and increases an individual's ability to become an active citizen within their own local community.

In the delivery of this refreshed Moray Learning Disability Strategy 2021-2024 we are committed to working together with all partners in care to co-produce the supporting implementation plan which will detail how improvement themes will be progressed.

2. Who we are

The Moray Integration Joint Board

In 2016 the Scottish Government legislated to bring health and social care together into a single, integrated system leading to the establishment of integration authorities which are legal entities in their own right.

The Moray Integration Joint Board works to enhance delivery of joined-up health and care services to the people of Moray. It has responsibility for the funding of a range of services in the community which were previously managed separately by NHS Grampian and Moray Council. These services include:

- Social care services
- Primary care services including general practice (GPs) and community nursing
- Allied health professionals such as occupational therapists, psychologists and physiotherapists
- Community hospitals
- Public health
- Community dental, ophthalmic and pharmaceutical services
- Unscheduled care services
- Support for unpaid carers

Health & Social Care Moray

The health and social care partnership is the delivery arm of the Integration Joint Board. Moray Council and NHS Grampian employees work together to deliver services and with organisations across the Third and Independent Sectors which are a vital part of partnership working.

Most importantly, partnership working involves working closely with the people who use services, their unpaid carers and their families.

3. The Moray Learning Disability Strategy 2013-2023

[Our Lives, Our Way 2013-2023](#) is a plan to “help people with learning disabilities and family carers get more out of life”.

It was co-produced by people involved in the Moray Learning Disability Partnership – a forum facilitated by health and social care officers – who worked together to share their experiences, views and ideas in order to help shape and improve services.

The Partnership agreed the following vision statement:

“People in Moray with a learning disability will have the same choices and opportunities as everyone else. Their independence will be supported by services which are developed with them.”

Informed by what people said was important to them, the evidence base provided by the Learning Disability Strategic Needs Assessment and key drivers for change, the Learning Disability Partnership identified eight priority areas.

1. **Choice and control** – “I want to make my own decisions over how I live my life and have the right support to make it happen.”
2. **Greater independence** – “I want to choose where I live and who I live with.”
3. **A place to live** – “I want to live my life in my own community, be able to use local services and have enough money to support myself.”
4. **Better health and wellbeing** – “I want to be able to get the support I need to stay as healthy and well as I can.”
5. **Keeping safe** – “I want to be able to stay safe but to be able to choose to take some risks if that is what I decide.”
6. **Support for people with complex needs** – “If I have profound and multiple learning disabilities, mental health issues, complex needs or am on the autistic spectrum, I want to get the right support for my needs.”
7. **Staff development** – “Staff should have the skills and training they need to provide the right support to me.”
8. **Support for carers** – “Carers and professionals should work more closely together so carers can continue to support the person they care for while also having a life beyond their caring role.”

The current strategy succeeded the previous Moray Learning Disability Services Strategy from 2007.

4. Updating the Learning Disability Strategy

The updated Moray Learning Disability Strategy 2021-2024 builds on the transformation work which has been undertaken with and for people with a learning disability over the past seven years. It has been informed by ongoing engagement with stakeholders and the key national drivers which have come into force since 2013.

The document has been updated in order to sit within the overarching context of the Moray Integration Joint Board's [Strategic Plan](#) for Moray which was published in December 2019. This is the overarching strategy setting out how the Board will plan and direct delegated health and social care services using integrated budgets in order to achieve the core aims of integration.

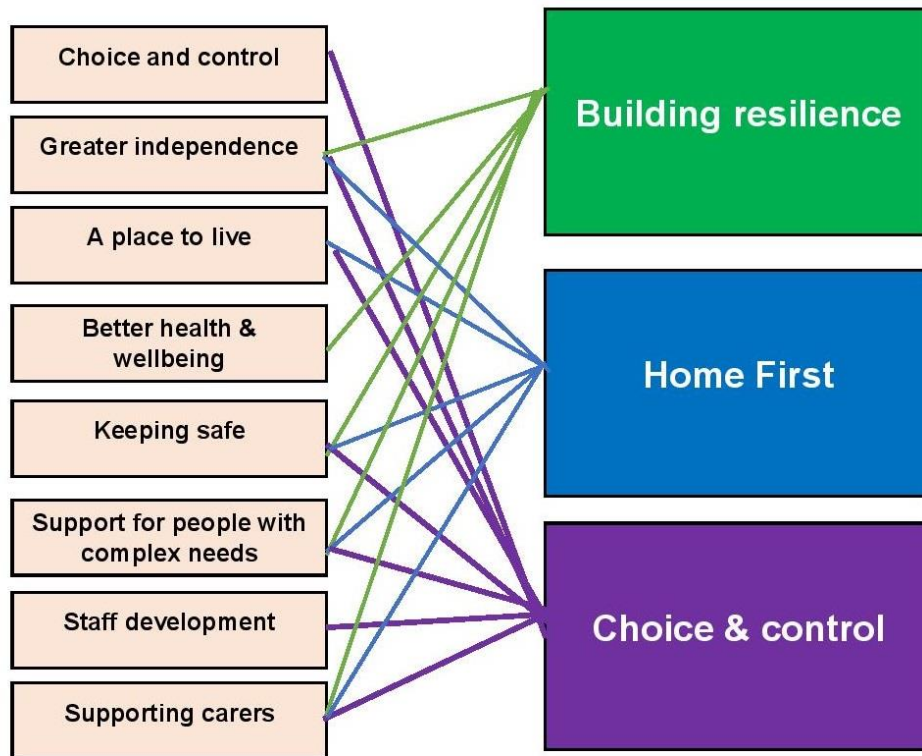
The Board's vision is to achieve:

“The best health and wellbeing possible for everyone in Moray throughout their lives.”

Three strategic priorities have been approved. These are:

- **Building Resilience:** Taking greater responsibility for our health and wellbeing
- **Home First:** Being supported at home or in a homely setting as far as possible.
- **Partners in Care:** Making choices and taking control over decisions affecting our care and support.

The priorities in the current Learning Disability Strategy (left-hand side) can be mapped to those in the Strategic Plan (right-hand side).



By working together with individuals and local communities, Health & Social Care Moray will support people to achieve the following National Health and Wellbeing Outcomes:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.

2. People, including those with disabilities, long-term conditions, or who are frail, are able to live as far as reasonably practicable, independently at home, or in a homely setting, in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.
5. Health and social care services contribute to reducing health inequalities
6. People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm
8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide, and feel engaged with the work they do.
9. To deliver best value and ensure scarce resources are used effectively and efficiently in the provision of health and social care services.

Through this strategy Health & Social Care Moray will direct the provision of effective support for people with learning disabilities that seeks to address their personal outcomes. A focus on outcomes is key to achieving improved life chances and quality of life for people with learning disabilities, underpinned by a human rights approach.

It signals a continuation of the shift to people being more involved in their own health and care and to being able to access the right home and right support at the right time for them.

5. Who the strategy is for

People with learning disabilities have a significant lifelong condition that started before adulthood which affected their development and which means they need help to understand information, learn skills and cope independently.

We recognise that this is only part of the description – the whole person will be a family member, a parent, a friend, a colleague, a student or a citizen.

People with a learning disability have the same rights as every other member of society with same need to be treated with dignity and respect. They have the right to be valued as individuals and lead fulfilling lives. They have the right to access and

participate in their communities and benefit from a fair and inclusive society, as well as contributing to the local economy.

The Strategy is for:

- People living in Moray with a learning disability and/or autism with additional needs aged 18 years and over.
- Young people with learning disabilities in transition from school to adulthood and adults transitioning into older age.
- People with learning disabilities ordinarily resident in Moray, but who are receiving support out with the area.
- Families, carers and parents of people with a learning disability and/or autism;
- People within the partnership of Health & Social Care Moray, including Independent and Third Sector organisations, who commission and deliver services for adults with learning disabilities.
- People in Moray Council and NHS Grampian who commission and deliver universal services used by adults with learning disabilities.
- The wider Moray community.

Moray context

Moray's population has grown significantly in the past 20 years from 87,160 in 1997 to an estimated 95,820 in 2019. The population of Moray had been growing faster than the national rate and had experienced the 11th highest rate of growth amongst the 32 Scottish local authorities.

In addition to this growth the demography has also changed markedly over the past 20 years. The most significant population growth over the next two decades is projected to occur amongst older adults. This will have a significant impact on demand for our services and creates a challenging environment in which to operate whilst transforming our services.

Prevalence

The statistical information provided in this section has been obtained from Learning Disability Statistics Scotland 2019, published by the Scottish Commission for Learning Disability, which includes those adults with learning disabilities and/or on the autism spectrum who are known to local authorities in Scotland.

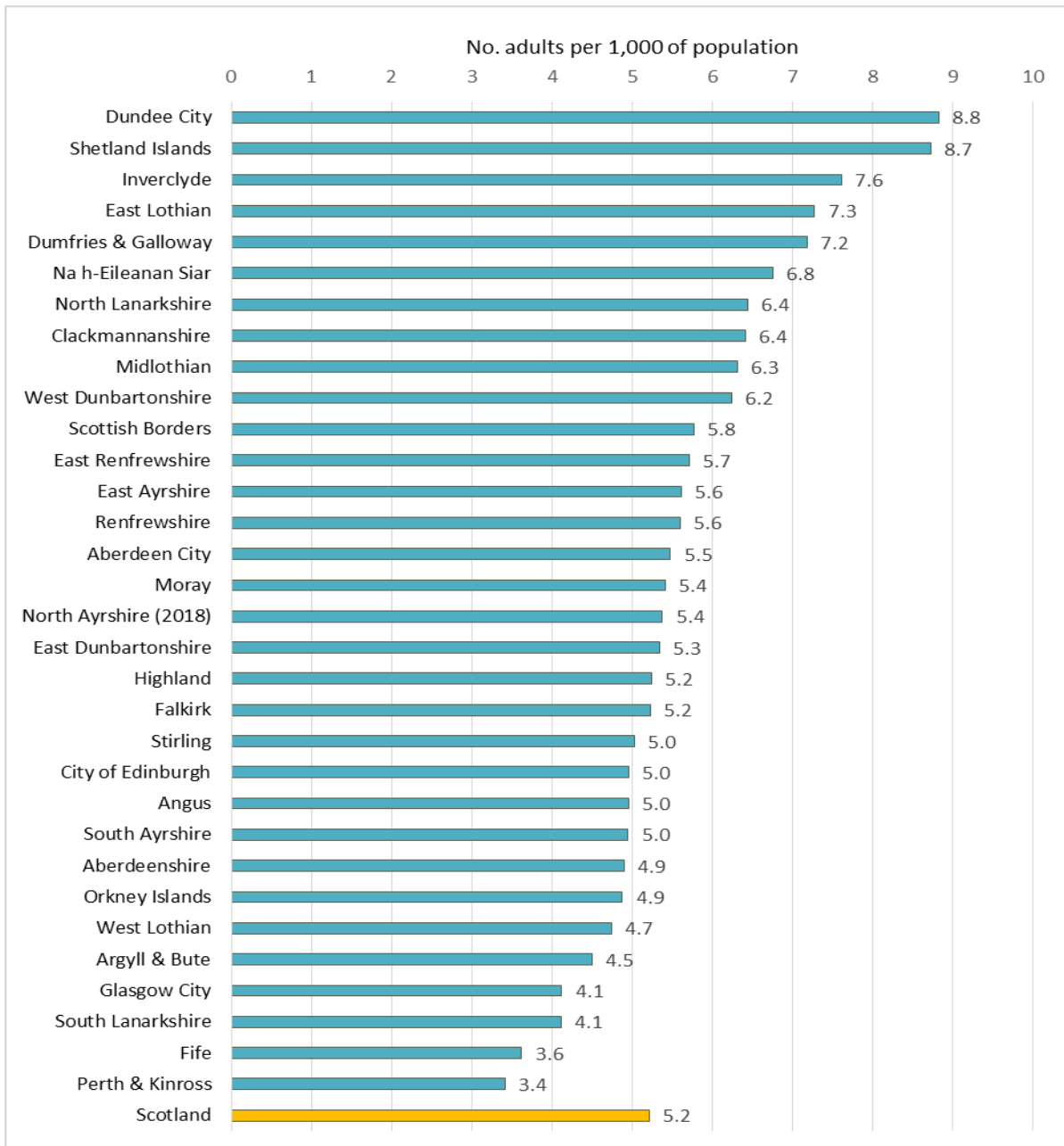
Many individuals with a learning disability may not be in regular contact with specialist health or social care services, likely largely independently or with support from family.

430 adults with a learning disability were recorded as receiving formal support ranging from low-level advice and support to extremely intensive round-the-clock care and support with specialist health input.

Of the 430 adults known to the Learning Disability Team (in 2019), 28% also had an Autism Spectrum diagnosis.

	16-34	35-64	65+	Total
Males	122	108	24	254
Females	69	83	24	176

Table 1 demonstrated that the number of adults with learning disabilities known to the Moray Learning Disability Team was just above Scotland as a whole at 5.4 per 1,000 of the population.



Living circumstances

244 (43%) of adults with a learning disability known to the team lived with a family carers. This is about the national figure of 31%.

Figures for accommodation types are as follows:

	Mainstream accommodation			Supported accommodation	Registered care home	Other	Not known	Total
	With support	With no support	Support status not recorded					
Moray	60	40	74	73	13	15	154	430

Employment and day centre support

44 adults (10%) were engaged with some form of employment opportunity – more than double the Scottish average of 4%.

72 adults (17%) attended a day centre, similar to the Scottish average. 87.5% attended for less than 30 hours per week and 12.5% for 30 hours or more per week.

6. What people with a learning disability and their families have told us

Extensive engagement with stakeholders to inform the production of the strategy **Our Lives, Our Way** included the formation of a Learning Disability Partnership. This was facilitated by staff and met regularly between 2012 and 2015 but was found to be an unsustainable model for engagement. Since then engagement has taken place on a more ad hoc basis.

Two Open Space engagement events were held in 2018 offering people the opportunity to come together to talk about the things that matters most to them. Those attending proposed the issues then led the discussion on their subject. At the end of the Open Space people voted on the importance of all the topics discussed.

Among the issues people told us mattered most to them were: making decisions; more day and evening opportunities; living and working in my community; improved communication; transport and access; consistent support.

People told us the wider community needs more education and awareness about the barriers people with a learning disability face in their every day life and what can be done to remove them. They spoke about their aspirations to be more active citizens in their communities with meaningful ways to spend their day and called for improved ways to share information about universal services and community assets.

People shared their experiences of planning for independent living and the importance of continued family support, as well as their aspiration to live more independently with the right level of support. They said they don't want staff sleeping over in their house if they didn't need them.

People said their wish to secure paid employment should be recognised and supported. They also said a learning disability should not stop people becoming a volunteer if they wished to.

There was a call for improved transition planning for young people, more advocacy support and more support for the social care workforce to develop skills and training which it was felt would improve retention rates so that people had consistency in the people who supported them.

In March 2020 a workshop was held to support collaborative discussions with families on a range of “hot topics” affecting the lives of people with a learning disability in Moray

Discussions took place around four key themes - overnight provision; homes for the future; responsive person-centred support; and the future model for services.

Relatives shared their positive experiences of SDS and direct payments as promoting choice and control. Many championed the aspirations of their loved ones for more choice about where they live and who they live with. They told us a range of accommodation options were needed to meet the different care and support needs of people who require constant support or support close by. Many families aspire to their relative taking up a secure tenancy in home of their own with on-site staff support.

It was important to families that individuals are safe and secure in their homes. People were most concerned about possible reductions in long-term support, such as the removal of waking night staff, and the risks which their loved ones could be exposed to.

Calls were made for services to involve relatives in planning and risk assessments right from the start before any decisions in changes to existing services are made. This included transition planning and moves to more independent living. Parents stressed good support plans were key.

People need access to local facilities so they can be a part of their community. Transport is an issue for many.

There was much praise for the quality of directly provided and commissioned services in Moray, however a lack of autism services was highlighted.

7. Current resources

The Learning Disabilities budget covers:

- Transitions
- Staff – social work and admin infrastructure
- Medical, Nursing, Allied Health Professionals and other staff
- External purchasing of care for residential & nursing care
- External purchasing of care for respite, day care and domiciliary care

The staff team provides a service to adults in Moray who have a learning disability, and to their families and carers. It includes:

- Service Manager
- Consultant Practitioner
- Social Work Team Manager
- Advanced Practitioner (1WTE)
- Social Workers, Community Care Officers, Local Area Co-ordinators
- Community Learning Disability Nurses
- Psychologists
- Speech and Language Therapists
- Psychiatrist
- Dieticians
- Physiotherapists
- Occupational Therapists

The Learning Disability Team works closely with many other Health & Social Care Moray teams including: Internal Provider Services, Commissioning, Finance, Adult Protection, Self-directed Support and Unpaid Carers.

There are also strong links with partners Moray Council, NHS Grampian, the Third and Independent Sectors.

8. The national context

The Scottish Government's vision for people with learning disabilities and complex needs within Scotland is that everyone is supported to lead full, healthy, productive, and independent lives in their communities, with access to a range of options and life choices.

Over the past few years, there has been a significant amount of new legislation and national and local policy that has had a considerable effect on how people with learning disabilities and their carers are supported.

Demands and expectations from people have increased in terms of the quality and choice of services available, which have also come to bear on the changed policy landscape, both nationally and locally:

Legislation

Adults with Incapacity (Scotland) Act 2000 – This Act provides a framework for safeguarding the welfare and managing the finances of adults (people aged 16 or over) who lack capacity due to mental illness, learning disability or a related condition, or an inability to communicate.

Mental Health Act (Care and Treatment) (Scotland) Act 2003 – This Act increased the rights and protection of people with: mental illness, learning disability and personality disorder. It introduced changes to develop community-based mental health services, involvement of service users and unpaid carers in decisions concerning treatment, and respect for the human rights of people with what are referred to as “mental disorders”. The act is currently being reviewed.

Adult Support and Protection (Scotland) Act 2007 – The Adult Support and Protection (Scotland) Act 2007 was introduced to identify and protect individuals who fall into the category of adults at risk. The Act defines adults at risk as people aged 16 years or over who: may be unable to safeguard their well-being, rights, interests, or their property; may be harmed by other people; because of a disability, illness or mental disorder are more at risk of being harmed than others who are not so affected. Having a particular condition such as a learning disability or a mental illness does not automatically mean an adult is at risk. Someone can have a disability and be perfectly able to look after themselves. For an adult to be considered at risk, all three parts of the above definition must be met.

Equality Act 2010 – The Equality Act 2010 brings together over 116 separate pieces of legislation into one single Act. Combined, they make up the 2010 Act that provides a legal framework to protect the rights of individuals and advance equality of opportunity for all. The Act simplifies, strengthens and harmonises the current legislation to provide Britain with a discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

Welfare Reform Act 2012 – The Act includes the phased introduction of Universal Credit and the phased replacement of Disability Living Allowance (DLA) with the Personal Independence Payment (PIP) for working-age adults.

The Social Care (Self-directed Support) (Scotland) Act 2013 – The Act places a duty on Partnership social work services to offer people who are eligible for social care a range of choices over how they receive their support. Self-directed Support (SDS) allows people, their carers and their families to make informed choices on what their support looks like and how it is delivered, making it possible to meet agreed personal outcomes. SDS is underpinned by the core principles of personalisation (people and families having choice and the ability to shape and control the public services they require) and co-production (equal and collaborative relationships between people, professionals and communities).

Public Bodies (Scotland) Act 2014 – This is the legislation that sets out the arrangements for the integration of certain NHS and local authority social work functions.

Carers (Scotland) Act 2016 – The Act is designed to support carers' health and wellbeing. The provisions in the Act include: a duty on local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria; a specific Adult Carer Support Plan and Young Carer Statement to identify carers' needs and personal outcomes; a requirement for each Partnership area to have its own information and advice service for carers; a requirement for the Scottish Government to prepare a carers' charter that sets out the rights of carers; a requirement to consider whether support to carers should take the form of a short break, and there must be a wide range of breaks available to carers; and the joint preparation by local authorities and health boards of local carers' strategies.

National Policy

Achieving Sustainable Quality in Scotland Healthcare – The Scottish Government's 20:20 Vision is that by 2020 everyone is able to live longer, healthier lives at home, or in a homely setting and that we will have a healthcare system where: we have integrated health and social care; there is a focus on prevention, anticipation and supported self-management; when hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm; whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions; and there will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

The Scottish Strategy for Autism 2011 – This strategy places autism as a national priority advocating a holistic, joined-up approach and emphasising that people with autism and their carers need to be supported by a wide range of services including social care, education, housing, employment and other community-based services. In 2015 the strategy's recommendations were reframed as four strategic outcomes: A Healthy Life; Choice and Control; Independence; Active Citizenship

Keys to Life Strategy 2013 – The Scottish Government published a new national strategy for learning disability, Keys to Life, in June 2013. This 10 year strategy makes more than 50 recommendations, the majority of which relate to health. The strategy aims to address the health inequalities facing people with learning disabilities. It has a strong focus on improving health outcomes in the widest sense including prevention, health improvement activities and equal access to health services. The strategy aspires to improve the life choices and quality of life of people with learning disabilities by ensuring they are included in every aspect of community life as equal citizens and that the voice of every person with learning disabilities is heard and respected.

Coming Home 2018 – A Scottish Government report on out-of-area placements and delayed discharge for people with learning disabilities and complex needs. Seven recommendations were grouped under three key themes: Strengthening Community Services (access to crisis services; flexible support responses; family support); Developing Commissioning and Service Planning (working with children's services and transitions teams; identifying suitable housing options); and Workforce Development in Positive Behavioural Support (PBS training across the workforce; establishment of a PBS Community of Practice).

9. The need for change

Health & Social Care Moray aims to deliver high quality, safe services for our citizens. Delivery is within a context of significant and ongoing pressures including: an ageing population with significant ill health and issues of comorbidity; increasing public expectations for flexible and person centred services; and a decreasing budgetary envelope.

As such, like all health and social care partnerships across Scotland, there has been a need and a desire for Moray to review how support and care is delivered in all settings and to transform services to meet public expectations and stakeholder aspirations within a context of fiscal responsibility.

In addition, whilst care is needs led and must ensure people remain safe and well, it is also resource bound and as such delivery of all services must be done in the context of best value – ensuring that there is good governance and effective management of resources with a focus on improvement, to deliver the best possible outcomes for the public.

These challenges are perhaps most clearly evident in the areas of Learning Disability Services. Changing demographics are well rehearsed; people with a learning disability are living significantly longer but have a poorer health profile than the general population. Many will need to be supported for life.

As they grow older, people with learning disabilities have many of the same age-related health and social care needs as other people but they also face specific challenges associated with their learning disability. This includes a higher incidence of epilepsy, autistic spectrum disorder and sensory impairments.

Transition out of Children's Services can be challenging for people and their family carers when long-term placements and support from services ends and different approaches to meeting needs are applied in Adult Services.

The majority of adults with learning disabilities live with their families, usually their parents. In some instances they may be caring for an older frail parent while they, too, are getting older. Eventually, ageing family carers may reluctantly explore alternative care arrangements when they are no longer able to provide long-term care.

More serious is when family care ends suddenly through parental illness or death or when a family reaches crisis due to challenging behaviour. Due to a lack of future planning, the person may be moved inappropriately or have multiple moves.

There is a significant lack of the right mix of accommodation and skilled support staff. People are currently being maintained in expensive, out of area placements or residing in individual or group living situations which do not meet their needs.

Staff recruitment and retention has been a key area of concern within social care, taking into account the complex nature of care models and the number and skill mix of professionals involved in meeting the needs of people that we provide services to. A particular area of concern has been within learning disabilities and meeting the needs of individuals with intensive complex care needs within Moray.

It is evident we cannot afford to do what has always been done.

10. Transforming Learning Disability Services in Moray

The IJB, through its successive Strategic Plans, has directed Health & Social Care Moray and its partners to meet these challenges through transformation of services to improve outcomes for individuals and ensure long term sustainability for health and social care services in Moray.

We must adopt new approaches and have a different conversation with individuals and their families. We must focus on people and their communities' strengths and assets. Proportionate interventions must be made when needed and intervention must happen earlier to enable individuals to have real choice to remain living in their communities.

The following section highlights some of the approaches Learning Disability Services have taken to respond to national and local drivers for change.

Self-directed Support (SDS)

Since the enactment of the Social Care (Self-Directed Support) (Scotland) Act 2013, all individuals who are eligible for long term support are assessed through the SDS processes alongside the values and principles which underpin the legislation. The legislation has enabled individuals to take greater control over their care and support, allowing them to live the life they want having their support delivered in a personalised way.

Health & Social Care Moray has made significant progress implementing self-directed support. Most supported people experienced choice and control in how they used personalised budgets and were achieving positive personal outcomes as a result.

As more people have control over the big decisions that affect their lives and the funding for their own care and support, it is important Moray has a vibrant, responsive marketplace of opportunities that provide the choice and variety individuals want. To facilitate the growth of a more diverse market, Health & Social Care Moray has begun development of a Market Shaping Strategy which will be informed by the experiences and ideas of individuals with care and support needs, families and unpaid carers

The Woodview Service

The in-house Woodview Service is recognised as a leading model of person-centred care and support for adults with severe learning disabilities and autism who exhibit a variety of complex behaviours posing a range of physical and emotional challenges.

Following the publication of a critical Care Inspectorate Report in relation to the unsuitability of an existing residential care facility in Forres (Maybank) for adults with autism, learning disabilities and challenging behaviour, the decision was taken by Moray Council in 2013 to commission a £2.5m new build development of eight bungalows, a communal area and staff office at Urquhart Place, Lhanbryde.

The underpinning premise of the project was that supporting the Maybank residents to have their own tenancy and to live in their own bungalows would have a positive impact in terms of their quality of life. In turn, this would reduce the number of incidents of harm and challenging behaviour and would result in better staff retention and recruitment rates.

In August 2017, Maybank was successfully decommissioned as a care home residence and the four service users became tenants at Woodview. Four other tenants have subsequently moved in, including people returning from out of area placements.

The current Care Inspectorate grading are:

Quality of care and support	5 (very good)
Quality of staffing	4 (good)
Quality of management and leadership	4 (good)

The Learning Disability Transformation Project

To increase the pace and impact of transformation, the Learning Disability Transformation Project was initiated in 2017 to drive forward the required improvement. The project was developed in partnership with specialist social care, health and housing advisers Alder in order to assess current provision and practice across Moray and identify a sustainable service model for the future.

The project identified that although there were many examples of effective practice in existing services, there was significant scope to improve the quality of life of people with a learning disability. Opportunities to help people achieve greater levels of independence were being missed, both in terms of living arrangements and work/leisure. Greater independence would lower future costs by reducing the level of need and hence the services required.

A number of individuals living in residential care received some form of 24 hour support, either in a staffed supported living environment or with a combination of supported living and day services. The wide variation in use of 24/7 support models suggested that, in some areas, work could be done to develop alternative, less intensive arrangements for some people.

Opportunities were being missed to use assistive technology to support people with a learning disability.

Some people with a learning disability were provided with services of a disproportionately high level relative to their current recorded needs. In particular, there was extensive use of 1:1 or higher ratio support that sometimes could not be justified. This was the result of assessment and reviews which were inconsistent and/or lacked rigour, risk averse practice and a failure to reduce services that were increased at a time of temporarily increased need when no longer necessary.

The Transformation Project focused on the change required in the way in which:

- Assessments were carried out;

- Support plans were prepared;
- Risks were managed;
- Reviews were undertaken;
- Services were provided.

Securing transformation requires ongoing system-wide change not only for Learning Disability Services but also for Commissioning, Providers of Services and on-going conversations with people who access learning disability services in Moray.

As a result of the project, a number of initiatives have been taken forward across Moray to remodel Learning Disability Services.

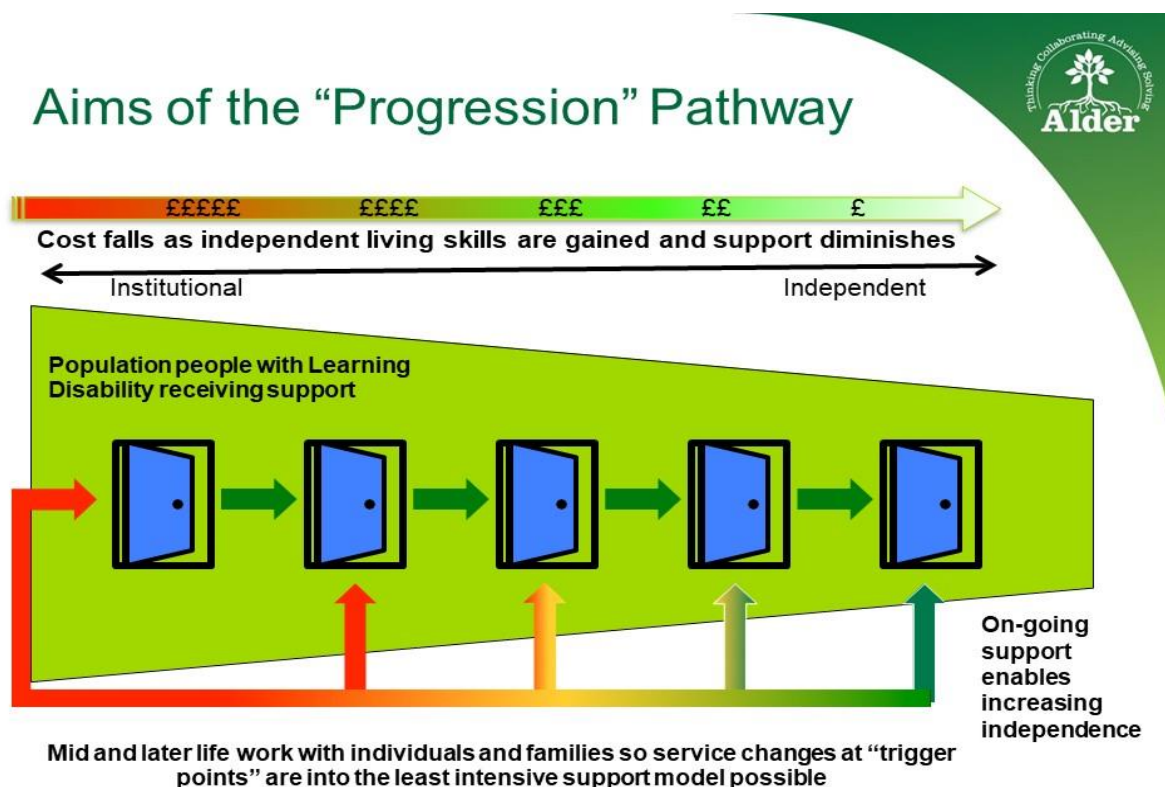
The Progression Model

A key part of the Transformation Project was to advance improved outcomes for people with a learning disability through the adoption of a Progression Model for services.

This is a conceptual model that represents different levels of independence/dependence. It can be used to show the service response to an individual's needs at a given level of need. The main use of the model is to help plan how a person can acquire, or maintain, independent living skills.

Practitioners can use the model for care and support planning. Commissioners may use it to plan the availability of services for an individual and also to assist with current and future population needs assessment.

The overall aims of the model, showing a "Progression" pathway, are shown in the figure below. Care and support planning should help people achieve the maximum level of independence to which they aspire. It is important to match the service response to current need but also to work to reduce them over time, helping individuals gain confidence and skills, and so reduce long term needs.



The model can illustrate a person's life plan in terms of their accommodation and support needs. It can also be used to describe a care and support pathway and is of particular use in pathway planning.

Progression assumes that people prefer to be less dependent rather than more and that most people with a learning disability are able to learn at their own pace. The model also takes account of the fact that people can lose skills, for example through progressive conditions such as dementia.

It is recognised that past service responses may have led to a degree of over-servicing and, on occasion, has increased dependency rather than decreased it. Reversing this requires very skilled and sensitive work with individuals, their families and their carers.

Accommodation plays a vital role in the Progression Model

Accommodation needs change over time. Care and support needs also typically change over time. Needs may increase when a person has a progressive medical condition or as a result of age related conditions. They may also decrease, as a result of treatment, recovery, or reablement, or the acquisition of new skills.

The "Progression" Model seeks to anticipate the future accommodation and support needs of a person with a learning disability. A plan for the individual is based on the long term aspirations of that individual where they can realistically see themselves at a point in the future once they have attained their maximum level of independence. Planning prompts the person to consider where they might live, how they might

spend their time, and what care and support will be required to assist them in these areas of their lives.

Once a long-term goal is set, the Progression Model requires consideration of the different steps required to help the person realise their vision of the future. This may require a number of changes in where the person lives and the nature and level of support required.

A person with a learning disability is no different to anyone else who, over the course of their life, can expect a journey that involves a number of home moves and adjustments to meet new challenges and opportunities.

Accommodation projects

The traditional model of housing and care for people with a learning disability has been the group home with one provider of care. Group homes are often a source of tension because of the dynamics within the house. People do not have a choice in who they live with and do not always get on or even like each other.

An essential feature of the Progression Model is the availability of appropriately designed housing that will support flexibility in the delivery of care both as individuals encounter challenges in their lives and need additional support and as they increase their independence and decrease their reliance on support from health and social care services.

The cluster model of housing where a group of people live in their own tenancies in one setting with a staff base on-site, has been successfully adopted in Moray.

Following the decommissioning of a services in Fochabers, a group of people are being supported to live in individual flats with a staff team in a separate unit on site to provide both planned and responsive support.

Levels of challenging behaviour have decreased because the environment is more appropriate and the care and support provided is more flexible and responsive to their needs.

The Learning Disability Service maintains a database of people who are waiting for appropriate accommodation and support. This includes: people who are currently being maintained in expensive out of area placements; people living in family units where there is a high likelihood of current care arrangements breaking down; people living in group living situations which do not meet their needs; people who put themselves at risk through their lifestyle and life choices and place associated high demand on public services.

A number of housing opportunities, based on the Progression Model approach, have been identified in partnership with Moray Council Housing & Property Services and housing associations.

These projects seek to create the most appropriate living environment for people. Care and support would then be provided through specialist internal services or by commissioning external services.

11. The way forward

The priorities of the Learning Disability Strategy will be brought under the overarching ambitions of the IJB's Strategic Plan.

STRATEGIC PRIORITY 1- Building resilience

My Health

Research tells us that people with learning disabilities have some of the poorest health of any group in Scotland. They are considerably more likely to die at an early age than the general population - on average 20 years before. The most common causes of death for people with learning disabilities are respiratory disease, cardiovascular disease (related to congenital heart disease) and different forms of cancer. Many of the causes of learning disabilities may also lead to physical or mental ill health.

STRATEGIC PRIORITY 2 – Home First

My Home

A good quality home is at the heart of independent living. A home which provides a person with the right type of house, adapted to meet their needs in the right location, is a key requirement for those who need care and support to be able to live their lives to the full.

The great majority of people, including those with learning disabilities, already live in ordinary housing - not in hospitals or care homes - and this is where they want to stay. The need for quality housing and housing services will become more important over the next decade as a result of both the increase in the number of older people and the long standing policy objective of the Scottish Government to shift the balance of care still further away from institutional settings. Increasingly specially adapted housing is required for people who have complex and challenging behaviour. The correct environment will support appropriate management of behaviour and will minimise risk to service users and support staff.

STRATEGIC PRIORITY 3 – Partners in Care

My Life

The Independent Living in Scotland project describes independent living as 'disabled people of all ages having the same freedom, choice, dignity and control as other citizens at home, at work and in the community. It does not mean living by yourself, or fending for yourself. It means rights to practical assistance and support to participate in society and live an ordinary life

12. Our priorities for improvement in Learning Disability Services

The National Learning Disability Strategy “*Keys to Life*” provides the overall framework within which our local learning disability strategy should operate. It also needs to follow the direction of travel set by the Moray Integration Joint Board and contribute to the priorities set out in its Strategic Plan.

The document, Partners in Care, underlines the importance of working together to deliver better outcomes with and for people with learning disabilities, and their families and carers. Partnership and joint working is at the heart of how we improve the lives of people with learning disabilities and the people who care for them.

The expressed and reflected views of service-users, their families, staff and other stakeholders demonstrate that there are important service areas and processes that would benefit from improvement and these are captured in our six themes for improvement.

Improvement Themes

1. To improve the planning for young people with learning disabilities transitioning from childhood to adulthood, with early involvement of parents, carers and the young people themselves;
2. To review and redesign accommodation options, accommodation based support and day support services to modernise them, provide them locally wherever possible, make them fit for purpose and of high quality for the people who need them and ensure they are sustainable for the future;
3. To work in partnership with NHS Grampian on the implementation of the ‘Grampian-wide strategic plan for future-proof, sustainable mental health and learning disability services’.
4. To continue to embed the principles of personalisation and Self-Directed Support, to encourage choice and independence within a framework that ensures fairness and consistency;
5. To continue to follow the principles and recommendations set out in “*Keys to Life*”, to ensure that the best possible outcomes are being met for people with learning disabilities, their families and carers, within the resources available.
6. To ensure that our resource allocation processes are fair and consistent, and that we maximise efficiencies to secure Best Value for the people we support and the wider community.

13. Next steps

Each of these Improvement Themes involves a lot of work and will each need a clear action plan of its own. We need to make improvements that will modernise services, support people with learning disabilities to maximise their independence and quality of life and ensure we work together effectively. Importantly, we also need to ensure that in the face of financial pressures, we support people fairly and consistently.

As the detail is worked through, the contributions of service-users, families and carers, staff and provider organisations will be crucial to ensure we focus on the right things. We need to continue to listen, learn and understand what is important to people and to have regular conversations with people in order to inform the development and delivery of our work so that together we can achieve positive change and improve lives and outcomes.

We will offer people the opportunity – via a range of methods – to engage with us and share their experiences, views and ideas.

An Implementation Plan, based on the 6 Improvement Themes set out above and linked to the Priorities set out in the Board's overarching Strategic Plan, will be co-produced with a relaunched Moray Learning Disability Forum as a consequence of this updated strategy.

14. How we will know the strategy is making a difference

It is really important that we continue to work in partnership with people with learning disabilities, their families and carers, people who commission services and people who provide services, as we work to achieve our ambitions

We will report on progress to the Moray Learning Disability Forum on an ongoing basis and annually to the Moray Integration Joint Board's Audit and Performance Committee.