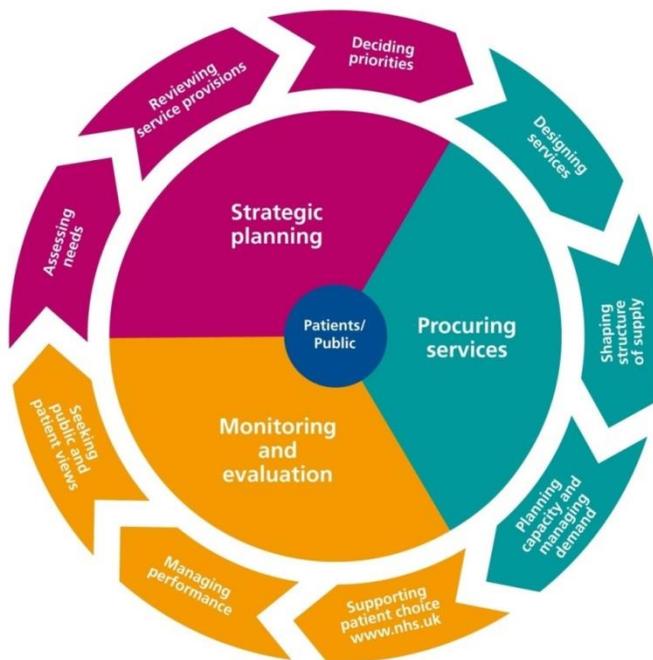


Stakeholder Engagement in CCG Delivery Plans Template

This template is designed to help you take into account all the elements of the commissioning cycle, as captured in the diagram below:



Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

Name of Delivery Plan:	Learning Disabilities
CCG Lead Officer:	Andrea Butcher
Date of EEC Review:	26 September 2018
Please give of summary of the engagement which has already been undertaken¹	
<p>The CCG LD/ Autism team has been proactively working with wider stakeholders on our LD plans since 2016. Doncaster CCG has employed 3 experts by experience (2 with lived experience of Learning Disability and a Learning Disability/ Autism family carer) since January 2017. The TCP footprint has also commissioned Speakup to facilitate co-production across the ICS. Doncaster CCG has invested heavily in Care and Treatment Reviews (CTRs) are part of NHS England's commitment to transforming services for people with learning disabilities, autism or both. All of these advisors sit within the TCP project group and TCP board in order to inform strategic commissioning requirements.</p> <p>CTRs are for people whose behaviour is seen as challenging and/or for people with a mental health condition. They are used by commissioners for people living in the community and in learning disability and mental health hospitals. CTRs also help to improve the quality of care people receive in hospital by asking key questions and making recommendations that lead to improvements in safety, care and treatment. They reduce the amount of time people spend in hospital and bring people together to help to sort out any problems which can keep people in hospital longer than necessary. They do this by helping to improve current and future care planning, including plans for leaving hospital.</p>	

¹ This can be with staff, members of the public, service users, patients, carers or any other group of stakeholders

CTRs are carried out by an independent panel of people. This includes an expert by experience, who is a person with a learning disability or autism or a family carer with lived experience of services. The panel also includes a clinical expert who is qualified to work in healthcare and the commissioner who pays for the person's care.

CTR's continue to be a priority within both children and adult Learning Disability/ autism services, averaging at least CTR/CETR per week.

What has been the impact of this engagement?

The Experts by Experience have reviewed access to 42 GP practices, providing feedback on where services can be improved.

Practices have worked with the experts to make necessary adjustments to accommodate their LD population to the surgery. Where changes couldn't be made, recommendations were suggested to the practice.

Working with NHS England the experts have also begun to look at access to dentistry services and how appointment letters and appointment cards are generated for the LD population.

The CTRs we have undertaken have brought together those responsible for commissioning and procuring services (this includes nurses, social workers, education commissioners and other health, education and social care professionals alongside strategic commissioners where appropriate) with independent clinical opinion and the lived experience of people and families from diverse communities with learning disabilities, autism or both. The aim of the CTR is to bring a person-centred and individualised approach to ensuring that the care and treatment and differing support needs of the person and their families are met, and that barriers to progress are challenged and overcome. CTRs are being driven by the NHS but involvement of local authorities and education services in the CTR process and its outcomes are necessary for improving care and treatment for people with learning disabilities and their families. The 'spirit' in which CTRs are carried out is paramount and is rooted in principles of human rights, person-centeredness and co-production.

What, if anything, has changed as a result?

Appointment letters and cards for some General practices and working with NHSE, Dental practices will begin to be printed in an 'Easy Read' format for individuals with a Learning Disability and or autism. Practices have become more aware of the issues experienced with individuals that have a Learning Disability. Measures such as, clearer signage and a vocal notification as well as visual notification in practice waiting areas have been implemented.

Work undertaken as part of the CTR process has enabled us to:

1. Empower and support people and their families to be listened to and to be equal partners in their own care and treatment pathway
2. Prevent people being admitted unnecessarily into learning disability and mental health inpatient beds through identifying alternatives where appropriate
3. Promptly review the proposed care and treatment and discharge plans of people who have been urgently admitted to hospital
4. Ensure that any admission is supported by a clear rationale of planned assessment and treatment together with defined and measurable intended outcomes

5. Review care and treatment and discharge plans of people who have been inpatients for a defined period of time (or sooner by request where there is dissatisfaction with progress)
6. Ensure that all parties work together with the person and their family to support discharge into the community (or if the only option, to a less restrictive setting) at the earliest opportunity
7. Ensure the involvement of the local authority including, where appropriate, children's social care, adult's social care, the Special Educational Needs (SEN) team, or school or college so that all relevant issues can be fully addressed and solutions explored for the discharge of people into community based settings, or back home to their families
8. Support a constructive and person-centred process of challenge to current and future intended care and treatment plans where necessary
9. Identify barriers to progress and make clear and constructive recommendations for how these could be overcome
10. Result in an agreed action plan at the end of the CTR that has clear actions, each of which is allocated to a named individual together with a specific timescale
11. Improve health outcomes through early access to the most appropriate services and the provision of integrated and holistic care.

How have these changes been communicated back to stakeholders?

(include 'We Asked, You Said, We did' Q?/YY etc)

The changes and amendments we have made have been communicated back to stakeholders in a variety of ways, these include:

- You said, we did workshops as part of Partnership Board away days.
- Attendance at community groups such as CHAD and Health watch to discuss any changes to pathways
- Communicated via Speakup/ Inclusion North events requesting feedback on our vision
- Attended community LD hubs to meet with service users, carers and support workers

What further engagement is planned and when?

As part of the LD strategy development in 2018-19, wider engagements are planned to discuss how it feels to live and work in Doncaster with a learning disability. A comprehensive co-production plan has been developed with Speak Up and Inclusion North. The aims of the plan are to:

- Co-produce the materials to gain the views of people with learning disabilities and/or autism.
- Gain the views and opinions of the following groups of people to aid the development of the Learning Disability and Autism strategy for Doncaster:
 - People with learning disabilities and/or autism
 - Family carers
 - Members of staff
 - Members of the public
- Create a report, which highlights the views and aspirations of people in Doncaster that will aid the development of the Learning Disability and Autism Strategy for Doncaster.
- Establish a core group of experts to support the development of services moving forward following the publication of the Learning Disability and Autism Strategy.

The plan will follow 3 stages:

- 1- Defining objectives, key audiences, identifying communication/media channels, establishing a timetable, working with existing experts by experience and stakeholders.
- 2- Initial meetings with housing, respite, health and daytime activities to offer the opportunity to be involved in the work. Identification of 'gaps' in the working group knowledge and recruit. Working group meet to design questionnaire and 'have your say' group activities. Testing questionnaire and 'you're your say' group activities with a small cohort of people, families, staff and refining. Short films to go on the website explaining the purpose and the reason to engage. Agreeing dates to go live with a host page on website and share dates of 'have your say' groups. Facilitated by Speakup/Inclusion North
- 3- 3 month/90 day timetable for questionnaire (quantitative data) and 'have your say' (qualitative data) groups. Up to 15 'have your say' groups across the Doncaster postcodes at different times during the day some based in key locations, e.g. daytime activity hubs. 'Have your say' group will be facilitated by Speakup/Inclusion North supported by experts. Some of the questions we have established from early qualitative and quantitative research that need to be asked are:
 - What do the LD hubs feel like to be part of?
 - Are people adequately equipped for transitions between childhood and adulthood?
 - What employment opportunities would individuals like to see?
 - Where do people want to/ like to live, what type of property, location, physical amenities etc.
 - Do you feel safe in the community?
 - Discussion on general practice screening programmes and uptake
 - What does it look like to have a meaningful life?
 - What are we doing well/ could improve?

Following the completion of these three stage, a local people parliament/ committee will be co-produced to provide legacy to the strategy going forwards.

In October, Andrea Butcher will be attending the EEC meeting to discuss the LD strategy so far and how we have commenced the next stage of our co-production work with Speak up and Inclusion North. It is hoped this meeting will give a real insight into the number of workstreams that have been undertaken in the last 9 months.

Do you have any further comments regarding your approach to engagement and involvement or how this can be improved? Have you attended the '10 Steps to Even Better Engagement' NHSE Training?

No further comments to add