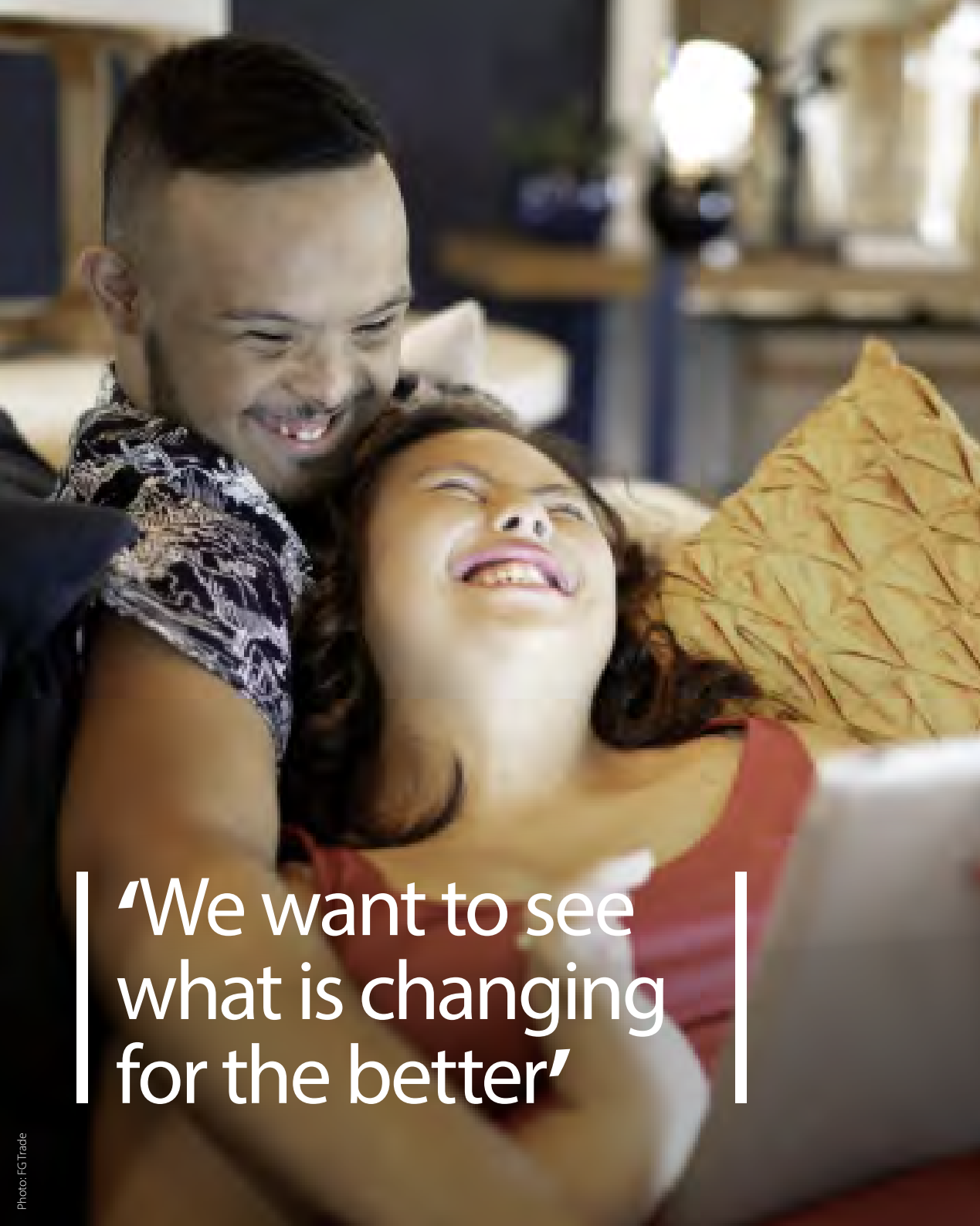


The Big Plan

Richmond upon Thames
Learning Disability Strategy
2023 – 2028



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‘We want to see
what is changing
for the better’

Foreword

I am delighted to oversee the publication of the Big Plan for adults with a learning disability and autism who live in Richmond upon Thames. This sets out over the next five years how we, as a community intend to support adults with a learning disability and autism to lead fulfilling lives and achieve their aspirations.

We are very grateful for the support of all those who took the time to give their views and shape the priorities in the strategy either in person or through comments and participation in the consultation and engagement process.

The priorities set out in the plan have been developed by those living with a learning disability and I am proud that this plan reflects the areas that are most important to them.

We will continue to listen to what you tell us about services and the challenges you face; and we will continue our work to ensure Richmond remains one of the very best places in which to live.

The strategy has been developed in difficult and challenging economic times and will focus on continuing working in partnership, and promoting how the whole community can support adults with a learning disability to access local facilities and resources in the same way as everyone else.

The strategy also provides a local framework for the commissioning of support services. Our expectation is that all services will deliver proven and measurable outcomes that improve the health and wellbeing of people with a learning disability and their carers, empower them to be as independent as possible and be visible and active members of our local community.

I am confident that together we can improve and enrich the lives of all citizens in Richmond upon Thames through the delivery of this strategy.

Councillor Piers Allen

Lead Member



‘We want
to count’

Foreword

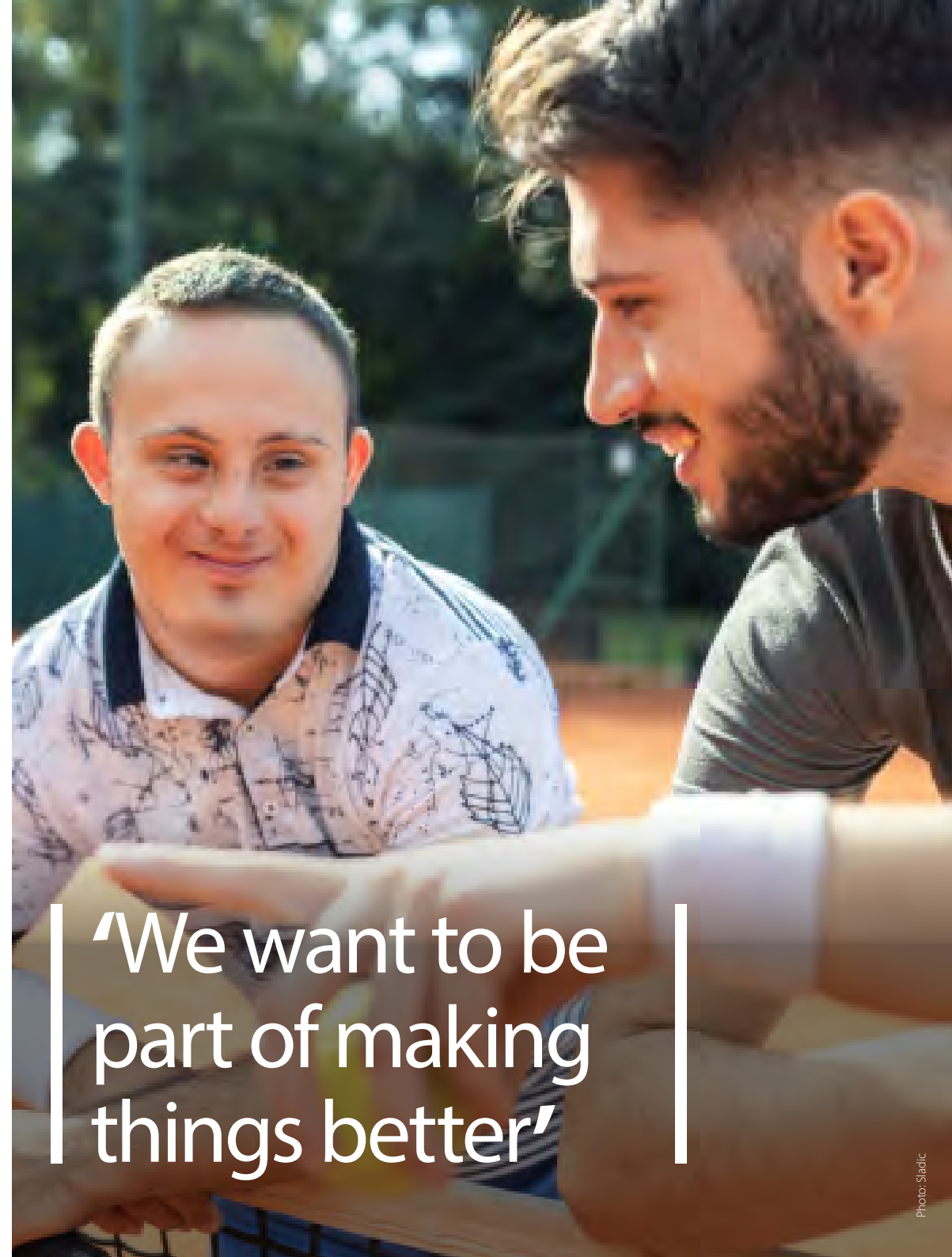
On behalf of the local health system, I am pleased to support this ambitious 5-year plan designed to improve the health, wellbeing, and overall quality of life of people with a learning disability living in the borough.

Reducing the health inequalities experienced by people living with a learning disability is a recurrent theme throughout the Big Plan. It is through the variety of actions and interventions that start with preventative and social activities, by making reasonable adjustments to local health services and by working as an integrated system that we will make a positive difference to the physical and mental health of all residents.

I am positive that through the commitment of all key agencies and organisations to the objectives of this plan, people with a Learning Disability in Richmond will thrive and be able to live happy and healthier lives.

Dr Clare Armstrong

GP Clinical Lead for Learning Disabilities



“We want to be part of making things better”

Working Together Group:

The Working Together Group and The Learning Disability Partnership Board have worked together on the Big Plan. It has been an amazing opportunity to help each other. We want all people with learning disabilities to be one big family. Times have been tough and since the lockdown there have been new problems that people with a learning disability did not expect. We want every person with a learning disability to have their voice heard, because not everyone's voice gets the chance.

This is why we gathered feedback for the Learning Disability Partnership Board and met with lots of people to offer a chance to be heard through the survey. We talked to a lot of people with learning disability and/or autism about their lives so we could find out what they needed for the future (for example clubs). Everyone is different and came up with different things to say. We went to people at clubs, over the phone and on zoom and chatted to them on different things like jobs, health and getting around. We put what everyone said together to help the Council see what people in Richmond thought was the most important. After the surveys, we also helped during the Consultation about the Big Plan draft actions and gave our thoughts.

We hope this Big Plan will help make change, step by step to give the best care and support for every one of us in Richmond. This will help Richmond be a better place to be and for every person with a learning disability to lead a happy life of their choice.

Why we made this plan

This Plan was made because it is important that as a local community, we continue to support people with learning disability and autism living in Richmond-upon-Thames to live a fulfilling life and achieve their full potential. People with a learning disability and autism continue to face inequality in all aspects of their lives.

The Big Plan describes the actions the local community commit to taking to improve the lives of people with a learning disability and autism to help reduce this inequality.

We recognise that family carers play a central part in the lives of people with learning disabilities and autism and underpinning the actions within the Big Plan is the acknowledgement that they must also support people in their caring role. As a result, it is hoped the Big Plan will contribute to the reduction of the social, financial, mental and physical impacts that caring can have.

The Big Plan will also contribute to the delivery of Council's wider Corporate Strategy: [The Corporate Plan - London Borough of Richmond upon Thames](#) and the [NHS Long Term Plan NHS Long Term Plan v1.2 August 2019](#).

Both strategies focus on investing in good, local services that make Richmond a 'Fairer Brough' by protecting the most vulnerable and also improving the health outcomes of people with a learning disability and autism.

Most importantly, The Big Plan reflects what local people with a learning disability and autism have told us. The views of families and carers, social care, health and education professionals have also shaped the themes and actions in this plan.

Over the next five years the local community has committed to working towards supporting people with a learning disability and autism to:

- Be able to travel around the borough confidently and as independently as possible.
- Gain employment and skills and have an active role in their local communities.
- Live as independently as possible in their own home.
- Maximise the use of technology and make full use of its benefits to enhance their life and everyday living.
- Successfully transition into adult life
- Feel connected to friends and family
- Be fit and healthy
- Thrive and be resilient by managing and maintaining their mental health and wellbeing.

Building on the previous Big Plan

This strategy builds upon the previous Big Plan for adults with a learning disability that covered the period 2015-2020. This plan focused on ensuring that commissioned services were person-centred and that a wide variety of support was made available to adults with a learning disability. The 2015-2020 Big Plan mainly focused on:

- Personalisation, Choice & Control
- Improving Health & Ensuring Reasonable Adjustments to Access Services
- Outcomes-Based Commissioning
- Quality, Efficiency & Value for Money



‘We want
to co-create
plans’

Many things were achieved because of the Big Plan that included:

- Increased use of Direct Payments that gave people more say in the services they received.
- More supported living housing provision being made available so that people could live more independently in their local communities
- More people with a Learning Disability receiving an annual health check from their GP.

The Impact of COVID 19

The COVID 19 pandemic in 2020 has had multiple and wide-ranging impacts on the population and exacerbated the inequalities already faced by adults with a learning disability and autism such as loneliness, anxiety and exclusion. Covid 19 has also caused a deterioration in long term health conditions and life expectancy.

It will be important to monitor pre-COVID trends to understand the baseline from which to measure the local effects of COVID 19.

There are also several economic pressures that are emerging and affecting the delivery of services that includes rising inflation and increased costs of living.

It is unclear what the long-term impacts will be. Therefore, it is essential that this strategy is flexible enough to respond to new and unknown priorities and pressures as they emerge.



“I need help to cook healthily”

Our Vision

Our vision statement describes the purpose of the Big Plan and a shared understanding of what success should look and feel like.

We want to live, work, enjoy and feel seen and safe in our local communities.

We want to live healthy lives, see the people who are important to us, make new friends and do the things we love in the way that we want to do them.

Our vision tries to include the perspectives of people with learning disabilities, as experts by experience in their own lives, their families and carers, our provider-partners, the NHS, Local Authority, and the Voluntary Sector.

Our guiding principles

Underpinning everything we do are the following principles:

Having a Voice and Coproduction:

People with a learning disability and autism have a right to make decisions about their own lives, to decide what outcomes are important to them.

As the 'experts by experience', we will commit to ensuring people with a learning disability and autism have a voice in the design, delivery, and evaluation of services.

We will do this by providing information that is accessible, creating formal and informal structures and processes to seek the views of people with a learning disability and autism before major decisions are taken and feed back in a variety of ways how we have used their views were used to shape the design and development of services

Inclusive Citizenship:

People with a learning disability and autism have a vital contribution to make to the local community and should be able to access their local community facilities and be active citizens in the same way that their peers do. We will commit to ensuring local facilities and services are a first choice for people with a learning disability and autism because they are safe and accessible.

We will do this by supporting local facilities to make reasonable adjustments and adapt to meet the needs of local residents.

Prevention and Early Help:

There is substantial evidence that shows the benefits of good prevention and early intervention. We will commit to ensuring that all services commissioned or delivered directly by the NHS and Local Authority are proactive in supporting people with a learning disability and autism to build and maintain good health and wellbeing, and are able to provide or signpost to the right information and advice at the first point of contact to ensure problems do not escalate.

We will do this by developing by ensuring all health and social care staff have the right skills to engage adults with a learning disability in order to provide the right advice and support first time and to identify earlier where people may need some additional support.

Promoting strengths:

We will commit to focusing on the strengths and abilities of the individuals in our approach to service delivery so that the support is person centred, puts people in control of what they do and ensure that people are treated with dignity and respect.

We will do this by focusing on outcomes-based commissioning and person-centred planning.

How we developed the Big Plan

The themes and priorities in the Big Plan were identified by people with a learning disability and autism. This work was led by Richmond Mencap's Working Together Group and the Learning Disability Partnership Board.

The Working Together Group undertook extensive research with people with a learning disability and autism by visiting people's homes, organising group video calls, and asking people to complete surveys.

The Working Together Group then presented their findings to the Learning Disability Partnership Board.

In addition, a wide range of professionals across education, health and social care and the voluntary and community sector were canvassed for their views about what is working well and what could be improved.

The views of families and carers were also sought through sharing of an online survey, consultation in person and via online means, and through representations at the Learning Disability Partnership Board. Whilst their views can sometimes differ from the person, they care for they are also experts by experience in this area and it is important that all views are incorporated even where they might differ.

It was our intention that the Big Plan reflected the principles set out in the previous section, by giving people a real say in the priorities for the local area and by reflecting the aspirations and wishes people for a learning disability and autism have for their lives.

'I want to live next to friends so that I can go to see them'

National Context

National Drivers

The Big Plan is also informed by several National and local policies and statutory requirements as outlined below:

The Autism Act (2009) Committed Government to writing a strategy for meeting the needs of adults in England with autism by improving the provision of relevant services to such adults by local authorities and National Health Service (NHS).

The Care Act (2014) sets out in one place local authorities' duties in relation to assessing people's eligibility for and provision of social care nationally. It is the legal framework by which people with a learning disability and autism can have their needs assessed, to determine what help the Local Authority should offer, and it underpins how the local authority commissions services on an individual and wider, community level.

The Children and Families Act (2014) is the national legal framework guiding the protection and support of children and young people, and how their families can be supported. The legislation covers the family judicial system, schools for looked after children, adoption, childcare, shared parental leave and flexible working, and services for children and young people with Special Educational Needs and/or Disabilities (SEND).

The NHS Long Term Plan (2018) sets out the ambitions for the NHS and it has identified Learning Disabilities and Autism as a priority. It sets out a range of actions to reduce morbidity and preventable deaths, waiting times and inpatient admissions and to raise awareness and the understanding of Learning Disabilities and Autism in the NHS.

National Strategy for Autistic children, young people and adults (2021) was updated in 2021 and expanded to include children and young people to reflect the duties placed on statutory bodies by the Special Educational

Needs and Disabilities (SEND) reforms (2015). There are 6 National priorities:

- Improving understanding and acceptance of autism within society
- Improving autistic children and young people's access to education, and supporting positive transitions into adulthood
- Supporting more autistic people into employment
- Tackling health and care inequalities for autistic people
- Building the right support in the community and supporting people in inpatient care
- Improving support within the criminal and youth justice systems

The Care Act Statutory Guidance (updated June 2022)

The guidance sets out how the Local Authority will meet its statutory functions in relation to people assessed as eligible for support under the Care Act. The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life and focuses on the needs and goals of the person concerned.

Adult Social Care Outcomes Framework (ASCOF)

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability

In this dataset there are two specific measures relating to people with a learning disability that will be a core focus of this plan. These are:

- Proportion of adults with a learning disability in paid employment
- Proportion of adults with a learning disability that live in their own home or with family

New Reforms

In 2021 the Government published two White Papers called 'Build Back Better: Our Plan for Health and Social Care' and 'Integration and Innovation: Working together to improve health and social care for all'. These interrelated national reforms are designed to support and enable integration between health and social care, provide a renewed focus on outcomes and wider system reforms to improve the quality of care and support of people in need of help from the NHS and Social Care.

Emerging challenges

The Office for National Statistics reports that disabled people since the Covid-19 pandemic have poorer wellbeing ratings than their non-disabled peers across the measures of:

- Life satisfaction
- Feeling that things done in life are worthwhile
- Happiness
- Anxiety

Around twice as many disabled people (40%) reported feeling lonely often, always or some of the time compared to non-disabled people (18%).

In December 2021 to January 2022, 74% of disabled people surveyed reported that their cost of living had increased in the past. Adults with Learning Disabilities are more likely to be disproportionately affected by the cost-of-living crisis and it appears the impact of rising prices has started to affect them earlier than many others in the non-disabled population

Estimates of prevalence

It is difficult to be exact with the number of people with a learning disability and/or autism both nationally and locally because there are a range of complex factors that underlie the predictions in numbers of people.

Children and Young People

A child or young person has Special Educational Needs and Disabilities (SEND) if they have a learning difficulty or disability which calls for special educational provision to be made for him/her.

According to the Department for education, just under 1.5 million pupils in England have special educational needs. The number of children and young people with education, health and care (EHC) plans increased to 473,300, as at January 2022. This is an increase of +9.9% from 430,697 in January 2021. The number of EHC plans has increased each year since 2010. The percentage of all pupils in England with an EHC plan has increased to 4.0%.

The number of children and young people requiring SEN support as of January 2022 was 1,129,843. The percentage of pupils with SEN but no EHC plan (SEN support) has increased to 12.6%.

The most common type of need for those with an EHC plan is autistic spectrum disorder and for those with SEN is speech, language, and communication needs.

Adults with a Learning Disabilities

We have chosen to use the most authoritative and widely used research and baseline evidence from (Emerson & Hatton) and (PANSI) data which is the most up to date currently available.

In 2020 it was estimated that there are 830,148 people aged 18-64 in England who have some form of learning disability. Of these people approximately 189,278 (23%) are estimated to have a moderate to severe learning disability and likely to require support from statutory services. It is estimated that over the next ten years the number of people with learning disability aged 18-64 years will increase by 2-3%.

It is also estimated that 1 in 10 people with a learning disability are also autistic.

People aged 18-64 predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age

Show percentage change	2020	2025	2030	2035	2040
People aged 18-24 predicted to have a moderate or severe learning disability	29,452	29,760	33,333	34,215	32,471
People aged 25-34 predicted to have a moderate or severe learning disability	40,783	39,818	37,875	39,113	42,211
People aged 35-44 predicted to have a moderate or severe learning disability	44,819	47,270	47,976	46,952	44,894
- People aged 45-54 predicted to have a moderate or severe learning disability	39,723	37,986	39,071	41,280	42,082
People aged 55-64 predicted to have a moderate or severe learning disability	34,501	36,938	35,939	34,138	34,960
Total population aged 18-64 predicted to have a moderate or severe learning disability	189,278	191,722	194,194	195,698	196.619

England who have some form of learning disability. Of these people approximately 29,456 (13%) are estimated to have a moderate to severe learning disability and likely to require support from statutory services.

It is estimated that over the next ten years the number of people with learning disability aged 65+ years will increase by 17%.

People aged 65 and over predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age

Show percentage change	2020	2025	2030	2035	2040
People aged 65-74 predicted to have a moderate or severe learning disability	19,640	20,020	22,667	24,465	23,992
People aged 75-84 predicted to have a moderate or severe learning disability	7,783	8,764	9,146	9,570	10,994
People aged 83 and over predicted to have a moderate or severe learning disability	2,551	2,832	3,258	4,043	4,304
Total population aged 65 and over predicted to have a moderate or severe learning disability	29,456	31,616	35,075	38,078	39,326

Autism

It is estimated that 1.1% of the population will be on the Autistic spectrum. In 2020, it was estimated that of people aged 18-64 in England who have autism, 4 in 10 of them will also have a learning disability. It is estimated that over the next ten years the number of people on the autistic spectrum aged 18-64 years will increase by 2% and in people aged 65 and over the projected increase is 12%.

People aged 18-64 predicted to have autistic spectrum disorders

Autistic spectrum, disorders - all people Show by gender	2020	2025	2030	2035	2040
People aged 18-24 predicted to have autistic spectrum disorders	48,023	48,093	53,571	54,781	51,708
People aged 25-34 predicted to have autistic spectrum disorders	76,896	75,745	72,312	74,736	80,342
People aged 35-44 predicted to have autistic spectrum disorders	72,009	75,637	77,054	75,727	72,365
People aged 45-54 predicted to have autistic spectrum disorders	74,578	70,704	71,603	75,119	76,567
People aged 55-64 predicted to have autistic spectrum disorders	68,781	74,006	72,390	68,807	69,876
Total population aged 18-64 predicted to have autistic spectrum disorders	340,287	344,185	346,932	349,169	351,158

People aged 65 and over predicted to have autistic spectrum disorders

Autistic spectrum, disorders - all people Show by gender	2020	2025	2030	2035	2040
People aged 65-74 predicted to have autistic spectrum disorders	54,408	55,394	62,690	67,679	66,522
People aged 73 and over predicted to have autistic spectrum disorders	43,638	52,119	56,906	62,576	70,505
Total population aged 65 and over predicted to have autistic spectrum disorders	98,046	107,513	119,596	130,255	137,027

Under diagnosed groups

Older people: Autism diagnosis has dramatically improved, in recent years. In the past, many autistic adults, particularly older adults, never received a diagnosis or support during their early years. Current knowledge of older people and autism is limited and under-diagnosis in older adults may lead to a lack of understanding of the true prevalence rate in this age group.

Women and girls: More men are diagnosed with autism than women and the condition can often manifest itself in different ways by gender. There are a number of theories to explain the gender split but there is no conclusive evidence currently, whether the split is due to genetic factors (i.e., men are more likely to be autistic) or social and diagnostic factors (i.e. women are less likely to be diagnosed.)

Black, Asian and Minority Ethnic groups: Evidence suggests that children and adults from Black, Asian and Minority Ethnic groups can experience difficulties with obtaining an autism diagnosis and are more likely to be diagnosed incorrectly with other conditions. Research also suggests that people from non-white backgrounds also face barriers to accessing support services, communication problems with professionals, a lack of awareness and understanding of autism within communities, and experience denial and isolation. [Autism and BAME people](#)



| 'I want to be
independent' |

Local Context

Local Strategic Plans

The Big Plan considered and aims to be consistent with the vision and objectives of the following local strategies and plans:

- The Corporate Plan

[The Corporate Plan - London Borough of Richmond upon Thames](#)

The Council's Corporate Strategy from 2018-2022 outlines the borough's approach to ensuring that Richmond is a greener, safer and fairer borough, that listens and understands the needs of local people.

It has identified specific outcomes for adults with learning disabilities in relation to increasing employment opportunities and improving the transition to adulthood experience.

- Richmond Employment and Skills Strategy

Covers the period 2021 – 2024 and builds on the Corporate Plan's focus on improving job outcomes for people with learning disabilities.

- Active Travel Strategy

[Richmond Active Travel Strategy - London Borough of Richmond upon Thames](#)

Its actions include improving access for people with disabilities and/or limited mobility through infrastructure changes and engagement with local businesses. It also includes actions to improve cycling and pedestrian experiences in busy areas as well as more routes and links between different parts of the borough.

- Public Health Physical Activity Plan 2021-2031

[Richmond Public Health Physical Activity Plan 2021-2031](#)

Identifies that inactivity amongst people with learning disabilities is exacerbated by other health inequalities, which adversely affects them, especially as seen during the Covid-19 pandemic. Aims to increase physical activity amongst several population groups, including people with learning disabilities, over the course of the Strategy.

- Adult Social Care Digital Strategy 2021-2024

[Adult Social Care Digital Strategy - London Borough of Richmond upon Thames](#)

The Strategy recognises how technology can positively impact the lives of Richmond residents. It identifies how technology can support people with learning disabilities to lead more independent lives.

- Special Educational Needs and Disabilities Futures Plan and the Written Statement of Action

[AfC Info website - Kingston and Richmond :: Local Offer / Information And Advice / SEND Consultation Hub / SEND Futures Richmond](#)

Action Plans underpin the SEND Futures Plan, and will support improvements to the transitions experiences for young people and their families to adulthood.

- Richmond Health and Care Plan 2022-2024

[Health and Wellbeing Board plans and strategies - London Borough of Richmond upon Thames](#)

Its priorities for people with learning disabilities are to increase the number of people:

- With an annual health check
- in supported employment
- living independently in settled accommodation

Local prevalence rates

The Big Plan is also informed by the Joint Strategic Needs Assessment ([Joint Strategic Needs Assessment \(JSNA\) - London Borough of Richmond upon Thames](#)), produced by the Local Authority in 2021. This provides an overview of the local population and specific vulnerable groups by drawing on a wide range of published data and the current evidence base.

Children and Young People

A child or young person has Special Educational Needs and Disabilities (SEND) if they have a learning difficulty or disability which calls for special educational provision to be made for him/her.

According to the 2019 School Census, 12.4% of the pupil population (3,442) with SEND live or were educated in the Borough. There were 1381 children and young people with an Education and Health Care (EHC) Plan in the Borough. It is estimated that this number will increase to at least 13% to 1,596 in 2022.

The main needs addressed in local EHC plans are:

- autistic spectrum conditions at 28%
- speech, language and communication needs at 18%
- social, emotional and mental health needs at 12%

Learning disabilities at 44.2% and autism spectrum conditions at 32.5% are the most prevalent disabilities in children in need. This is in line with national averages.



Adults with a learning disability

According to the JSNA, on average, 49 in every 10,000 people in London are on the GP Learning Disability Register. However, the number in Richmond is far lower at approximately 39 people. This suggests a relatively low prevalence within the Borough. However, social care numbers show the proportion of the population being with Autism being supported by Adult Social Care is slightly above the London average with 31 people per 10,000 population in Richmond and 28 in London.

National prevalence rates applied to the age-related population in Richmond show a predicted increase of 1% in the number of adults with a learning disability aged 18-64 years by 2030. The increase in the 65+ population is expected to be slightly higher at 3%. This is slightly lower than the national trend.

	2020	2025	2030	2035	2040
18-64 all LD	3,007	3,107	3,152	3,171	4%
65+ all LD	663	734	830	921	65%
18-64 severe or moderate	632	714	725	729	4%
65+ severe or moderate	89	97	109	121	56%

According to the PANSI data, in 2020 there were an estimated 2931 people aged 18-64 in Richmond who have some form of learning disability. Of these people approximately 676 (23%) are estimated to have a moderate to severe learning disability and likely to require support from statutory services. It is estimated that over the next ten years the number of people a with learning disability aged 18-64 years will increase by 1%. This is lower than the projected England increase.

People aged 18-64 predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age

Show percentage change	2020	2025	2030	2035	2040
People aged 18-24 predicted to have moderate or severe learning disability	70	73	82	83	77
People aged 25-34 predicted to have moderate or severe learning disability	117	113	109	113	123
People aged 35-44 predicted to have moderate or severe learning disability	202	187	175	168	162
People aged 45-54 predicted to have moderate or severe learning disability	169	175	173	166	157
People aged 55-64 predicted to have moderate or severe learning disability	118	133	142	146	144
Total population aged 18-64 predicted to have moderate or severe learning disability	676	681	681	675	664

Older People

In 2020 it was estimated that there are 669 people aged 65 and over in Richmond who have some form of learning disability. Of these people approximately 90 (13%) are estimated to have a moderate to severe learning disability and likely to require support from statutory services.

It is estimated that over the next ten years the number of people with learning disability aged 65+ years will increase by 21%. This is slightly higher than the England projection.

People aged 65 and over predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age

Show percentage change	2020	2025	2030	2035	2040
People aged 65-74 predicted to have moderate or severe learning disability	61	64	74	83	89
People aged 75-84 predicted to have moderate or severe learning disability	21	26	28	30	35
People aged 85 and over predicted to have moderate or severe learning disability	8	9	10	13	14
Total population aged 65 and over predicted to have moderate or severe learning disability	90	99	113	126	138

Autism

It is estimated that 1.1% of the population will be on the Autistic spectrum. In 2020 it was estimated that there are 1183 (0.98%) people aged 18-64 in Richmond. The prevalence rate is lower than the London and England averages.

It is estimated that over the next ten years the number of people on the autistic spectrum aged 18-64 years will increase by less than 1%, with the greatest increase to be seen in those aged 45-64. There is a further 12% increase projected in people aged 65 and over.

The total number of people with Autism that are likely to be eligible for support for Adult Social Care is less than 200, of which 44% will have a disability or other primary support reason.

There are in the region of 450 adults with a learning disability eligible for support from Adult Social Care. Whilst overall the population will increase in Richmond those entering Adult Social Care with a learning disability and/or autism are likely to be low. This is because the growth in population is likely to be seen in older age groups who will already be known to services.

People aged 18-64 predicted to have autistic spectrum disorders

Autistic spectrum disorders - all people Show by gender	2020	2025	2030	2035	2040
People aged 18-24 predicted to have autistic spectrum disorders	110	112	127	127	117
People aged 25-34 predicted to have autistic spectrum disorders	209	202	196	202	220
People aged 35-44 predicted to have autistic spectrum disorders	315	291	270	260	251
People aged 65-74 predicted to have autistic spectrum disorders	166	174	206	228	244
People aged 75 and over predicted to have autistic spectrum disorders	127	157	173	195	228
Total population aged 65 and over predicted to have moderate or severe learning disability	293	330	379	424	472

What people with a learning disability and autism have told us is important to them

People with a learning disability have identified eight key areas that are important to them. The work to identify these priorities was led by the Working Together Group, facilitated and run by Richmond Mencap, and shared through the Learning Disability Partnership Board. These areas are:

Travel

Richmond’s public transport services are provided through Transport for London and the city of London, and via Southwest train services rail network. Parts of the Borough are also within London’s Ultra Low Emission zone.

Across the borough there are a variety of transport schemes to enable its citizens to access greener methods of transport and the Borough launched the Active Travel Strategy, after the Council declared a climate emergency in July 2019.

According to the Active Travel Strategy Richmond has the highest level of walking and cycling (38.4%) in outer London. Richmond also is home to the highest proportion of residents who achieve a healthy level of activity through travel. 40% of the borough’s residents do at least 20 minutes of active travel each day.

21% of trips in Richmond are made on public transport, and walking is often involved in some part of a journey or is the sole mode of transport. Walking as all or part of a journey makes of 32.2% of journeys made.

Cycling is used as all or part of a journey 6.2% of the time. 33% of the wider population in Richmond cycle at least once a month.

A key feature of independence for adults with a learning disability is being able to access all forms of transport as independently as possible. The usage of different modes of transport within Richmond differ between the learning disability and non-learning disability populations as set out below:

	Walking	Cycling	Walking, Cycling & Public Transportation*
LD population**	46.4%	3.7%	62.3%
Non-LD population**	32.2%	6.2%	61%

*Does not include taxis as public transportation

**Data includes journeys done daily, weekly or monthly with these modes of transportation

Respondents to the Mencap consultation were asked about the frequency of the kind of transport they used. Most people either walk or use the bus daily, but on a weekly basis, also regularly use a car.

91% of those who responded to the consultation on the subject, indicated that they use some form of public transportation. Two-thirds of respondents are using either trains or buses when they use transportation.

Type of Transport	% of users
Bus	46%
Taxis	29%
Trains	20%
Other	5%

For those who responded with “car”, except for one respondent, all are driven by either family or staff.

Richmond offers a Disabled Persons Freedom Pass card, and many adults with a learning disability will be eligible for this pass, which provides holders with free access to a lot of travel in and around Richmond and across London. This is available through the Council.

The Council offers a variety of services to support its citizens to access transport, including a Transport Buddy scheme, which supports people with a range of needs up to the age of 25. It has also introduced a Travel Training team, which is able to take referrals for young people and adults, to support them with learning how to travel independently.

A key aim of the Big Plan will be to ensure that more people with a learning disability and autism are supported to travel as independently as possible, accessing active and affordable travel options as much as possible.

Employment and Skills

The Office for National Statistics notes that there continue to be gaps between those with disabilities and those without when it comes to having a job. Between July and September 2021, 53.5% of working-age adults with a disability had employment, compared to 81.6% of the working-age adults without a disability.

For those individuals with severe or specific learning difficulties, the gap was wider still, with only 26.2% in employment. Adults with autism in employment score only marginally better at 29%. People in both these groups also were the least likely to be in employment out of all other disability groups.

In December 2020, 22% of autistic people aged 16-64 were in employment compared to 52% of disabled people and 81% of non-disabled people. 77% of those who are not employed say that they would like a job.

People with a learning disability in Richmond have support from a wide variety of supported employment services, including the Council's service Work Match, and the commissioned specialist supported employment service, Choice Support.

In addition, Reed in Partnership can support adults with a disability into work, as part of a West London-commissioned service. Other employment support, such as job clubs and other employment and training opportunities are offered through the voluntary sector and other partners.

Richmond-upon-Thames ranks 7th in the country in the measure of the proportion of adults with a learning disability in paid employment, based on the 2020/21 data (ASCOF 2020/21 [Microsoft Power BI; Measures from the Adult Social Care Outcomes Framework, England - 2020-21 - NHS Digital](#)):

Richmond upon Thames	Regional Value	England Value
12.6	6.1	5.1

Richmond wants to keep achieving well in this area for adults with a learning disability and recognises that to maintain and improve in this area, there is more to do. During the COVID 19 pandemic a significant number of people with a learning disability in paid employment stopped working.

In Richmond, respondents to Mencap's consultation indicated that they had had or have a variety of job roles, in both large and small organisations, in the private, public and voluntary sectors.

20 respondents indicated they had had help to find a job, and of those:

- 2 said they had help from support staff
- 6 said they had help from charities (including Choice, the supported employment service)
- 12 indicated "other" – which included help from places such as Power Employment, College and Achieving for Children.

Interestingly, no respondents indicated they had had help from family or informal carers, though we know that families of adults with learning disabilities provide a lot of support to loved ones either seeking or maintaining employment.

However, people’s experience in employment has been mixed. 58% of respondents indicated they liked their job(s), but 25% stated it had been a negative experience for them. In most cases, the negative experiences related to feeling unsupported at work and frequent staff changes around them, including of their manager.

Those who enjoyed their roles indicated that feeling valued, knowing they did a good job, being well supported and their colleagues treating them well were important factors.

This reflects the findings of larger scale surveys about people’s experience of employment. According to the JSNA, some of the barriers to employment for people with autism include:

- The interview and application process: One of the defining characteristics of autism is communication difficulties.
- The work environment: Since many people have sensory sensitivities, a work environment that is noisy, brightly lit or busy can be overwhelming.
- Lack of employer understanding about making reasonable adjustments. 60% of employers stated that they do not know where to go for support or advice about employees with autism, 60% said they would worry about getting the support they offered to an employee wrong and 40% believed it would cost them more to employ someone with disabilities.

Richmond has committed to supporting the employment of adults with a learning disability in its Employment and Skills Strategy 2021-2024, and key to the success of improving employment opportunities for people with a learning disability will be the following:

- Supporting people with a learning disability to engage in the sectors (such as hospitality, catering, retail and customer services) where there are higher vacancies in Richmond

- Ensuring that young people are well-supported during and after college into the workforce to consider a wider range of employment options including self-employment, volunteering, work experience and job trials in order to gain experience.
- Via the targeted employment support services commissioned by the Council for people with additional needs, a greater emphasis will be placed on raising awareness with potential employers of the benefits that people with a learning disability and autism can bring to the workplace and increasing their confidence and awareness of how they can support people requiring adjustments to be made to their workplace.

Housing

Adults with learning disabilities in Richmond-upon-Thames live in a variety of housing options locally. Many live independently in social or rented accommodation, or in supported accommodation, such as supported living and residential care.

The proportion of adults with a learning disability and autism who live in their own home or with their family in 2020/21 improved compared to previous years but is still 3.5 points below the national and regional averages.

[Measures from the Adult Social Care Outcomes Framework, England - 2020-21 - NHS Digital](#)

Year	Council Score	Region Score	England score
2016-17	67.3	71.3	76.2
2017-18	70.8	73.3	77.2
2018-19	72.7	75.1	77.4
2019-20	74.3	76.2	77.3
2020-21	74.8	77.7	78.3

Disabled people are also significantly less likely to own their own home than non-disabled people across all ages (excluding ages 16 to 24 years). According to ONS data, adults with autism, and adults with severe or specific learning difficulties are disproportionately less likely to own their own home. (See over)

Richmond upon Thames	Living with Parents	Own their own home
Autism	76%	3.8%
Sever/ specific learning difficulties	65.9%	8.0%
Other disabilities	16.4%	39.7%
No disability	19.2%	53.3%

The numbers of adults accessing long-term care suggests that Richmond needs to increase support for those who wish to live in their own home or remain with family carers.

Richmond has a slightly higher rate per 1,000 (3.09) of adults with a learning disability receiving long term support from a Local Authority compared to the London rate of 3.01.

Approximately 1/3 of adults with a learning disability and autism supported by Adult Social Care live alone or with family, they are predominantly aged 18-35 (68%).

Currently, there are more people with a learning disability accommodated by Adult Social Care in Residential Care than in Supported Living. The majority of people in residential care are aged 45+ (48%) and the majority of people in supported living are age 18-35 years (48%).

This in part will be influenced by the availability of housing and placements. A recent report produced by the London School of Economics indicated that there is a higher concentration of residential care homes in Richmond for its geographic size and population than other comparable boroughs.

The average age that people with a learning disability are admitted into long term residential care is 46 years of age when, for many of their peers without a learning disability the concept of being admitted in a residential care home will not be considered until much later in life.

There are significantly more males living in accommodation-based learning disabilities services and more females living at home with family or in their own home in Richmond.

There will be a number of factors that influence placement decisions, and a key issue may be a lack of suitable provision being available. A high proportion of the housing stock is shared accommodation and there is a high concentration of residential care homes in the borough.

A significant consultation about housing was undertaken by Mencap’s Working Together Group in 2019-2021. The Working Together Group visited via virtual communication 32 properties in Richmond, both supported living and residential care, covering 167 residents and 5 service providers.

Residents were asked a series of questions about where they lived and what they liked about it, and what they wanted to change.

When asked what the most important part of their home was, the 3 most popular answers were:

- living with friends (9%)
- my bedroom (8%)
- independence (8%)

“Freedom” was another very important aspect of living environments for people. This included going about the house freely, and making daily decisions in their own lives, about things like food or activities.

The Working Together Group suggested that:

“It should be standard to include residents in bigger decisions such as redesigning the property or the rules of the house. Even team meetings to check how residents feel about current rules, like bedtimes, ensure that the people living in these homes have the control and the option to change their minds”.

A key priority within the Big Plan will be to ensure the housing options available locally for people with a learning disability and autism are fit for purpose and reflect today’s living standards, that they maximise people’s sense of freedom and reduces the reliance on residential care.

Technology

Technology and its application and use in our lives is increasing. Within the care sector, technology has many applications such as providing health monitoring, communication aids, and service monitoring. In the lives of people with a learning disability, technology is therefore having a bigger impact than it ever has before.

Consultation with adults with a learning disability indicates that trends within the learning disability population mirror what we'd expect to find in the wider Richmond population, when it comes to use and engagement with technology. Respondents indicated they used a wider range of technology, such as mobile phones and tablets in their everyday lives.

Older people with a learning disability are less interested and less engaged with more modern forms of technology compared to their younger counterparts.

Although 90% of respondents to the consultation indicated that they used technology, of these, 25% indicated they only used a TV and / or a landline telephone technology. Every respondent where this was the case, were over the age of 50.

A key priority within the Big Plan will be to ensure people with a learning disability and autism are at the cutting edge of technology and digital solutions.

Transition

The term "Transition" commonly represents the period from age fourteen to eighteen when support is put in place to help a young person with a disability and their family prepare for adulthood. Services and support can extend up to age twenty-five, depending on the young person's circumstances, for example if they are in further education.

The Local Authority has responsibility to ensure that young people and their families understand how service provision changes, how laws governing

adult services are different to those in children's services, and what will be available when a young person reaches the age of eighteen.

The Preparing for Adulthood agenda sets out four key areas to support successful transition for young people: employment, independent living, good health, and friends, family and community. Best practice as outlined by NDTi suggests that four key messages will help partners achieve the best outcomes in these areas for young people:

- **Personalise your approach** - develop a personalised approach to all aspects of support using person centred practices, personal budgets and building communities.
- **Develop a shared vision** of improving life chances with young people, families and all key partners.
- **Improve post-16 options and support** - develop post-16 options and support that lead to employment, independent living, good health, friends, relationships and community inclusion.
- **Raise aspirations** - raise aspirations for a fulfilling adult life, by sharing clear information about what has already worked for others. [Preparing for Adulthood - NDTi](#)

Preparing for Adulthood - NDTi

The Big Plan has a focus on improving employment opportunities for adults with learning disabilities and autism, including those in transition. It also has a focus on improving information content and sharing, and making sure that we listen to the voice of the young person and their family to improve and learn from experiences.

Our links with education and health partners will be key to continue to develop the range of options available to young people, but we believe the Big Plan is aspirational in its approach.

The Care Act 2014 Code of Practice states that in accordance with the Children and Families Act, preparing for adulthood should begin in year 9. For those with special educational needs who have an Education, Health and Care Plan (EHCP), a transition assessment should be undertaken at one of the statutory annual reviews of the young person. This should help inform the transition into adulthood.

Richmond has between 5-10 young people who turn 18 and are eligible for a social care assessment each year. The young person will be made known to adult social care as early as year 9 but may not receive a transition assessment. They will receive an adult social care assessment close to their 18th birthday. A transition assessment for those who need one is also available and is another way the local authority and its partners can support a planned transition to adulthood.

Feedback from both young people and families who had recently experienced or were experiencing transition had some positive things to say, with areas for improvement also highlighted. Of note was the fact that people generally felt well supported by their social workers, colleges and transition teams through transition.

Once in place, people thought personal budgets worked well. People also generally felt that where transitions into residential care (rather than supported living or independent living) had happened after school or college, these had gone well. It is important the learning from these positive transitions is shared and informs other pathway and living options.

Information-sharing was a key area for improvement, however, noted by young people, parents and professionals. For example, although Richmond has many different activities and social events for adults with learning disabilities on offer, many young people didn't feel they knew about them, and indicated a desire to have more access to social activities with peers, including dating. Young people also want more access to job opportunities.

The Working Together Group and Mencap consulted their members, families and professionals regarding their experience of transition. Four themes emerged from this consultation:

- People want easy-to-find, easy-to-read and easy-to-understand information, ideally all in one place.
- People want help for transition, from someone who has knowledge of the whole range of options available.
- Young people want chances to make and see friends and more chances to get a job. They also have individual choices for what they want for their transition, but often need help from families or professionals to achieve these goals.
- People need help through transition and beyond the age of 25, and not to feel cut-off from support.

Since the last learning disability strategy, Richmond has implemented a transition worker, a transition pathway (available on its website) and closer joint working between its Children's services, provided by Achieving for Children, Education, Health and social care teams. It is recognised that there is more to do to support young people through their transition and this will be a key theme within the Big Plan.

Relationships

Making and maintaining relationships is a key factor in reducing episodes of loneliness. In the year ending March 2021, the ONS reports that 15.1% of disabled people felt lonely "often or always". This is 11.5% higher than their non-disabled peers, amongst whom 3.6% shared the same level of loneliness.¹

People with learning disabilities have the right to relationships, preserved under article 8 of the Human Rights Act 1998 (private and family life) and the UN Disability Rights Convention 2006 (participation in the life of the

community). The Care Act 2014 places a duty on Local Authorities to promote wellbeing when making decisions about someone or planning services: “Personal relationships are one of the nine areas considered as important elements of wellbeing”.²

Many people with a learning disability have the same aspirations in personal relationships as their non-learning-disabled peers but many barriers remain that prevent them from realising these goals.

National Mencap notes that “Support workers and family members can play a large role in supporting or preventing people with a learning disability in developing and sustaining relationships”, but they need the right support to do so.³

In Richmond, a key theme running throughout the feedback of people with a learning disability regarding relationships indicated the importance of friendships and sexual relationships to them.

Around half of those surveyed were already in relationships. Of those who were not in relationships around 41% of those would like to be in one, and another 24% might like to be in one depending on the other person they might find.

Dating agencies, social opportunities and more information about relationships and / or sex were all cited as things that could help these adults find relationships.

Adults with a learning disability fed back that they had had good access to information around sexual health throughout their schooling and college experience, sometimes from nurses or health clinics. Some reported that they were reliant on information from family, support staff or the internet.

A key priority within the Big Plan will be to ensure people with a learning disability and autism have access to good quality information and support about relationships, sex and sexual health, and support to have relationships.

Physical Health

Health inequalities within the learning disability community are well-known. Adults with a learning disability have a shorter life expectancy than the general population, and the impact of Covid-19 is known to have been disproportionately higher in this community.

The average life expectancy for the general population in Richmond is 86.4 years for females and 82.5 years for males (Source: Data Rich). The average life expectancy for women with a learning disability is 65 years and for a man with learning disabilities 66 years.

Government guidance regarding “All our Health” underscored the following health inequalities for people with learning disabilities, and noted that they:

- have more health care needs than the general population; about 50% of people with a learning disability will have at least 1 significant health problem
- are much more likely to be either underweight or obese than the general population; less than 10% of adults with learning disabilities in supported accommodation eat a balanced diet, have a sufficient intake of fruit and vegetables and are less likely to engage in physical activity
- are at least 20 times more likely to have epilepsy than the general population
- have a higher prevalence of psychiatric illness in children and adults compared to the general population
- have higher rates of dementia (22%) than the general population (6%)
- are likely to have eating, drinking and swallowing difficulties with 40% of people with dysphagia experiencing recurrent respiratory tract infections
- are more likely to have a visual impairment and 40% report having a hearing impairment
- have a shorter life expectancy and increased risk of early death when compared to the general population⁴

The Learning Disability Mortality review (LeDer) of 2020/2021, which reviews deaths of adults with a learning disability, found that in the Southwest London CCG area of which Richmond is a part, out of 109 deaths, 44 were thought to be related to Covid-19, or 40% of total deaths. 5 of these Covid-19 deaths were from the Richmond area.

The LeDeR review identified that annual health checks are not being provided consistently to the learning disability population.

In Richmond in 2019, the Health Plan identified that 57% of adults with a learning disability had received an annual health check. The target is for this to rise to 60%, but LeDeR recommends that this become a mandatory check for all adults who are eligible. However, in 2020-21, 75.2% of patients (76.9% female and 74.1% male) with a learning disability had had a Learning Disability Health Check.⁵

The number of people with a learning disability who receive breast cancer screening is significantly lower than among those without a learning disability. In 2020-21 was 14.6% received screening for breast cancer and this has not changed since 2016-17.

There were also differences in screening rates for those with autism, versus those with learning disability and autism. The Health and Care of People with Learning Disabilities Experimental Statistics 2020 to 2021 notes that, the percentage of patients who were female, aged 50 to 69 with autism and a learning disability who were screened for breast cancer was 38.1% compared to 54.4% for female patients aged 50 to 69 who have autism but do not have a learning disability.⁶

Consultation with adults with learning disabilities and autism regarding their health indicated that:

- people with a learning disability or autism in Richmond were less likely to see a dentist or optician than their GP
- a third of those surveyed had a physical disability as well
- a third did exercise on a weekly basis, but over 30% did not exercise at all, or were not sure if they exercised.

Key aims of the Big Plan will be to support adults with learning disabilities and autism to find accessible information about keeping fit and healthy and to receive support to access health professionals other than the GP in order to increase the life expectancy of people with a learning disability and autism.

Mental Health and Wellbeing

People with a learning disability and autism are 15-52% more likely to have a mental health issue, depending on the diagnostic criteria used, compared to the general population.⁷ This might be due to four risk factors which are likely to impact on people with learning disabilities and autism:

- Biological factors, such as experience of pain, physical ill health and taking multiple types of medication. These are all known contributors to poor mental health. Some genetic syndromes, such as Prader Willi Syndrome, are also associated with specific mental health problems.
- Negative life events, such as deprivation, poverty, abuse and other negative life events are experienced by people with a learning disability earlier on in life compared to the general population.
- Fewer resources such as social support and coping skills are associated with depression and anxiety in people with a learning disability. This therefore makes negative life events even more challenging to manage for someone with a learning disability. Other people's attitudes such as stigma and discrimination can lead to poorer mental health for people with learning disabilities.

In June 2021, there were 1,200 people in inpatient mental health settings in England with an autism diagnosis. Consistently those with a diagnosis of

Autism or a Learning Disability (LD) have a longer length of stay (2 years+). This increases by 50% where there is a dual diagnosis of Learning Disability and Autistic Spectrum Conditions.

Conversely, research also indicates that people with a learning disability and autism have mental health problems that are often overlooked, undiagnosed and untreated because symptoms are mistakenly attributed to the person's learning disability.⁸

NICE guidance suggests that mental health issues in people with learning disabilities could be reduced if people who supported them ensured that:

- People were supported to choose where they live and with whom
- They are supported to see family and friends
- They are helped to plan and manage big life changes, like moving house
- They are supported to get out and about and lead active lives in their communities
- They are helped to engage in hobbies and activities they enjoy

Many people with autism can find it hard to form friendships, even when they want to and access the community due to the sensory overload that can be experienced. Understanding and communicating with other people is particularly difficult for people with autism and can leave people feeling lonely.

As many as 79% of people with autism and 70% of their families feel socially isolated. 81% say they feel lonely some of the time because of anxiety relating to their autism.

81% of young people with autism believe they spend less time socialising than their peers. Some of the factors that impact on social isolation include:

- struggles in social situations
- autism is a hidden disability and can be misunderstood by people around them
- prevalence of anxiety and depression that can cause loneliness and social isolation
- the employment gap for autism limits the opportunities to make connections with other people.

Adults with a learning disability have also shared about their experience of the lockdowns during the COVID 19 pandemic. Overwhelmingly, people expressed increased loneliness and isolation. Those who were in care homes were unable to see loved ones, due to restrictions by national government on visits from family to care homes throughout the pandemic.

For people with learning disabilities who lived in their own or family homes, services were reduced or closed entirely, and this put additional pressure on family carers. Increased isolation, deviation from routines and loneliness all had an impact.

The Big Plan will help ensure that adults with learning disabilities and autism are supported to reduce the risk of mental illness through increased awareness and support to engage in things that people with learning disabilities and autism in Richmond have identified help their mental wellbeing.

Our Priorities

Theme	Travel - Getting out and about	Employment - What I do	Housing & Support - Where I live	Transition - Becoming an adult	Technology - Living in a digital world	Relationships - Being connected	Physical Health - Being fit and healthy	Mental Health - Thriving
Year 1	A Member of the LDPB will be on local Mobility Forums to highlight concerns and monitor improvements made to services. We will provide Expert by Experience training to local transport providers.	The Council will re-buy Supported Employment Services. New Adult Social Care contracts will help provide skills and employment opportunities for people with learning disabilities and autism.	The Council will re-buy its housing and support services to have more choices, better environments and properties kept in good repair.	The LDPB will co-produce new initiatives with parents and families to support them through the transitions process.	Adult Social Care will pilot its Care Technology programme, Gloria within at least 1 residential care and 1 supported living household to show the potential of the technology.	The LDPB will co-produce accessible information about friendship and intimate relationships for adults with a learning disability and autism.	The LDPB will co-produce and promote accessible information about physical health for people with LD and autism, their families and paid support. This will include a health website.	The LDPB will co-produce accessible information about mental health for people with learning disabilities and autism.
Year 2	The LDPB will co-produce accessible information guides to travelling in the local area and about travel technology. Disability cards will be re-implemented./	The LDPB will trial adapted recruitment processes with local employers	The Council will pilot new types of accommodation schemes and make sure that accommodation can meet people's needs across their lifetimes.	The Council and Achieving for Children will host an annual listening event to learn from 18 to 25s about their experiences of transition. We will make sure support around relationships and sexual health starts prior to adulthood, at an age-appropriate level.	Adult Social Care will provide Makaton, "how to do easy-read information" and "expert by experience" training to commissioned providers to ensure more voices of adults with a learning disability and autism are heard.	The LDPB will commission training for families and staff working with people with learning disabilities and autism about how to support relationships and sexual health. The LDPB will also commission training about gender identification and sexual orientation for professionals who work with people with a learning disability and autism.	The LDPB will promote physical fitness activities (current or commission new ones). Weight management programmes will be co-produced with Public Health and the ICB ICBaccommodation schemes and make sure that accommodation can meet people's needs across their lifetimes.	The Council will recommission respite and short breaks for people with a learning disability and autism

Theme	Travel - Getting out and about	Employment - What I do	Housing & Support - Where I live	Transition - Becoming an adult	Technology - Living in a digital world	Relationships - Being connected	Physical Health - Being fit and healthy	Mental Health - Thriving
Year 3	Maximise current travel training help available locally and make sure people with a learning disability and autism know about them.	The LDPB will create different kinds of employment opportunities at the Council and elsewhere. Employability courses and ways to check in with those in employment will happen.	Accessible information about housing options locally will be made. Council colleagues will keep up-to-date about all the options as well.	The short-breaks offer will be re-commissioned. More specialist education provision will be developed	All accommodation-based services will have Wifi capability. Providers will help adults with learning disabilities and autism to access technology as standard and keep people safe online.	All support services will provide accessible information and advice on relationships and will write support plans about it.	The LDPB will increase access to Annual Health Checks, that will be meaningful and robust.	Provider-purchased services in accommodation will be required to have Positive Behaviour Support and Mental Health and Wellbeing action plans.
Year 4	Commission a travel training programme for adults of all ages if needed.	The Council will support local employers to get Disability Confident and Autism friendly status.	“Smart” homes with technology and eco-infrastructure will be developed by the Council.	We will monitor the impact of the SEND Futures aspirations and outcomes. We will work with Health and Education Partners to achieve better outcomes for young people going through transitions.	The LDPB will review how programmes to help people use and access technology safely are working and consider extending the programme to providers and paid care staff.	Adult Social Care will review accommodation-based services to see how they can be adapted to support co-habiting relationships.	All support services will make “managing and maintaining good health” part of their care and support planning processes.	Health services will continue to lead on the STOMP programme, supported by social care Annual Reviews and GP-led Annual Health Checks. Social prescribing services will also be consulted.
Year 5	Cycling schemes for adults with a learning disability and autism will be commissioned.	The Council will host a Recruitment Fair.	“Life skills” courses to help people transitioning from the family home, no matter what their age, will be developed. The LDPB will review the impact of the Big Plan Actions.	Local Education providers will expand the post-19 education offer. These will include “life skills” classes (see actions in Housing & Support). Adult Social Care will annually review its transition pathways and protocols. Young people and families will be aware of the support that is available from all relevant local partners.	The Council will explore how Artificial Intelligence and Virtual Reality might help the support of people with a learning disability and autism.	The Council will recommission local Sexual Health Services and make sure that clinics can help people with a learning disability and autism.	The LDPB will work with the ICB to help local opticians, dentists and health screening clinics to ensure they are Autism Friendly and Disability Confident. This will also be extended to hair salons and barbers.	Mental health trusts and their health and social care partners will support people in long-stay hospitals to come home wherever possible. We will focus on preventing hospital admissions in the first place. We will use “experts by experience” to support implementation of this goal and will maintain an integrated Dynamic Support Register.

Theme 1

Travel and transport

“I get to go to the places I want to go”.

By 2027 more people with a learning disability or autism will confidently travel independently.

People with a learning disability tell us:

“Any transport - trains, taxis and stuff – can sometimes be difficult so make it easier to know where you are going and where to find things like toilets or lost property”

“New routes cause confusion. Try to make stations step free. But no escalators because people push past you”

“I don’t think it needs any changes. I think bus announcements and times at all bus stops would be good.

“I don’t like the new buses like the 111 I’m upset what they’ve done to my 111.

The rail is all the same colour as the bus so it’s harder to see”.

“I like public transport. It gets you to where you want to go”

THE DATA TELL US:

A high proportion of people with a learning disability use different forms of public transport, with trains and buses being the most popular forms of transport. Very few people eligible for support from Adult Social Care require transport to be provided.

Over two-thirds of respondents (68%) indicated that they needed some form of assistance with public transport, such as ramps, lifts, support with booking taxis or support on the journey by a family member or paid carer. Some people could do some of their journeys independently but needed help with new journeys.

Overall, most people report they have had a positive experience of using public transport but there are some areas that could be improved.

Some adults with a learning disability reported that buses drove too quickly, that there was not enough space, or that ramps were not lowered to allow access. Some people commented on route changes, the late running of services and overcrowding.

Trains also had a similar approval rating (69%) though concerns were raised about timeliness, crowding and gaps between platforms and trains being too big for a person with a disability.

Taxis were also viewed generally positively, but respondents did not rate them as highly as buses, with just under 50% of respondents saying they liked the services or liked them very much. Timeliness and a lack of politeness from drivers were given as the main reasons for dissatisfaction with services.

Respondents to the survey ‘rarely or never cycled’, which indicates that more work is needed in this area to make cycling a viable mode of transport for more people with a learning disability.

The consultation also highlighted the anxiety some people feel about using public transport following the COVID 19 pandemic, with most either feeling neutral or nervous about using it.

CASE STUDY

Before travelling on his own, Brian, who is a young person from Richmond, had to be driven by his parents to all his activities and lessons. As someone who was keen to be seen as an adult and be as independent as possible, having the skill to use transport was very important to him. Brian's travel training first started with the company Balance, a local company that works in the borough. He had to learn a complicated journey that involved two buses to get to his 6th form. He exceeded his family's expectations and learnt the journey in two weeks and 'has never looked back'!

From there, Brian has learned how to attend local clubs with help from his parents using the foundations learned with Balance. He now takes the journey a few days before an activity with him Mum, and works through things like crossings, road safety and identifying bus stops near the club venues. Brian now refuses to get a lift from his parents and travels on his own as much as possible, with hopes to learn more routes. He is building up a small range of destinations and is delighted to be able to travel to independently: 'I can travel by myself now. I'm all grown up'.

WHAT WE WILL DO

Travelling independently is a key life skill that enables people to meet with friends and family, travel to their place of work, visit new places and enjoy different experiences. The focus of The Big Plan will be to maintain and increase people's confidence in using public transport and other forms of transport.

We will do this by working with Transport for London and Southwest Trains to ensure they continue to make reasonable adjustments in response to the feedback that has been collected through the Council's Mobility Forum.

We will create opportunities for people with a learning disability to have access to different forms of transport to reduce some of the anxieties that people can experience on public transport. We will do this by exploring greener forms of transport and how travel training might assist people to increase their independence and confidence.

We will also focus on maximising the use of technology to help people plan their journeys, during journeys and to help when journeys are changed or delayed. Travel training and assistance to people where they lack confidence planning new journeys might support increased independence and confidence in travel for people with a learning disability.

ACTION PLAN

	Completed Year 1	Completed Year 2	Completed Year 3	Completed Year 4	Completed Year 5
<p>Make sure a member of the LDPB is on local Mobility Forums (Council, TfL, Ruils, for example) to highlight the concerns and safety of the wider learning disability and autism community (including for people with more specialist transport needs). Monitor improvements made to services for them. Provide Expert by Experience training to local transport providers.</p>					
<p>The LDPB will co-produce accessible information guides to travelling in the local area, including guides to travel technology. Explore if further implementation of Disability cards for use on transport is needed.</p>					
<p>Maximise current travel training help available locally, like TfL's Travel Mentor schemes, and make sure people with a learning disability and autism know about them.</p>					
				<p>Explore if a travel training programme for adults of all ages is needed and commission it if so, ensuring community support agencies as well as more formal providers are aware of any commissioning opportunities.</p>	
<p>Work with the Active Travel Advisory Group and Public Health to access bicycle schemes for adults with a learning disability and autism, to ensure they have proficiency, confidence and access to cycles to improve cycling as an active travel and leisure options for people with learning disabilities and autism.</p>					

IMPACT: HOW WE WILL KNOW WE HAVE GOT IT RIGHT

When	The Impact	Key measures of success
Year 1	Fewer people with a learning disability and autism will have negative experiences on transport	Transport for London and Southwest Trains continue to make reasonable adjustments, and more people with specialist transport needs have access to wider array of transport options.
Year 2	More people with a learning disability and autism will have increased access to information and technology that helps them be independent on transport.	Fewer people will require Adult Social Care transport. More people will use technology to support their journeys."
Year 3	More people will be able to travel independently	There is an increase in the number of people with a learning disability and autism successfully completing a Travel Training programme
Year 4	More people will be able to travel independently	There is an increase in the number of people with a learning disability and autism successfully completing a Travel Training programme
Year 5	More people with a learning disability and autism will access a wider range of travelling options.	There is an increase in the number of people with a learning disability and autism that report using cycling and walking as regular modes of transport.

Theme 2

What I do - Employment and skills

“It makes me happy to have a job”.

Every year, more people with a learning disability or autism that wish to work will be in paid employment.

People with a Learning Disability tell us:

“I like greeting the customers when they come in and helping other people”

“I don’t like being interviewed. It puts me off getting a job”

“I stopped working because my manager wasn’t very nice to me”

“When I leave school, I want to have my own business”

THE DATA AND INTELLIGENCE TELLS US:

Since the COVID 19 pandemic fewer people with a learning disability are in paid employment and increasing the number of people in employment must remain a key local priority.

The predominant working pattern for adults with a learning disability in Richmond is currently part-time work and between 5- 20 hours per week. The people with a learning disability that we spoke to were keen to stress they enjoy work being part of their life but that they also like opportunity to do other things during their week.

There may be several reasons for this and the consultation highlighted a large concern amongst people with a learning disability that working too many hours will affect their benefits and they will experience high levels of stress from working more hours than they can cope with.

Other research has also highlighted that when people with a learning disability and autism are in paid employment it does not always match their skill set or aspirations.

The local economy is largely made up of small businesses that provide hospitality and leisure services. However, there are several prominent businesses based in the borough including National Physical Laboratory (NPL), Kew Gardens, Royal Parks and Historic Royal Palaces, England Rugby (Harlequins) and St Mary’s University.

CASE STUDY

Gavin has autism and learning difficulties but wanted to work and help out in his local community. Gavin started volunteering at the Richmond Parent Carer Forum, but he was keen to find some paid work. However, he did not entirely know how, and the interview/job application process was difficult for him to access. Likewise, employers would not consider the resident based on just his CV so he would never get past the submission stage.

With help from his parents and Richmond College, Gavin was able to demonstrate his practical skills by attending work experience instead of a college module at a local Sainsbury's. After the placement had finished, his parent arranged with the supermarket directly to continue the work experience with his PA. Eventually, Sainsbury's decided to hire him based on his work. Thanks to this, Gavin now works in Sainsbury's replenishing stock, cleaning around the shop ensuring customers and his colleagues were safe. The manager has also allowed space to help Gavin develop his skillset on the job as he has had training on the tills and is now on checkouts serving customers and making sure people feel at ease. Gavin has really appreciated his work at Sainsbury's and feels part of the larger community: 'Sainsbury's feels like part of my family'.

WHAT WE WILL DO

The opportunity to work provides a range of benefits to people including improved self-esteem, financial independence, the opportunity to make friends and to learn new skills. People with a learning disability and autism also have unique strengths and skills that they can bring to the workplace that include; increased attention to detail, the ability to undertake repetitive tasks for longer than people that are not on the ASD spectrum, honesty and integrity and a different perspective on the customer experience. The Big Plan will focus on continuing to increase the number of people in employment and supporting local employers to embrace the benefits of a diverse workforce.

- ✓ We will do this by ensuring people with a learning disability and autism have access to effective employment support and that potential employers are supported to make reasonable adjustments.
- ✓ We also aim to create different types of job opportunities including volunteering and work experience placements so that people can gain experience and trial different types of employment including self-employment.
- ✓ We will ensure that through the Council's commissioning practices that we maximise the Social Value of the Social Care contracts awarded to local organisations by ensuring is a strong emphasis on employing people with a learning disability and autism to deliver local services.
- ✓ We will work closely with local organisations to understand and address the barriers to employing people with a learning disability and autism and find creative ways to bring together potential employees and employers.

ACTION PLAN

	Completed Year 1	Completed Year 2	Completed Year 3	Completed Year 4	Completed Year 5
<p>The Council will re-buy Supported Employment Services (like Choice Support).</p> <p>Adult Social Care will make sure new contracts they buy will help provide skills and employment opportunities for people with learning disabilities and autism.</p>					
<p>The LDPB will create a project that will develop and design different types of recruitment processes and trial it with local employers (like different ways to do applications or interviews).</p>					
<p>The LDPB will create different types of work opportunities including a supported internship programme for 16-25s and over 25s, and work experience and volunteering at the Council and elsewhere. The LDPB will co-produce courses about employability for adults with learning disabilities and autism. The LDPB will develop a way to check-in with those in employment to help them maintain their jobs.</p>					
<p>The Council will support local employers to get Disability Confident and Autism friendly status, by modelling its own employment successes of people with learning disabilities and autism, which it will have increased by year 4.</p>					
<p>The Council will host a Recruitment Fair for people with a learning disability and autism, showcasing the local employers who've engaged from Year 1 onwards with the Big Plan's actions and goals.</p>					

IMPACT: HOW WE WILL KNOW WE HAVE GOT IT RIGHT

When	The Impact	Key measures of success
Year 1	More people eligible for adult social care support with a learning disability will receive support to enter employment.	New contract awarded More people eligible for support from Adult Social Care are referred to the Supported Employment Service.
Year 2	More people with a learning disability and autism have a positive experience of work and employment.	Fewer people with a learning disability and autism cease working
Year 3	People with a learning disability and autism have a greater range of job opportunities available to them	The number of people in a supported internship in the borough. The number of people with a learning disability or autism and over: <ul style="list-style-type: none"> • 25 years who are • Volunteering • Had work experience • In a supported internship • Self employed
Year 4	Local employers will feel more confident in recruiting people with a Learning Disability and Autism.	The number of employers accredited as Autism Friendly and Disability Confident
Year 5	More people who wish to work will be in paid employment.	More people with a learning disability and autism will be in paid employment (National Indicator)

Theme 3

Where I live - Housing

“I have a home to call my own”

By 2027 fewer people with a learning disability and autism will be admitted to long term Residential Care .

People with a learning disability tell us:

“I like having my own front door and privacy”

“I want to be involved in making the house rules”

“Nobody seems to care that the front gate has been broken since before Christmas”

“I am happy living with my friends”

THE DATA AND INTELLIGENCE TELLS US:

The population of Richmond upon Thames is generally older, and this is mirrored in the learning disability population, with many people having experience of living previously in long-stay hospitals before moving to the live in the community.

There is also a younger generation of people who need support who have higher aspirations and higher expectations of how services will support them to live as independently as possible.

Adult Social Care currently support in the region of 450 adults with a learning disability on an annual basis. A third of people are supported to live at home or alone (34%), but just over 60% require accommodation-based or supported housing.

It is projected that the demand for Supported Living settings will increase over the next 10 years. The demand will predominantly from people aged 35-45 years. It is projected that there will be lower demand for residential care over the next 10 years. In Richmond the number of commissioned beds has reduced over time. It is anticipated that future demand for residential care can be met by the existing capacity.

Over 70% of the Supported Living schemes currently commissioned by the Council are shared houses. These schemes do not necessarily reflect today's living expectations and people's preferences for private / ensuite bathrooms and greater privacy.

Existing Supported Living and Residential Care accommodation may lack some of the infrastructure required to support technology which helps people stay independent, such as a good internet connection for Wi-fi. Properties may not be accessible to people with mobility needs or spacious enough to support people with challenging behaviour. However, due to the age and condition of some schemes the potential to modify and adapt schemes can also be very limited.

The Council and its Housing partners also need to ensure that housing, both current and future, is energy efficient and sustainable to help people with learning disabilities to reduce their reliance on energy sources that could lead to fuel-poverty. Newbuild housing should also reflect changes around working from home and how people want to live.

The data and intelligence indicate there is an over provision of some types of

accommodation and a need to develop more types of housing that reflects the different ages and stages of people's life journeys. This may include: Training flats for people looking to develop the skills they need to move into more independent housing, housing for couples, and housing which can support people who are getting older and/or developing dementia and age-related mobility conditions.

Working in partnership with local Housing Associations, the Council needs to ensure that the range of accommodation available meets modern standards and expectations, and that it has accessible features to meet a wide range of different needs, including mobility and sensory needs. The Housing and support available also need to reflect different preferences about where people live, who they live with and to offer choice about how people are supported.

CASE STUDY

Danica has recently celebrated her 2-year anniversary in her own flat. Before Danica moved, she was living with her parents who were travelling back and forth from their home country. They were keen for her to have her own space so she didn't become too dependent on them as she got older. Danica's family are from abroad and had only moved to Richmond recently, so they didn't know a lot about what housing and support was available and what might be possible and suitable for Danica.

Through a lot of research online, and liaising with a social worker, they found a few options of supported living that suited Danica's needs. Danica visited these homes with her social worker and was able to take a tour of the spaces. When she found the right one, she met the other residents and did activities with them to get to know them. Danica then had a trial for a few days where she slept at the supported living accommodation for a long weekend until she was ready to move in completely.

She has communal spaces that she shares such as bathrooms and the kitchen, but she particularly loves her garden ('I love my garden so much... I'm growing herbs and stuff – kale and onions for food'). When asked about her favourite part of living in supported living, Danica said 'making friends with the people here'.

WHAT WE WILL DO

Having a stable place to live is a basic need and can influence people's job opportunities, daily routines, mental health and wellbeing, their ability to stay connected to friends and family and sense of safety.

The Big Plan will focus on developing incrementally a housing pathway that includes different types of housing arrangements that reflect people's age, gender, culture and preferences and helps people to develop and maintain their independent living skills whilst also keeping families living together for as long as possible.

✓ We will do this by co-producing our local quality standard for different accommodation types to include the key features which are required to meet modern standards and expectations, and to support independence and affordability. This will include looking at how we ensure all services have wi-fi, are technology enabled and as energy efficient as possible. We will reshape, in partnership with Housing Associations, the local housing provision to meet these standards. We will also develop new types of supported living schemes to meet current and future needs.

✓ We will ensure people with a learning disability and autism are more aware of their housing options and the responsibilities and benefits that come from living independently by developing accessible information about this topic.

In partnership with people that are eligible for support from Adult Social care and their families we will redefine the minimum standards and expectations of providers and landlords who support people to live independently.

ACTION PLAN

	Completed Year 1	Completed Year 2	Completed Year 3	Completed Year 4	Completed Year 5
<p>The Council will recommission its housing and support services to make sure there are lot of local choices other than long-term residential care, whose environments and support provide good quality outcomes for people, and help prevent hospital admission. It will work with housing providers and partners to ensure accommodation is kept in good repair and considers the needs of the individual and their family. Vacancies will be managed in a timely fashion.</p>					
<p>The Council will pilot new types of accommodation schemes “training flats” for adults moving away from the family home for the first time. It will ensure that accommodation commissioned takes account of people’s changing needs across their lifetime, so there are places for people to move to as their needs change with age or for other reasons.</p>					
<p>The LDPB will co-produce accessible information about housing options and responsibilities of each kind of housing, so people understand what is available locally. We will ensure Council colleagues keep up-to-date about all the options, including parent-commissioning of housing arrangements.</p>					
<p>“Smart” homes with technology and eco-infrastructure will be developed by the Council and its partners to reduce the risk of fuel poverty and improve independence for people with a learning disability.</p>					
<p>The LDPB will co-produce “life skills” courses to help people transitioning from the family home, no matter what their age. The LDPB will review the impact of the Big Plan Actions.</p>					

IMPACT: HOW WE WILL KNOW WE HAVE GOT IT RIGHT

When	The Impact	Key measures of success
Year 1	<p>More people will have more choice and control in how their home is run.</p> <p>More people will live locally.</p>	<p>New procurement framework established with revised quality standards and terms and conditions.</p> <p>Reduction in number of people placed out-of-borough.</p>
Year 2	<p>Fewer people will be admitted to long term residential care.</p>	<p>The rate of people of people living with a learning disability admitted to long term care (National Indicator).</p>
Year 3	<p>More people with a learning disability and autism will live independently and in stable accommodation.</p>	<p>The number of people with a learning disability living and autism in supported living will increase.</p>
Year 4	<p>More people will have technology in their homes that helps them live independently.</p>	<p>Number of properties with smart technology installed.</p>
Year 5	<p>More people with a learning disability and autism are satisfied with where they live.</p> <p>More people with a learning disability and autism transition successfully to independent living from their family home.</p>	<p>Survey data.</p> <p>Number of successful moves from family homes to independent living.</p>

Theme 4

Becoming an Adult Transition

“I want to be able to plan for the future and achieve my dreams”

By 2027, more young people and their families will have a better experience of transitioning into adulthood

People with a Learning Disability tell us:

“ My mum worries about what I will do after college”

“I want to live in a house with my friends”

“I want to get married and have a baby”

“I will be sad to leave my youth club”

THE DATA AND INTELLIGENCE TELL US:

Over 92% of young people surveyed said they need help from either family or paid support with some or all aspects of their transition to adulthood and 75% of family carers reported that they needed to provide help to their young person who was preparing for adulthood.

A key theme running through the feedback from young people and their families was the uncertainty and anxiety about the future and what was going to happen.

Families feel that they carry most of the responsibility for putting in place transition plans for their young person. They also feel they carry the responsibility of finding out what exists locally for their young person to do, and they find it difficult to find this information easily.

It can also be a difficult time for parents to let go of the decision making for their young person and instead support them to make decisions for themselves.

We also know that the experience of transferring from Children’s Services to Adult Services is not always as good as it could be for some people. Each year, between 5-10 young people who turn 18 will require support from Adult Social Care.

Having a smooth transition to adulthood, having a job and being able to travel independently are important to young people and their families. In addition, young people have told us what matters to them when we are working with them during their transition:

- Don’t make assumptions about us
- Learn how we communicate
- Give us information we understand
- Tell us what’s going to happen, when and why - this makes us less anxious
- Listen to us - we know how it feels to be us
- Involve us in decisions that affect us

A high proportion of people with a learning disability are supported to live in the area that they have grown up, however, we have seen an increasing number of young people between 18-25 being placed outside of the area and attending residential college. Nearly 30% of all adults accommodated by Adult Social Care are placed outside of South West London of which most are 35 years and under.

It is also important to note there are many transition points during a person's lifetime. For adults with a learning disability and autism 'transitions' can be difficult and require as much planning as possible.

The trends in the Adult Social Care data indicate there are other key transition points at: 25, 33 and 46 years old.

Between the ages of 21, 23 and 25 college and formal education will finish for many people and the Local authority ceases to be the corporate parent for Care Leavers. In addition, most national Government funded programmes targeted at supporting young adults into work also cease.

By 35 years of age, fewer people with a learning disability will be living at home with their family and are most likely to be living Supported Living schemes.

46 is the average age that a person with a learning disability will be admitted into long term residential care. There will be a number of factors that influence these transitions, but they will equally require as much planning as possible.

The feedback from adults who have successfully transitioned into adult life highlighted that they have liked the support they have received from social workers and providers when they needed help to move house.

But they said that more help is needed with other areas of their lives such as finding a job, finding things to do after college, meeting people and dating.

They also said that information about what is available in formats they understand so they can plan more independently, without as much help from family or paid carers would be really helpful.

CASE STUDY:

Luke has Autism and a learning disability. Luke made it clear that he would like to live away from his family home. Through the help of the Transitions team, he now can. To ensure that the move from home to living independently was as smooth as possible, Luke first went for dinner at the supported living accommodation before visiting for a day. Then eventually, after an overnight stay, Luke felt comfortable in the surroundings, had got to know his future flatmates, and felt ready for the move.

Initially, Luke moved into supported living with 24-hour support. But he will now be moving to another supported living location with less care support.

Luke has enjoyed the freedom that living independently has given him. After moving out of his parent's house he said he was scared. But after a while he realised that it isn't scary but it's free and fulfilling. He has coped with the move by focusing on one day at a time, not worrying about too far in the future and through support and reassurance from the Transitions team. He now enjoys not having to live by so many rules and regulations.

Through working in a charity shop and supermarket, Luke improved his communication and social skills. He had to learn to talk to a diverse range of people. Luke's future career aspirations have been shaped by his courses at college. After taking a course in equality and diversity, it taught him that when people come together, they can do amazing things. Now Luke wants a career where he can help people.

WHAT WE WILL DO

Reaching the age of 18 is typically an exciting time of life. Young people with a learning disability have a more ambitious perspective on their potential and greater awareness of their abilities than their older peers had when they were a similar age, and we want to encourage and support all young people with learning disabilities and autism to maximise their potential.

Choices made at this stage in life have profound consequences for the rest of life and we want our young people to have the best start in adulthood and to live well.

The Big Plan will focus on continuing to improve the transition process between Children's Services and Adult Services by reviewing the impact of the recent transition information that has been published and continue to listen and learn from people's experience of transition. We will continue to engage with the partners who are critical to a young person's successful transition, like Education, so that we can contribute to their plans to improve access to things like careers advice, guidance, and opportunities of work experience and longer term employment.

- ✓ We will also work parents and carers to improve the support to them as they undertake this transition and to evolve their relationship with their adult son or daughter that all parents and children must navigate.
- ✓ We will also ensure that more young people are able to continue their learning and education locally by working with the local education provision to ensure that the right courses are on offer that enable young people to enter paid employment and fulfil their aspirations. We will also work closely with the local economy to understand better the skills that are required.
- ✓ We will work in a way that supports young people to be heard and involved in decisions that affect them.
- ✓ We will also work with our partners in health to develop and implement effective transitions for young people, to ensure that the health services they need to achieve this are available to them.

ACTION PLAN

	Completed Year 1	Completed Year 2	Completed Year 3	Completed Year 4	Completed Year 5
The LDPB will co-produce new initiatives with parents and families to support them through the transitions process. We will use the work undertaken between families, AfC and ASC to inform this action.					
The Council and Achieving for Children will host an annual listening event to learn from people aged 18 to 25 on their experiences of transition and what can be improved. We will work with AfC and Health partners to ensure support around relationships and sexual health starts prior to adulthood, at an age-appropriate level.					
Adult Social Care will recommission its short-breaks offer for adults with a learning disability and autism. ASC will work with Education to develop more specialist education provision.					
The LDPB alongside the SEND improvement board will monitor the impact of the SEND Futures aspirations and outcomes, which are driving improvement for young people and preparing for adulthood. We will work with Health and Education Partners to achieve better outcomes for young people going through transitions.					
Local Education providers will expand the post-19 education offer to make sure there are more courses available and that they are of interest to young people. These will include "life skills" classes (see actions in Housing & Support). Adult Social Care will annually review its transition pathways and protocols to make sure they are working. The LDPB will ensure young people and families are aware of the support that is available from all relevant local partners, via social care, websites and other communication methods.					

IMPACT: HOW WE WILL KNOW WE HAVE GOT IT RIGHT

When	The Impact	Key measures of success
Year 1	<p>Fewer young people will require the involvement of statutory services in early adulthood.</p> <p>More young people and families will be able to navigate transition independently.</p>	<p>The number of new adults with a learning disability eligible for support from adult social care.</p> <p>More young people and families report being able to find the information they need to manage transition to adulthood.</p>
Year 2	<p>More adults with a learning disability and their parents have a positive experience of transition.</p>	<p>Survey data from the annual listening events and feedback from surveys completed by Adult Social Care and Achieving for Children.</p> <p>Joint audit activity against pathways.</p> <p>EHCPs KPI met by 31st March each year.</p>
Year 3	<p>More young adults will be supported to live at home with their family.</p>	<p>Re commissioning of the respite and short breaks offer.</p> <p>The number of adults with a learning disability living with family or alone is increased.</p>
Year 4	<p>More young people with SEND are supported to achieve their outcomes linked to the PFA agenda.</p>	<p>The number of Young people who are making good progress against their outcomes is increasing.</p> <p>The number of YP accessing therapy services, 16 +, is increasing (Health partners).</p> <p>The number of young people on supported internships, traineeships and employment is increasing.</p> <p>Written Statement of Action (WSOA) pdf</p> <p>Easy Read - Written Statement of Action (WSOA) pdf</p>
Year 5	<p>Fewer young adults will attend Post 19 residential college provisions outside of the borough.</p> <p>More young people will have the skills they need to be more independent.</p>	<p>The number of adults attending residential college out of borough will decrease.</p> <p>The number of adults who attend life skills courses will increase.</p> <p>Survey data will show more young people have developed skills for independence.</p>

Theme 5

Living in a digital age: Technology

“Technology is my lifeline”

By 2027, technology will be a standard feature of the care and support provided to adults with a learning disability

People with a learning disability tell us:

“I prefer face to face a conversation than having a phone call or video call”

“If I was shown how to, I would use it [technology] for everything”

“I fear being ‘left behind’ by new technology”.

“I can do lots of things on my phone, chat to my friends, shopping, get directions and the best thing is setting reminders, so I know what is happening everyday”

THE DATA AND INTELLIGENCE TELL US:

Digital technology is playing an increasing role in the lives of many people with learning disabilities and helping them to connect with the world in ways that was not previously possible.

Adults with a learning disability told us they accessed technology for a variety of reasons. The most popular of which were talking to friends and watching videos, followed closely by listening to music and speaking to family.

A large proportion of 18–35-year-olds also used technology to access learning – specifically lessons or contacting teachers.

Only 23% of those surveyed were able to use technology independently, relying on family or paid staff predominantly for help to access it. This might be turning on the technology to use, or help with specific tasks, like e-mailing or online shopping.

As with people in other parts of the population, like older people, there is a dependency on others to access technology, and this is an area where further independence might be achieved if the right support was put in place to do so.

Adults with a learning disability identified the following barriers to using technology:

- Access to WiFi
- The need for support to use technology
- Lack of interest in new technology

However, 63% of respondents indicated they wanted to use technology more in their lives.

CASE STUDY:

Frank has recently become a big fan of technology. Beforehand, he did not like to use it besides watching television and preferred to have his parents or staff do any work he needed on the computer for him. However, Frank's parents gave him a tablet and a mobile phone. Between his support staff and his parents, they were able to show Frank some of the functions to use (such as phone calls). When local clubs invited him to do online activities and sent out digital newsletters, Frank actively pursued these and began to really enjoy them. Eventually he started seeing friends online on a weekly basis via zoom and was able to see friends from a long distance and communicate with them. Since then, Frank has been keener on using technology: his family have bought him an Alexa that he can access using his voice rather than using buttons; he now has a videogame console which he plays with his friends in supported living; and he is able to use YouTube, Zoom and other apps independently. The support staff have been working with Frank to write a weekly email to his parents and have set him up with an email account so he has more independence online. Frank now thinks 'technology is cool' and he loves using it.

WHAT WE WILL DO:

Society in general is becoming increasingly reliant on digital technology. For many people technology is part of their everyday lives.

There are many benefits to digital technology and people with a learning disability are often early adopters. Technology has the potential to make a significant and positive difference to the lives of people with learning disabilities.

It can aid communication and assist people to connect with other people, it can assist people to manage risks such as fires or falling, and help create greater privacy or dignity. Technology can enable people to have more control over the way they live as well as enhancing more traditional care solutions.

The potential of cutting-edge technologies to support predictive, preventative, and personalised care is huge.

The Big Plan will focus on enabling people to access and use technology for a wide range of activities more independently by helping them to learn about how to use technology safely and to ensure those who support people with a learning disability are also confident in how to use it to best effect.

- ✓ The Council has already invested in new technologies and a demonstrator programme named 'Gloria' to ensure people with a learning disability benefit from the digital tools and devices available.
- ✓ We will also upskill the health and social care workforce that support people with a learning disability by offering training in different types of technologies to enhance the care and support they provide.
- ✓ There will be an increasing expectation on providers commissioned by the Council to ensure digital technology is a core feature in how they provide services.

ACTION PLAN

	Completed Year 1	Completed Year 2	Completed Year 3	Completed Year 4	Completed Year 5
Adult Social Care will pilot its Care Technology programme, Gloria within at least 1 residential care and 1 supported living household to show the potential of the technology.					
Adult Social Care will provide Makaton, "how to do easy-read information" and "expert by experience" training to commissioned providers to make sure more voices of adults with a learning disability and autism are heard.					
All accommodation-based services commissioned by Adult Social Care will have the capability to have Wifi and be technology enabled. Providers in accommodation and outreach services will support adults with learning disabilities and autism to access technology as standard, and ensure their staff have the knowledge to do so, and can support people to stay safe online.					
The LDPB will review how commissioned programmes to help people with a learning disability and autism use and access technology are working (like Connect to Tech), and that the programmes help support online safety. They will review if extending the reach of the programme to providers and paid care staff is needed.					
The Council will explore how Artificial Intelligence and Virtual Reality might help the support of people with a learning disability and autism.					

IMPACT: HOW WE WILL KNOW WE HAVE GOT IT RIGHT

When	The Impact	Key measures of success
Year 1	More people with a learning disability will be independent.	The number of people that have taken part in the Gloria demonstrator programme increases.
Year 2	More people with a learning disability have their voice heard and their choices listened to.	The number of professionals that use Makaton, easy-read and other communication tools increases.
Year 3	Accommodation based services will be fit for purpose.	The number of accommodation-based schemes that are technology enabled.
Year 4	More people will have access to, or support to access technology.	Number of people successfully using and completing the Connect to Tech scheme. Number of providers whose staff access a similar scheme.
Year 5	People with a learning disability continue to be at the cutting edge of technology.	Number of people using Gloria and other technology programmes as part of their support packages. Number of people, including providers using AI and VR as part of their day-to-day lives and / or service deliver.

Theme 6

Living in a digital age: Technology

“Being in love is a wonderful feeling”

By 2027, people with a learning disability have the same opportunity as everyone else to develop a loving relationship with a significant other

People with a learning disability tell us:

“I want to help to talk about my feelings especially when I fancy someone”

“I want more talk about sex”

“I can feel very lonely”

“I can’t imagine spending the rest of my life on my own and growing old on my own”

THE DATA AND INTELLIGENCE TELL US:

Just over 60% of adults supported by Adult Social Care are single compared to the general population in Richmond, but people with a learning disability tells us they place a high value on romantic relationships and want more social opportunities to find love and develop relationships and friendships.

41% of those not in a relationship currently would like to be in one, and another 24% might like to be in one depending on the other person they might find.

They report that barriers to finding love and creating relationships were sometimes created by social care services and their families. Support staff and family carers sometimes try to protect adults with learning disabilities from the risks that are part of dating and relationships. This approach can stop them from having normal life experiences.

Those we talked to who are in romantic relationships said that specialised dating agencies, along with strong family and staff support really helped.

Adults with a learning disability fed back that they had had good access to information around sexual health throughout their schooling and college experience, sometimes from nurses or health clinics. Some reported that they were reliant on information from family, support staff or the internet.

Overall, people with a learning disability think they are generally well informed about sexual health but said they did say they needed more advice generally about relationships.

People with a learning disability in Richmond said they rely heavily on family and support staff to help educate them about sexual relationships but that support staff do not always have right information or provide helpful advice.

At a national level “evidence suggests some support workers see their role as limited and report a lack of guidance on what they can and cannot do or say in regard to supporting sexuality”.

Although most respondents (95%) identified as heterosexual very few self-reported identifying with other sexual orientations. Further research and awareness of the local picture in relation to gender and sexual orientation amongst people with a learning disability is required. This is because some people with a learning disability may lack capacity to understand or identify with the terms. Some may also be afraid to declare their sexuality as they are worried about stigma and prejudice. 65% of service users either prefer not to say or their sexual orientation is unknown.

CASE STUDY:

Eleanor had aspirations to meet someone and start a relationship. It was difficult for her to find a dating service, or to know where to look for people who similarly wanted companionship or friendship. Eleanor also wasn't sure how to maintain a long-term relationship. Eleanor was recommended social clubs via family and friends, and began attending groups such as TAG, Richmond Mencap and the People Hive. Through these weekly social clubs, Eleanor met people of a similar age and mindset and created her own friendship group. They exchanged numbers and were able to start meeting independently, but the clubs still remained a constant activity they all shared.

Thanks to support from their support workers, family and staff at the club, Eleanor started a relationship with another club member, and they had help to facilitate dates and to visit each other. After some time, Eleanor's boyfriend proposed to her. From here, it was agreed with Eleanor and her support workers to enjoy a long engagement period to make sure the couple were ready for married life. They are now slowly approaching steps of long-term commitment, so the step to marriage isn't so daunting for them and are enjoying their current relationship status: 'We're happy, we love each other very much'.

.WHAT WE WILL DO

Friendships and relationships are a rich and important part of everyone's life. People with a learning disability and autism can face several barriers to finding love and creating the rich and meaningful relationships. Some of these include:

- not knowing how to meet a partner
- a lack of social opportunities and finances, isolation and not having a job or places to go in the community limited their opportunities to meet new people
- barriers within social care services, with shift patterns preventing day staff from taking people to social events; and safeguarding concerns for co-residents when someone in a household wanted their partner to stay over.
- a lack of autonomy and limited privacy, having to explain where they are going, or having family and staff making decisions on relationships for them.

The Big Plan will focus on ensuring people with a learning disability have access to more information about relationships and an inclusive community in which to socialise and meet new people.

- ✓ We will also upskill the health and social care workforce that support people with a learning disability by offering training in how to provide information and advice on healthy relationships and gender and sexual orientation to enhance the person-centred care they provide.
- ✓ There will be an increasing expectation on providers commissioned by the Council to ensure that relationships are a key element of their care and support planning and to reduce the barriers that people have identified.
- ✓ We will also work with the community to ensure people with a learning disability and autism have safe and supportive environments to go to and where technology can also safely facilitate opportunities to build new friendships and relationships.

ACTION PLAN

	Completed Year 1	Completed Year 2	Completed Year 3	Completed Year 4	Completed Year 5
The LDPB will co-produce accessible information about friendship and intimate relationships for adults with a learning disability and autism.					
The LDPB will commission training via its health partners for families and staff working with people with learning disabilities and autism to learn how to have informal conversations about relationships and sexual health. The LDPB will also commission training about gender identification and sexual orientation for professionals who work with people with a learning disability and autism. This will help increase their knowledge and confidence in these areas.					
All services commissioned by Adult Social Care will be required to provide accessible information and advice on relationships. This will be one of the things they'll write support plans about.					
Adult Social Care will review accommodation-based services to see how they can be adapted to support co-habiting relationships					
					The Council will recommission local Sexual Health Services and make sure that clinics can help people with a learning disability and autism.

IMPACT: HOW WE WILL KNOW WE HAVE GOT IT RIGHT

When	The Impact	Key measures of success
Year 1	More people have access to information about intimate and loving relationships	Survey data that indicates that people’s levels of confidence and knowledge in this area has increased..
Year 2	More people have better support from others to manage issues around relationships and sexuality.	Number of people accessing training. Survey data indicating the number of people with learning disabilities and autism who feel their support in this area is improved.
Year 3	More people develop friendships and relationships	The number of people with a learning disability reporting that they have a good quality of life (National Indicator)
Year 4	More people with a learning disability who are in relationships have the option to live together	The number of two bedroomed accommodation placements available to people with a learning disability that are occupied.
Year 5	More adults with a learning disability will be able to have, retain and manage sexual and non-sexual relationships and express their gender and sexual orientation preferences. More people with a learning disability access sexual health service and have a positive experience.	The number of people with a learning disability eligible for support from Adult Social Care who are confident in managing relationships of a sexual and non-sexual nature and able to self-report their gender and sexual orientation preferences increases. The number of people with a learning disability accessing Sexual Health Services

Theme 7

Fit and healthy: Physical Health

“I am fit and healthy”

By 2027, people with a learning disability will no longer experience health inequalities

People with a learning disability tell us:

“I was told by my GP to exercise more”

“I wish the dentists were cheaper. I don't have any teeth now... it costs so much to have dentures that I just eat mushy foods now”.

“The nurses in the hospital were really nice and patient”

“I am still worried about catching the COVID-19”

THE DATA AND INTELLIGENCE TELL US:

52% of people surveyed said that their health was “quite good” or “very good”.

28% said it was “okay” and another 17% said their health was “bad” or “very bad”.

People with learning disabilities and autism do not go to their local dentists or opticians as much as their local GP. Barriers to accessing other health checks included the cost of care and a lack of awareness about the importance of these other health screening checks.

75.2% of people (76.9% female and 74.1% male) with a learning disability had a Learning Disability Health Check in 2020-21, a statistically significant increase from 57.8% (58.4% female and 57.4% male) in 2019-20.

27% of people with a learning disability in Richmond are obese, which though lower than the national level of 37%, will still increase the risk of poorer health outcomes.

People we spoke to said they need more advice and support with exercise, diet and leading a healthy lifestyle.

There are inequalities in breast cancer screening for those with learning disabilities and autism. Females aged 50 to 69 with autism and learning disability were less likely by 16.3% to have a breast cancer screen compared to females in the same age bracket with autism only. Females with learning disabilities were less likely by 14.6% to have a breast cancer screening test compared to their non-disabled peers.

The local consultation indicated that a third of respondents had some form of physical disability. 28% of respondents stated they had asthma, epilepsy or both. 14% of respondents had diabetes or a heart condition.

CASE STUDY:

Andrew has really invested in healthy living thanks to friends and befrienders that work with him. Previously, Andrew was reluctant to do exercise or go out, and preferred indoor activities such as watching movies or organising his collections. The first thing his parents did to help him exercise was to encourage him on walks with them. While reluctant at first, his parents encouraged him to join them, and he discovered how much he enjoyed doing the trails once he gave them a try. His parents have also encouraged Andrew to do lots of physical activities throughout the week that have become regular and consistent parts of his routine. This includes swimming with a befriender, Football with RISE Sports, and weight training as well. His parents also helped him start a strict diet plan so he wouldn't snack as much between meals. Having his parents and befrienders be role models for him has been key, as he is able to see how much fun running, cycling, weight training and healthy eating can be. Andrew is now very fit and is very proud of his fitness training: 'I am super strong!'

WHAT WE WILL DO

Everyone with a learning disability over the age of 14, will be offered an Annual Health Check by their GP. This is particularly important for those with communication difficulties.

Everyone will have a Health Action Plan, which identifies how any physical and mental health needs will be met, and this should form an integral component of a person-centred care and support plan

Access to online training for GP practices with an aim to improve the quality of referrals into the diagnostic service and access to provision will be put in place.

- ✓ We will increase awareness of the importance of good dental and ophthalmic care for people with Learning Disability and Autism. We will increase access to information about screening checks, for breast cancer and bowel cancer, for example, working with practitioners and the learning disability population and their carers.
- ✓ We will increase access to local gym by consulting with the council around special programme for people with LD and Autism.
- ✓ We will ensure that people with Learning Disability and Autism who are obese will have access to information around healthy eating, diet and healthy lifestyles from public health and dietitians.
- ✓ We will focus on the Big Plan will focus on enabling people with Learning Disability/ or autism who display behaviour that challenge to have the same rights as other people to access a range of health resources that will enables them to lead good and healthy lifestyle.
- ✓ Staff in Primary care having good awareness of their roles in supporting patients with LD and Autism will be key to implementing the Big Plan.

ACTION PLAN

**Completed
Year 1**

**Completed
Year 2**

**Completed
Year 3**

**Completed
Year 4**

**Completed
Year 5**

The LDPB will co-produce and promote accessible information about healthy lifestyles, screening checks and practical guides to keeping fit and healthy for people with LD and autism, their families and paid support, to help them manage and maintain health. We will co-produce a health website with the ICB as part of this work. This will link to the Mental Health action for year 1 and build on it.

The LDPB will help people access more physical fitness activities by promoting what's available, and develop more if it's needed. Healthy eating, fitness and weight management programmes will be co produced with Public Health and the ICB as needed. We will work with the Active Richmond Fund so as much is available as possible.

The LDPB will promote, raise awareness about and increase access to Annual Health Checks. The LDPB will work health partners to ensure Checks are meaningful and robust, address the need for screening checks as necessary, and include social prescribing as appropriate. This will include working with people supported and families to address concerns and anxieties about health check-ups. Creativity around where checks are delivered (e.g. College for example) will be considered for those who have never had a health check, with a view to supporting them to have them annually thereafter at the GP surgery.

All services commissioned by Adult Social Care will make "managing and maintaining good health" part of their care and support planning processes. It will be expected that all services support a person's health, no matter how often they attend.

The LDPB will work with the ICB to help local opticians, dentists and health screening clinics (such as breast and bowel cancer screening) to ensure they are Autism Friendly and Disability Confident. This will also be extended to hair salons and barbers.

IMPACT: HOW WE WILL KNOW WE HAVE GOT IT RIGHT

When	The Impact	Key measures of success
Year 1	<p>Fewer people with a learning disability will experience preventable health conditions.</p> <p>More people with a learning disability will have accessible information about their health.</p>	<p>The number of people with a learning disability and autism who access screening checks for bowel cancer and breast cancer improves.</p> <p>The number of people with a learning disability accessing physical health information via the new website will increase.</p>
Year 2	<p>More people with a learning disability will live for longer.</p>	<p>The average length of life of people with a learning disability will increase and be closer to that of the whole population.</p>
Year 3	<p>More people will access meaningful annual health checks and have social prescribing as standard.</p>	<p>The number of people with a learning disability who receive an annual Health Check within a 12-month period (National Indicator – 75%).</p> <p>The number of people with health action plans that respond to thorough annual health checks increases.</p>
Year 4	<p>More people with a learning will successfully manage long term health conditions.</p>	<p>The number of people with a learning disability attending Accident and Emergency reduces.</p>
Year 5	<p>More people with a learning disability will feel comfortable going to the optician and dentist.</p>	<p>The number of people with a learning disability and autism who receive checks with opticians, dentists and screening clinics increases each year.</p>

Theme 8

Thriving: Mental Health

“I feel supported even if I am having a bad day”.

By 2027, fewer adults with a learning disability and autism will be admitted to hospital for mental health reasons.

People with a learning disability tell us:

“Life was like a prison in lockdown”

“I’d like to have more chances to meet friends and spend time with them”

“At diagnosis I was told there was help out there but that I needed to go and find it”

“I like my art class, it makes me happy”

THE DATA AND INTELLIGENCE TELL US:

It is widely recognised that people with a learning disability and autism are more likely to experience poor mental health than the wider population and that the COVID 19 pandemic has had a negative impact on their mental health and wellbeing.

Out of a range of 1 to 5, with 5 being “very happy”, 15% of respondents indicated they had felt “okay” (#3) in the past week. Another 15% responded with a score of 2 or lower to describe how they had felt emotionally in the past week.

There is a very low number of people with a learning disability and autism in Richmond currently in hospital for mental health reasons. However, the average length of stay in a hospital is longer for people with a learning disability and more needs to be done to ensure they can return home well as soon as possible. It is commonly thought that spending longer in hospital than is necessary can have a worse effect of people’s mental health and wellbeing.

Key to success will be engaging partners at Hounslow and Richmond Community Healthcare and Your Healthcare Richmond learning disability teams. These teams can provide support to people with learning disabilities and autism across a range of needs, which include Community Nursing, Dietetics, Occupational Therapy, Physiotherapy, Psychology, Psychiatry, Behaviour Analysis and Speech and Language Therapy (including Dysphagia).

Having access to good health support will be a key factor in achieving good mental health. Support with physical activity, good sleep habits and diet are also important for mental health, and so linking this part of the Big Plan to our physical health outcomes is vital.

But there are lots of effective actions that can be taken to support people to maintain good mental health and wellbeing and a growing body of evidence that shows what doesn’t work. Public Health England says that every day about 30,000 to 35,000 adults with a learning disability are taking psychotropic medicines, when they do not have the health conditions the medicines are for.

The people with a learning disability that we spoke to said that being able to spend time with friends and family, having activities and hobbies to do and a regular routine that doesn’t change too much is really important to them.

CASE STUDY:

Charlotte had previously experienced difficulties with her mental health, and disclosed that she had recently developed anxiety, particularly regarding the busy commute to and from work, the number of hours she was working and the number of commitments in her personal life. This was causing Charlotte to have panic attacks and to get very stressed in her downtime and to a feeling of exhaustion. Her family and her employer were keen for Charlotte to have the best wellbeing possible. Her employer gave Charlotte some time off and found a 12-week course on managing anxiety from the Richmond Wellbeing Service for her to attend. Charlotte attended 90-minute sessions every week to help learn the causes of her anxiety and discover coping mechanisms on a day-to-day basis. She was able to communicate with work about finding reasonable adjustments for working hours to make sure she did not have as stressful time. Charlotte's hours and workload were reduced slightly. Likewise, Charlotte made decisions to cut back on certain social commitments that made her feel too stretched. These changes have all helped. Charlotte is grateful for what she has learnt on her course, having strong social clubs and an understanding employer to help her: 'We all get a bit anxious sometimes, it's okay to look after it'.

WHAT WE WILL DO

People with a learning disability and/or autism who have a mental health condition or display behaviour that challenges will have access to prevention and early intervention with the aim of reducing the likelihood of behaviour that challenges, by providing support at an early stage to proactively address these risk factors, through early screening and Dynamic Support Register planning.

Maintaining good mental health and wellbeing and being able to work through significant life events is important for everyone in society but even more important for people with a learning disability and autism who are

more likely to experience poor mental health. Being able to access the help and support needed is essential to overcoming periods where your mental health is low and you are finding life challenging.

The Big Plan will focus on ensuring the right support mechanisms are in the community and in people's daily lives to promote good mental health and wellbeing.

The Dynamic Support Register will focus on people in crisis and work with the system to reduce hospital admission and placement break down for the individual and the family.

The Community Treatment Review (CTR) will be activated as and when is necessary to pull the person in crisis care and treatment together by making system responsible and accountable for the person wellbeing.

- ✓ We will also explore how to create alternative settings in the community that will prevent people from having to go into hospital and that can support people ready to be discharged back home in a timely way.
- ✓ There will be an increasing expectation on providers commissioned by the Council to ensure that mental health and wellbeing are key elements of their care and support planning and that they actively work to promote positive mental health and wellbeing in how they deliver their care and support by adopting a strength-based approach rather than a risk and deficit led approach to working with people.
- ✓ We will also work with the community to ensure people with a learning disability and autism have safe and supportive environments to go to when they experience distress or anxiety and where technology can also help.

ACTION PLAN

**Completed
Year 1**

**Completed
Year 2**

**Completed
Year 3**

**Completed
Year 4**

**Completed
Year 5**

The LDPB will co-produce accessible information about mental health for people – health information, what support is available locally and how to support your own mental health well. We'll coordinate how the information is distributed and in what formats with family carers and paid support.

The Council will recommission respite and short breaks for people with a learning disability and autism and ensure these services help provide needed breaks to people and their carers.

Provider-purchased services in accommodation will be required to have Positive Behaviour Support and Mental Health and Wellbeing action plans that support good mental health and wellbeing for people with learning disabilities and autism.

Health services will continue to lead on stopping the over-medication of people with a learning disability and autism, by exploring alternatives to medication through Annual Health Checks (health) and Annual Reviews (social care) and feeding back through the STOMP programme. Social prescribing services will also be consulted.

Mental health trusts and their health and social care partners will lead on identifying people with a learning disability and autism who do not need to be in hospital to be supported to go home. We will focus on preventing hospital admissions in the first place, through better support intervention and provision of good environments for people with learning disabilities and autism. We will use “experts by experience” to support implementation of this goal. ICB and local stakeholders will work together to ensure an integrated Dynamic Support Register for people with behaviour that challenge is in place with the aim of early prevention.

IMPACT: HOW WE WILL KNOW WE HAVE GOT IT RIGHT

When	The Impact	Key measures of success
Year 1	Fewer people with a learning disability and autism will require specialist mental health support .	The number of new referrals to mental health services.
Year 2	Fewer adults with a learning disability and their families will experience crisis and family breakdown resulting in emergency placements.	Re commissioning of the respite and short breaks offer. The number of adults with a learning disability living with family or alone will increase.
Year 3	Fewer adults with a learning disability will require 2:1 support to manage behaviour that challenges in the community.	All Accommodation providers have a Positive Behaviour programme in place. The number of 2:1 hours delivered for support to manage behaviour that challenges will decrease.
Year 4	Fewer people with a learning disability and autism will be on inappropriate medications.	Number of GPs and Primary Care providers signed up to the NHS STOMP (stopping over medication of people with a learning disability, autism, or both with psychotropic medicines) Charter.
Year 5	Fewer people with a learning disability and autism will be admitted to hospital for mental health reasons.	Number of people with a learning disability and/or autism admitted to hospital for mental health reasons (National Indicator). Reduction in hospital admission to MH acute wards.

Who is responsible for the Big Plan?

Governance

The implementation of the Big Plan will happen through a series of working groups organised by the themes of the Big Plan. Each working group which will have representatives from across social care, health, voluntary sectors, providers, carers and most importantly, people with a learning disability. The working groups will report back to the Learning Disability Partnership Board.

Telling people about progress

Each year the Learning Disability Partnership Board will host a “Big Event” for people with a learning disability and autism and their families and carers to feedback on what has been achieved, the next steps and to hear about the impact of any changes on people with a learning disability.

In addition, the Learning Disability Partnership Board may be required to periodically report on progress to the Adults, Health and Housing Committee and Place Committee.

The challenges

The Big Plan is being published at a time of uncertainty due to several factors such as economic pressures that are emerging and affecting the delivery of services that includes rising inflation and increased costs of living, the war in Ukraine, the impact of Covid and of Brexit also continue to be felt.

Nationally, for social care, the funding promises made and the cap on care costs for self-funders, will only take effect in the autumn of 2023. It is unclear if these changes will be enough to support the sector with its challenges.

Resources in terms of both funding and people to do the work across social care remain key challenges.

However, Richmond benefits from a strong local community committed to supporting residents with these challenges.

Getting Involved

If you would like to be involved in making the Big Plan happen, either through participation in the Operational Implementation Groups or by supporting the Council and its partners please contact:

ldcommissioningenquiries@richmondandwandsworth.gov.uk

Measures of Success

Local Key Performance Indicator	Data Source	Richmond Responsible body	Increase/ decrease
Travel			
The number of people reporting negative experiences of transport	Survey	Richmond Mencap	Decrease is better
The number of people will require Adult Social Care transport	Adult Social Care Data purchasing reports	Learning Disability Team	Decrease is better
The number of people with a learning disability and autism that report using cycling and walking as regular modes of transport.	Active People Survey Survey of LD residents	Active Travel Advisory Group Mencap	Increase is better
The number of people with a learning disability and autism successfully completing a Travel Training programme	Adult Social Care purchasing reports	Learning Disability Team	Increase is better
Employment			
More people eligible for support from Adult Social Care are referred to the Supported Employment Service.	Quarterly Quality Assurance Monitoring Data	Contract with Supported Employment Service	Increase is better
Fewer people with a learning disability and autism cease working	Quarterly Quality Assurance Monitoring Data	Contract with Supported Employment Service	Decrease is better
The number of people with a Learning Disability in a supported internship in the borough.	Quarterly Quality Assurance Monitoring Data	Contract with Supported Employment Service	Increase is better
The number of employers accredited as Autism Friendly and Disability Confident	Dept for Work and Pensions accreditation data Number of employers who've engaged with autism-friendly programmes	Work Match, Richmond Supported Employment Service, Richmond	Increase is better Increase is better
The proportion of people with a learning disability and autism will be in paid employment (National Indicator)	ASCOF Measure	Richmond Council	Increase is better

Housing and Support			
There are more Supported Living providers approved by the Council	Quarterly Quality Assurance Monitoring Data	Contracts with Housing and Support Providers; Commissioning and Quality Assurance Teams, Richmond	Increase is better
The rate of people of people living with a learning disability and autism admitted to long term care (ASCOF measure)	Council's purchasing data	LD Commissioning Team	Decrease is better
The number of people with a learning disability and autism living in supported living	Council's purchasing data	LD Commissioning Team	Increase is better
The proportion of adults with a learning disability who live in their own home or with family	ASCOF Measure		Increase is better
Number of properties with smart technology installed and technology-enabled	Quarterly Quality Assurance Monitoring Data	Contracts with Housing and Support Providers; Commissioning and Quality Assurance Teams, Richmond	Increase is better
More people with a learning disability and autism are satisfied with their housing and support arrangement(s).	ASCOF Measure 3A		Increase is better
More people with a learning disability and autism live in-borough.	ASCOF Measure 1G	Integrated Commissioning Board and Local Authority Adult Learning Disability Team	Increase is better
Transition to Adulthood			
The number of new adults with a learning disability eligible for support from adult social care	Learning Disability Team data on eligible young people	LD Social Care team, Richmond	Decrease is better
More young people and families report being able to find the information they need to manage transition to adulthood.	Survey data from annual listening events	Achieving for Children and Adult Social Care teams	Increase is better
More adults with a learning disability can experience a short break or holiday	Usage data from services	LD Commissioning team	Increase is better
More young people successfully transition to college and complete their course	College education data	Local College Education provisions	Increase is better
More young people discuss their preparation for adulthood from year 9 onwards	Annual Reviews from year 9 to adulthood include PfA topics	AfC and Adult Social care LD teams	Increase is better
The number of adults attending residential college	Local Educational provision attendance data	Richmond-area colleges and post-secondary provision	Decrease is better

Technology			
The number of people with learning disabilities and autism who have accessed technology through the Gloria demonstrator programme	Number of referrals from Learning Disability Social Work Team	Transformation and Digital Team	Increase is better
The number of professionals and support providers that use Makaton, easy-read and other communication tools	Data from training sessions	Learning Disability Partnership Board	Increase is better
The number of people accessing programmes like Connect to Tech who increase access to technology for someone with a learning disability or autism.	Returns from schemes like Connect to Tech	Adult Social Care commissioning teams	Increase is better
The number of people with a learning disability and autism who access virtual reality or artificial intelligence technology as part of their daily lives and / or support services	Survey Data	Mencap Working Together Group	Increase is better
Relationships			
The number of people with a learning disability accessing Sexual Health Services	Annual Reporting	Sexual Health Services	Increase is better
The number two bedroomed accommodation placements available to people with a learning disability that are occupied.	Annual Reporting	LD Commissioning team	Increase is better
The number of people with a learning disability eligible who are confident and able to self-report their gender and sexual orientation preferences.	Annual Reporting	Sexual Health Services	Increase is better
Number of people with a learning disability and autism in a relationship	Survey	Mencap Working Together Group	Increase is better
Physical Health			
The average length of life of people with a learning disability will increase and be closer to that of the whole population	NHS Digital Health and Care of People with LD	ICB	Increase is better
Reduction in the number of people with a learning disability and autism who are obese	Public Health statistics	Public Health team	Decrease is better
The number of people with a learning disability attending Accident and Emergency	ICB data collection on hospital admissions	ICB	Decrease is better
The number of people with a learning disability that receive an opticians check up in a year	Data from local optician and dental practices	ICB linking to local opticians	Increase is better
The number of people with a learning disability that receive a dentist check up in a year		ICB linking to local dental practices	Increase is better
The number of people with a learning disability who received breast cancer and / or bowel cancer screening each year	Data from the Office for National Statistics	ICB linking to screening clinics	Increase is better
Number of physical activity programmes and activities taken on by people with a learning disability and autism	Attendance Data from local sports activities and groups	Active Richmond and Sports Devp Officer(s)	Increase is better

Mental Health			
The number of new referrals to mental health services accepted	Data from LD MH in-patient services	ICB	Decrease is better
Number of GPs and Primary Care providers signed up to the NHS STOMP (stopping over medication of people with a learning disability, autism, or both with psychotropic medicines) Charter	STOMP data via NHS Digital	ICB via GP surgeries and primary care	Increase is better
All Accommodation providers have a Positive Behaviour programme in place	Quarterly Quality Assurance Monitoring Data	Adult Social Care commissioning teams	Increase is better
The number of 2:1 hours commissioned by Adult social Care to manage behaviour that challenges	Quarterly Quality Assurance Monitoring Data	Adult Social Care commissioning teams	Decrease is better
National Performance Indicators	England Average	Richmond	Increase/decrease
The proportion of adults with a learning disability in paid employment	5.1	12.6	Increase is better
The proportion of adults with a learning disability who live in their own home or with family	78.3	74.8	Increase is better
The social-care related quality of life score (highest possible score 24)	18.9	19.3	Increase is better
Proportion of people who are extremely satisfied or very satisfied with their care and support	63.9	Not ranked	Increase is better
The number of people with a learning disability who receive an Annual Health Check	75.2%	77%	Increase is better
Number of people with a learning disability and/or autism admitted to hospital on the Mental Health Services Data Set	3760 total	25 (SWL CCG)	Decrease is better

Endnotes

- 1 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfordisabledpeopleintheuk/2021#social-participation>
- 2 [Supporting people with learning disabilities to have positive sexual relationships | Research In Practice](#)
- 3 [Learning Disability Sex and Relationships Research | Mencap](#)
- 4 [Learning disabilities: applying All Our Health - GOV.UK \(www.gov.uk\)](#)
- 5 [Health Checks - NHS Digital](#)
- 6 [Breast Cancer Screening - NHS Digital](#)
- 7 [Learning Disability and Mental Health - Mental Health Research | Mencap](#)
- 8 [Learning disabilities: statistics | Mental Health Foundation](#)

