



# Developing a Learning Disability Strategy

**Guidance, suggestions  
and questions for developing  
a local learning disability strategy**



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# Introduction



**This guide has been written to help Health and Social Care Partnerships (HSCPs) develop their learning disability strategy. It lays out a template structure, with key headings and suggestions for content that should sit under each one. More importantly, it suggests a process for developing a strategy document based on certain key principles.**

The keys to life is the Scottish Government’s ten year learning disability strategy for 2013 – 2022. It takes a human rights approach to addressing inequalities experienced by many people with learning disabilities. The 2015-2017 Implementation Framework presents four strategic objectives – A Healthy Life, Choice and Control, Independence, and Active Citizenship - to frame priority areas for action. The most recent Implementation Framework, for 2018–2020, does the same.

This guide does not constitute mandatory guidance. Rather, it is a tool developed by peers intended to be useful to other service planners. Each HSCP area is unique in its geography, population of people with learning disabilities, and historical circumstances. Therefore, this document is intended to provide a useful and flexible framework in which to develop area-appropriate strategies. It includes suggestions and questions to help guide your strategic decision-making.

Service planners and commissioners may find that the process outlined here is also useful for developing other local strategies.

The guide has been adapted from South Ayrshire HSCP’s Strategy Development Guidance Note. It has been co-produced by representatives from a number of HSCPs as a document that can be used by any HSCP wishing to develop their own learning disability strategy. These are:





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# Setting up



This section looks at the key components that need to be in place, and some key questions you need to consider, at the very start of the process of developing your strategy.

## Engagement

People with learning disabilities should be at the heart of developing the strategy. It is important that as many people as possible can contribute from their lived experience and personal perspectives. Hearing these voices is not always straightforward. Therefore, you should discuss and decide on your engagement with people with learning disabilities and others at the outset. Any involvement takes a significant amount of time and investment, and this should be factored into your project planning.

The involvement of people with learning disabilities should be both principled and intentional. Work according to recognised standards of involvement e.g. [The National Involvement Network's Charter for Involvement](#) or the [National Standards for Community Engagement](#).

You may wish to use a system for planning and recording your engagement. VOICE is planning and recording software that assists individuals, organisations and partnerships to design and deliver effective community engagement. It has been developed and supported by the Scottish Government to implement the National Standards for Community Engagement.

The way in which you engage with people with learning disabilities determines the extent to which they help to shape and own the strategy. **Appendix One** contains a reflective piece that looks at the relationship between engagement, ownership and power. **Appendix Two** gives practical suggestions and resources for engaging with people with learning disabilities.



## Governance

Governance arrangements for the development of the strategy should include the following:

- ▶ A Strategy Development Group should be established with the task of developing the new strategy. The Group will report to the HSCP Board or designated body on a regular basis
  
- ▶ Group Membership should comprise representatives from a range of stakeholders. These could include:
  - The HSCP and Lead Partnership organisations
  - People with learning disabilities
  - Their families
  - Acute Health Services
  - Housing
  - Provider organisations
  - Service managers
  - Support workers and other frontline workers
  - Mainstream services e.g. Sport and Leisure, Transport
  - Finance
  - Trade Unions
  - Community Planning
  - Public Health

### **The remit of the Group should include the following functions:**

- ▶ To develop a programme plan for the exercise which will include key milestones against which it will report on progress
- ▶ To meet regularly during the period of the exercise
- ▶ To identify the strategic direction and vision, with high level outcomes and strategic objectives
- ▶ To prepare a strategy document with content as described below (Section 7)
- ▶ To determine and report on the arrangements to be made for the on-going implementation and review of the strategy once its work regarding strategy development and approval has been completed.



## Scope

One key question to be considered is the scope of life experience that you intend this strategy to cover. Is it to be a strategy for designing and delivering health and social care services only? Or will it aim to address the whole life experience of people with learning disabilities? For example, will the strategy address housing provision, when this is a function of the local authority and not the HSCP? Assuming the local authority would be instrumental in delivering this part of the strategy, how are they to be involved in developing it?

Other topics that might be part of a broader learning disability strategy, but which fall partly or wholly outside the remit of HSCPs, include hate crime, education and employability.

It will also be important to decide at the start the age parameters of the strategy. The keys to life was intended to be an all age strategy, but in reality activity initially focussed mainly on the lives of adults with learning disabilities.

Making the decision to have an all age strategy has implications for the agencies and individuals that will be involved in both the design and delivery of the strategy. Developing a strategy for adults may well be a less complex task, but having an all-age strategy will make it easier to take a joined up approach to service delivery.

## Taking a programme management approach

It is advisable to take a Programme Management Approach (PMA) to the development of the strategy and the Implementation Plan. Once published, strategies risk becoming static documents, with no resulting transformational change. By using a PMA, change can be actioned, monitored and realised.

Where a strategy calls for major change, there will also be complexities and risks, interdependencies and conflicting priorities. The drivers for change are multi-layered. The principles of a PMA are that the changes required can be co-ordinated, directed and overseen through a set of related projects and transformational activities to deliver the outcomes and benefits which the strategy has set out.



**The strategy will lay out what the key drivers are to make the change. These will include:**

- ▶ compliance with government legislation and policies
- ▶ economic drivers
- ▶ new collaborative approaches, and
- ▶ a focus on outcomes and innovation

and will inform the **strategic outcomes** and actions involved.

**There are a number of ways of agreeing the actions required. The Vision and National/Local outcomes set out by the HSCP's Strategic Plan require to be kept in clear focus.**

**Questions to ask will include:**

- ▶ how will we know that we are meeting the outcomes?
- ▶ how do we get there?
- ▶ how will we know it is making a difference?

Logic Modelling is one tool to use to show the link between activities and outcomes, both individual, local and national. This document from Evaluation Support Scotland gives more information about logic models:

<http://www.evaluationsupportscotland.org.uk/resources/127/>

A helpful way for the Strategy Group to structure strategy outcomes could be to use a Blueprint such as the one below. It details four service dimensions with outcomes for each. The example below is one that was completed for the implementation of Self Directed Support in one HSCP area. This relates to Section 3 of this Guidance:

**Where do we want to be?**



<b>Processes</b> <ul style="list-style-type: none"><li>• Care management pathway plan incorporating SDS approach</li><li>• Lean business process</li><li>• Great examples of outcome assessments and care planning</li><li>• Performance meeting Audit KPIs</li><li>• All clients assessed through SDS approach</li></ul>	<b>Organisation</b> <ul style="list-style-type: none"><li>• Staffing structures appropriate to needs of population</li><li>• Staff trained in outcomes, good conversations and pathway plan</li><li>• Business support staff roles defined and trained on processes</li><li>• Collaborative principles enshrined in culture of organisation</li><li>• Flexibility and personalisation embedded in internal and external providers</li><li>• Responsive Community based models of delivery</li></ul>
<b>Technical</b> <ul style="list-style-type: none"><li>• IT systems which support the principles and processes of Care Management Pathway Plan</li></ul>	<b>Information</b> <ul style="list-style-type: none"><li>• Data collation to monitor SDS Option selected and trends</li><li>• Integration of SDS approach through audit and supervision</li></ul>

A SWOT analysis (Strengths, Weaknesses, Opportunities, Threats) can be undertaken to help analyse the current context in which you are developing your strategy – see Resources below. This relates to Section 4 of this Guidance: **Where are we now?**

Once you have agreed outcomes for the strategy to achieve, you will want to develop an implementation plan that details the activities and inputs required to achieve those outcomes. Section 5 of this Guidance – **How do we get to where we want to be?** – goes into this in more detail.

There are a number of tools that can be used to track the implementation of the strategy, mainly through Project Management software or purpose build Gantt Charts. Once high level actions are agreed on, these can be inputted with end dates. A Responsible Officer for each action area should be identified who will work with key stakeholders to develop sub actions/milestones, with timescales, to get to the final completion of the action. The Project Tracker can be maintained, and updated, by one person (usually the Policy or Planning and Commissioning Lead), following project status updates at the Strategy Group meetings.

Project Status reports can then be run and presented, alongside Risks and Issues tables, and accelerated to the Senior Manager responsible for the Programme.

### Resources

You can find resources for project and programme management in social care here: <https://www.projectsmart.co.uk/five-really-useful-tools-for-project-management-in-social-care.php>

You can find more general project and programme management resources here: <https://www.projectmanager.com/resources>



## Communications

Communicating with your various stakeholders is vital for a successful strategy. Being clear about what you are doing, why you are doing it and when certain landmarks will be reached will help to quell the uncertainty that this process will inevitably provoke.

Any period of change is likely to raise anxiety in people affected. As the process runs its course, stakeholders may be concerned about the services they receive or the jobs they do. Addressing people's anxiety by giving information as clearly and as early as possible should be one of the key aims of the communications plan.

It is advisable to devise a communications plan at the outset. A communications plan will usually include the following:

- ▶ Your key audiences
- ▶ Your key messages that you want to get across, by when
- ▶ Your communications objectives (what you are looking to achieve)
- ▶ What communication channels you want to use
- ▶ A communications action plan detailing what you intend to do, how you intend to do it and by when.

### Questions to consider



Given the cross policy nature of the national delivery of The Keys to life, which teams, agencies and organisations need to be involved in the planning of your local strategy?

Will your strategy be the responsibility of the HSCP and signed off by the IJB? If so, what role will these other agencies (e.g. education, housing, employability) have? What ownership will they have? How will you maximise their buy-in?



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# Where do we want to be?

## Defining a collective ambition

Most strategies make a statement about the collective ambition of the enterprise. This statement links the present with the future. It provides a direction of travel that should be both inspiring and achievable. It is often called a 'vision statement'. We refer to it here as a vision statement, but it is important to consider how accessible this language is.

**The keys to life** Implementation Framework 2015-2017 had a vision rooted in the Scottish Government's ambition for all citizens:

***Our vision is that all citizens of Scotland who have learning disabilities live longer, healthier lives; are supported to participate fully in all aspects of society; prosper as individuals and are valued contributors to a fair and equal Scotland.***

Your strategy's vision may be a version of the above statement. You may want to base it on your HSCP's own vision statement for its local citizens.

Whatever vision you decide on should be used as a tool in developing your strategy. If it does indeed articulate your direction of travel, it should be used regularly to measure any proposed course of action.

Creating a vision statement begs the question "Whose vision is this?". Developing a shared vision instils a sense of shared ownership from the start. Therefore at this early stage you should already be collaborating with people with learning disabilities, and also others who have a stake in this strategy, including the workforce.



### Tips for developing a vision statement

1. Project five to ten years into the future
2. Be ambitious
3. Be informed by the views of people with learning disabilities
4. Use the present tense
5. Use clear, jargon-free language
6. Align this vision with that of the HSCP and The keys to life
7. Have a plan to communicate this vision to everyone who has a stake in the strategy

(Adapted from 'What is a vision statement?', Paula Fernandes, <https://www.businessnewsdaily.com/3882-vision-statement.html>)

### Questions to consider



When you develop your vision statement, who should share it i.e. whose vision is this? How will you check that this is the case?

How will you decide if the term 'vision statement' is clearly understood by your stakeholders, or if it needs to be changed?

## Aligning your strategy with *The keys to life*

As you develop your strategy you will want to be aware of The keys to life, and in particular the Implementation Framework for 2019 - 2021.

The keys to life is Scotland's learning disability strategy, and was launched in 2013. It is a joint commitment between The Scottish Government and COSLA. It has a specific focus on health inequalities and is underpinned by a commitment to human rights for people with learning disabilities and the principles of choice, control and independence. Its vision is to achieve transformational change in the lives of people with learning disabilities as equal and valued contributors to civic Scotland.



In 2015, the Scottish Government published an Implementation Framework centred on four strategic outcomes:

1. **a healthy life:** people with learning disabilities enjoy the highest sustainable standard of living, health and family life
2. **choice and control:** people with learning disabilities are treated with dignity and respect, and protected from neglect, exploitation and abuse
3. **independence:** people with learning disabilities are able to live independently in the community with equal access to all aspects of society
4. **active citizenship:** people with learning disabilities are able to participate in all aspects of community and society

The policy context has changed significantly since 2013. In particular, in 2016 the Scottish Government published A Fairer Scotland for Disabled People. This is the Delivery Plan to 2021 for the UN Convention on the Rights of Persons with Disabilities, which has five long-term ambitions aimed at transforming the lives of disabled people in Scotland and ensuring that their human rights are realised.

The central ambition in The keys to life to tackle health inequalities - in access to healthcare and life expectancy - remains critical. Social care will continue to play an important role in the lives of many people with learning disabilities.

However, unlocking futures and enabling people with learning disabilities to realise their full potential is about much more than that. The vast majority of people with learning disabilities now live in the community and want to play their full part in it. Young people with learning disabilities today have vastly different expectations than they did just a generation ago.

Therefore the 2019 - 2021 framework acknowledges these changes and takes a whole system, whole population and whole person approach.

### **Whole system**

This approach stretches across local and national government, the third and private sectors. At a Scottish Government level, the needs of people with learning disabilities will need to be discussed across a wide range of Scottish Government policy and be properly embedded in some of their key strategies. This activity may need to be reflected at a local level.



### **Whole population**

The focus of The keys to life Implementation Framework is on the whole life journey from childhood to older age and addresses key elements of that journey from health and social care support to education, housing and employment – and beyond. Local strategy makers will have to decide whether this should also be the scope of local strategy.

### **Whole person**

Our approach of The keys to life Implementation Framework is about the whole person, recognising the capabilities and talents of people with learning disabilities as well as the challenges they face. It acknowledges the importance of communication and of relationships, both personal and professional, for the wellbeing of people with learning disabilities.

### **A rights based approach**

Recognising the human rights of people with learning disabilities continues to be at the heart of The keys to life Implementation Framework. It reflects the UN Convention on the Rights of Persons with Disabilities and the Scottish National Action Plan on Human Rights (SNAP), and their commitment to Participation, Accountability, Non-discrimination, Empowerment and Legality (the PANEL approach).

### **A Fairer Scotland**

The keys to life Implementation Framework was developed within The Scottish Government's National Performance Framework, which commits them to creating a society that treats everyone with kindness, dignity and compassion and to working with local government to deliver a fairer Scotland.

### **Collaboration**

The keys to life Implementation Framework includes a commitment from the Scottish Government to continue to work with their strategic partners, the Scottish Commission for Learning Disability and the Scottish Learning Disabilities Observatory and with a wide range of delivery partners across the third, public and private sectors.

You can read the latest updates about the 2019-2021 Implementation Framework on The keys to life website <https://keystolife.info/>

[A Fairer Scotland for Disabled People](#)



## Developing strategic outcomes

Strategic outcomes are an important part of the strategy. They sit one level beneath your vision statement. That is to say, they are high level outcomes that will be achieved by a range of activities. They refine the direction of travel for the strategy. They focus on the difference that the strategy will make to people with learning disabilities and their families.

As with developing your vision statement, the process of defining your strategic outcomes should be informed by the views of people with learning disabilities.

In developing your strategic outcomes, you may wish to adapt those in The keys to life (see above). You may also wish to refer to the National Health and Wellbeing Outcomes detailed here:

<https://www.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/National-Health-WellbeingOutcomes>

The article below by NCVO suggests useful questions to consider when developing your strategic outcomes (along with the rest of your strategy):

<https://knowhownonprofit.org/organisation/strategy/whatis/outcomes>



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# Where are we now?



After agreeing your strategy's vision and strategic objectives, the next step is to assess the current position, by:

- ▶ Reviewing the impact of any previous strategy
- ▶ Undertaking a strategic review of existing services, support, financial resources and workforce, which fall within the scope of the new strategy
- ▶ Undertaking an assessment of current and projected demand, including health needs and demographic trends
- ▶ Considering the strategic context, in particular The keys to life, but also other national and local strategies.

## Reviewing the impact of the strategy

Different sources of evidence can be used to review the impact of your current or former strategy. The most powerful of these is the evidence that comes directly from people with learning disabilities. There are different ways of hearing these voices and maximising their impact. There is more information about this in Appendix 2.

As well as listening to people with learning disabilities, it is also important to give other stakeholders the chance to contribute their experiences and views. These stakeholders include, but are not necessarily limited to:

- ▶ Families and carers of people with learning disabilities
- ▶ Acute Health Services
- ▶ Housing
- ▶ Provider organisations
- ▶ Service managers
- ▶ Support workers and other frontline workers
- ▶ Mainstream services e.g. Sport and Leisure, Transport
- ▶ Finance
- ▶ Trade Unions
- ▶ Community Planning
- ▶ Public Health



## Undertaking a strategic review

This should assess what is working well and what is not working well for people with learning disabilities, within the scope of the strategy. It should identify gaps in provision.

Strategy development does not take place in a vacuum. The financial context will partly determine what is possible, and this should be robustly analysed.

One well-tried tool that you can use as part of this review is a SWOT analysis. You can read more about undertaking a SWOT analysis in the context of health and social care here:

<https://www.fons.org/resources/documents/Creating-Caring-Cultures/SWOT-.pdf>  
<https://socialworkprocesses.co.uk/use-swot-social-care/>

## Undertaking an assessment of current and projected demand

Analyse current and future demand for services based on demographic trends. Based on this information an analysis of the workforce should be carried out, and issues of recruitment and staff retention examined. Improving the quality of services requires improvement in staff quality, and quality improvement issues should be identified.

It may be hard to obtain the data you need to identify future demand. Schools are required to record data about young people with learning disabilities, and it should be possible to access this data.

## Good practice example



### Gathering data to inform future support needs of young people and commissioning requirements.

The Scottish Borders Learning Disability service hosts a Transitions Tracking Group twice a year where information on the support needs of young people is shared. This information is used to inform future service planning for these young people as they move into adult services.

The group comprises of Children's Social Work, representation from Education Psychology, Children and Adolescent Mental Health Services and professionals from the integrated Health and Social Work adult Learning Disability (LD) Service.

A short summary of each young person with a learning disability or suspected learning disability is brought to the table to enable the adult LD service to allocate cases to the Transition Worker or the Local Area co-ordination team to support smooth transition for young people and their families.

A traffic light system is used to highlight those young people whose needs are greatest or whose situations are more complex to ensure that there is a higher level of oversight for those cases. A single agency or multi-disciplinary follow up meeting is held twice yearly following the Transitions Tracking Group to monitor and agree actions needed for these young people.

The information gathered at both meetings enables the adult LD service to project future indicative budget pressures up to 4 years ahead and plan for commissioning of new support packages, identify unmet housing needs and to inform the strategic commissioning of new services.



## Considering the strategic context

*The keys to life* is the national learning disability strategy (see Section 3: **Where do we want to be?**), but it is important to understand the wider policy context and how it relates to people with learning disabilities. A list of these policies can be found in **Appendix 3**.

### Questions to consider



What sources of evidence do you already have that indicate how well current services are working for people with learning disabilities?

It is harder to get the views of some people with learning disabilities?  
How will you do this? How will you get the views of people that currently receive no support?



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# How do we get to where we want to be?



After agreeing the direction of travel and strategic outcomes, and then assessing the current situation, the next step is to decide how best to move from where you are to this desired future.

## Engagement

Engaging with people with learning disabilities should not be limited to hearing their experiences to date of using services or resources. People with learning disabilities can and should be involved all the way through the process. A co-productive approach means that people with learning disabilities will be involved in identifying, for example, actions, activities and improvements to current services that will help achieve the strategy's outcomes.

As stated above, there is no one method for involving and listening to people. Providing a range of opportunities is likely to result in hearing from a more diverse range of people.

**Appendix 1** discusses the implications of working co-productively.

**Appendix 2** gives more information about co-production and how to engage effectively.

## Scottish Borders Local Citizens Panels

Scottish Borders Learning Disability Service set up Local Citizens Panels as part of the Service's governance structure. There is a panel in each of the five main localities across the Borders. Each Panel is made up of people with learning disabilities and family carers. The Panels work in partnership with the Learning Disability Service to improve communication and consultation on policy and the way services are planned, prioritised and delivered in the Borders. Panel members also fulfil a vital role as community activists and advocates.

[https://www.scotborders.gov.uk/info/20056/disabilities/328/learning\\_disabilities/5](https://www.scotborders.gov.uk/info/20056/disabilities/328/learning_disabilities/5)



## Priorities and actions

It should be clear from the evidence presented what the priorities should be. Discussions with stakeholders are important at this point to agree what actions are needed to achieve the strategic outcomes.

These can be recorded in an Implementation Plan. This Plan details activities to be undertaken. It is important to be clear why each activity is in the Plan i.e. to be clear which strategic outcome an activity will help to achieve. Activities should be SMART (specific, measurable, assignable i.e. who is responsible for delivery, realistic, and time-related). It should also include details of resources allocated. An example of an Implementation Plan template can be found in **Appendix 5**.

The Implementation Plan can be included in the strategy document, possibly as an appendix. Or it can be made available as a separate document.

## Resources

Healthcare Improvement Scotland supports organisations by helping them to re-design and continuously improve their health and social care services. There is more information here about how they do this: <https://ihub.scot/q-scotland/>

This article from the National Council for Voluntary Organisations (NCVO) suggests useful questions to consider when developing your strategic priorities and actions: <https://knowhownonprofit.org/organisation/strategy/whatis/outcomes>



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# How do we know how well we're doing?



One of the main risks of developing a strategy is that the process ends once the document is published.

The purpose of a strategy is to set a direction of travel which influences, dictates or even transforms the way services and resources are delivered. Therefore a critical part of the strategy's development is to put in place at the start a system for scrutinising progress towards implementation, and determining the impact that it is having on the people with learning disabilities and their families.

Developing this system should include:

▶ **Agreeing measurable outcomes and a way of measuring and recording them**

Monitoring the implementation of the strategy risks focusing on the outputs rather than outcomes i.e. monitoring should focus on the difference that an activity makes in the lives of people with learning disabilities, rather than on the completion of the activity only.

There is a range of advice, resources and tools that can help define and measure outcomes. See Resources at the foot of this section.

▶ **Agreeing responsibilities for measuring and recording outcomes**

Each party named in the Implementation plan for delivering on an activity should report on progress towards delivery.

▶ **Agreeing a process for reporting back**

Everybody should be clear who is responsible for monitoring the implementation of the strategy. Is there an Implementation Group? Who sits on it? What monitoring information should be passed to them, and by whom?

▶ **Learning along the way**

Strategy implementation is an iterative process. Don't be averse to changing your outcomes or activities along the way, if the evidence shows that this is needed. Put measures in place to take stock of progress. Agree how to change course.

▶ **Public scrutiny**

Build in opportunities for the public/people with learning disabilities to influence change. Make sure that these opportunities are well known and easily accessible. Public scrutiny can be more or less informal – try to put in place different ways that suit different people.



## Good practice example



Quality Checkers is a scheme whereby people with learning disabilities are involved in scrutinising service quality.

Quality Checkers are individuals with learning difficulties and on the autistic spectrum who are paid to find out how good people's support is and if it is helping people to achieve their dreams and goals.

The Quality Checkers visit people and ask questions about their support.

What they find can be used to help set actions to make changes for people.

Two schemes in Scotland are run by VIAS <http://www.viascotland.org.uk>

And The Quality Company <https://www.thera.co.uk/about/companies/the-quality-company/>

## Resources

Evaluation Support Scotland <http://www.evaluationsupportscotland.org.uk/>

NHS Health Scotland <http://www.healthscotland.scot/tools-and-resources/tools-for-monitoring-and-evaluation>

## Questions to consider



How will you build in tests and checks to assess how well the support, services and resources are working for people with learning disabilities?



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# The Strategy Document



In deciding on the document's format and structure, a number of key issues should be considered.

You should be clear who the audience is. If the intention is that the strategy has a broad 'ownership', including people with learning disabilities, the document should be accessible for that audience.

In addition, if the strategy document is intended to be a working document, to be used regularly by a wide range of service planners, providers and users, this too will inform its length, structure, appearance and language used.

These considerations will also help determine whether one document is needed, or more than one.

## Design

Ensuring that your strategy is accessible to your audience is vital. It is important to make sure that it contains all relevant information, but that it does not overload the reader with too much information.

Make use of appendices and provide links to more detailed reports if necessary. This will cut down on the amount of information within the report, and readers can access more specific information if required.

Consider whether to produce hard copies (paper) of your strategy or deliver it online. Some people may prefer to read it online and find it easier to access an electronic copy than a paper one, which can get lost or damaged. However, a significant number of people, especially people with learning disabilities, do not have access to the internet or do not find it easy to use.

Therefore, if your strategy document is to be read by people with learning disabilities, then you will want to have at least a limited print run of paper copies.



## Good practice example



Aberdeen City HSCP designed their strategy to be as accessible as possible. Their aim was to give a clear signal that the strategy was for everyone. You can read the strategy at <https://www.aberdeencityhscp.scot/our-news/were-atgether-in-aberdeen/>

This can be done in an interactive format, making use of web design, infographics and video clips to get your key messages across in interesting and interactive ways to your audiences.

**Appendix 1** includes a discussion on the relationship between the design of the strategy document and the ownership of the strategy.

<http://hi-hope.org/> is an interactive website for young people aged 14 – 25 living in Highland

These websites may be of interest for ideas about document design:

[Aberdeenshire Council Plan](#)

[Design Thinking – You Tube Video](#)

<https://www.designinghealthcare.co.uk/>

## Questions to consider



- **The audience.** Will your strategy document be aimed at the community at large, including people with learning disabilities? Will it be accessible for this audience?
- **The use.** Will the strategy document be intended as a reference document or a working document? Will different audiences be using it in different ways?



# Checklist



**Use this checklist throughout the development of your strategy to keep the process on track**

## **Set up**

1. Have you discussed and decided how people with learning disabilities will contribute to the strategy development?
2. Have you developed a project plan for developing the strategy that recognises in its budget and timeline the involvement of people with learning disabilities?
3. Have you established a Strategy Development Group with the correct representation of stakeholders? Are there any areas of the strategy that would be enhanced by inviting additional stakeholders onto the Group?
4. Have you agreed the scope of the strategy?
5. Have you developed a communications plan that details how you are going to communicate your key messages to your different stakeholders before, during and after the publication of your strategy document?

## **Where do we want to be?**

6. Have you developed a statement of collective ambition that has broad agreement from stakeholders? Will it give you a clear steer for your strategic decision-making?

## **Where are we now?**

7. Have you carried out a review that has established:
  - How well current services and resources are working for people with learning disabilities
  - Current and future demand for support
  - The financial context
  - Other threats and opportunities from new legislation and policy?

## **How do we get to where we want to be?**

8. Have you produced an implementation plan with clear activities and actions? Does the plan make it clear how each activity/new service/course of action takes you closer to achieving your stated vision and strategic outcomes?

## **How do we know how well we're doing?**

9. Have you put in place a system for ensuring that the Implementation Plan is being implemented? Have you put reporting measures to make sure this system operates effectively i.e. are you confident that if the Plan slips remedial measures will be put in place?



# Appendix 1



This appendix contains a reflection on ownership and power. It raises questions about who should create the strategy, who 'owns' it, and what an effective strategy might look like.

There is often disparity between the rhetoric of strategy documents being owned by all, and the reality. The emphasis on co-production and partnership with communities that is visible across the breadth of Scottish Government activity creates an imperative for all of us to evidence that this is happening. Yet, strategies which make use of these concepts can remain tied, fundamentally, to the priorities of services. Their development may involve consultation with communities, but this is interpreted and presented by services themselves and their nominated partners. These strategies may describe themselves as representing the views of communities, but in fact be written by small groups of professionals working within or for an organisation. They may be presented as having relevance for all, but be couched in inaccessible formats and language, or be accompanied by 'easy read' versions which lack sufficient information to enable anyone to have a meaningful conversation regarding their content.

Recent work by NHS Health Scotland and the Glasgow Centre for Population Health has highlighted the ways in which power is unequally distributed within society, and the ways in which this can impact on the health of people and communities. Strategy development and publication is potentially an area where power can be redistributed, such that its inputs, outputs and outcomes are owned not by the public sector and other service partners, but by all who contribute to the process.

First and foremost, this should be the people (including staff) and communities regarding whom these strategies are written. Ultimately, a sense of shared ownership is crucial for any strategy to succeed at all levels.

Shifting ownership of a strategy in this way requires genuine change with regard to:

## How ideas to inform it are gathered

A wide variety of guidance in relation to co-production and service design approaches (e.g. the IRISS co-production project planner) is already available, which can help to shape the initial process of engagement so that ownership is embedded from the outset, and the likelihood of a relevant outcome is improved. At the same time as recognising the wealth of information regarding service design tools which can help inform co-production, it is important to acknowledge that those tools are only part of the solution. The ethos of the process, and the way in which it genuinely evidences communication and creativity, are as important, if not more so.

<sup>1</sup> <http://www.healthscotland.scot/health-inequalities/fundamental-causes/power-inequality>

<sup>2</sup> <https://www.iriss.org.uk/resources/tools/co-production-project-planner>



## How those ideas are interpreted and presented

The way in which the outputs of an engagement process are analysed and shared usually reflects the audience which is to be tasked with writing the strategy. Arguably, a co-produced strategy is one which has been written with (not just informed by) the communities it targets. Doing this requires that careful thought is given to how the outputs of an engagement process are shared, and that this is done with the same level of concern as to accessibility which is applied to any final strategy document.

## How the strategy itself is presented

The production of full and 'easy read' documents' is a positive step, but it can be argued that it maintains the existing power imbalance. The 'real' information remains locked in the full document, while the 'easy read' carries the headlines. Producing high quality, accessible documents is not an easy task, and can require substantial investment in time and other resources, including proper attention to issues of design. Producing a single document, which carries a useful amount of information as accessibly as possible, carries with it the potential advantage of 'levelling the playing field', and ensuring that a greater number of people are coming to the conversation with the same information. In this way, there is the potential for the redistribution of power.

Ownership of a strategy is a notion which usually comes with expectations regarding action. Even where it is not the intention at the outset, it may be that over time, ownership becomes associated more with those individuals/organisations who are seen to be delivering on its aspirations and objectives. The reality of the scale of the public sector is such that it will frequently/always be a major player in delivering on strategic outcomes, to the extent that it can dwarf the involvement of others. Guarding against this requires humility (and humour), as well as a willingness to give up elements of identity and status which can come through affiliation with a profession or organisation. In some ways, it requires strategy to be an ongoing process which never ends, as opposed to a final document, where the opportunity to chat, act, and shift the direction of change is always available. The doctor's dilemma, in the words of George Bernard Shaw, is a very real one:

*All professions are conspiracies against the laity (George Bernard Shaw, 1906)*

At the end of the day, strategies need to be owned by people, not professions, services, or labels. 'Gaun Yersel - The Self Management Strategy for Long Term Conditions in Scotland' still stands as a good example of a strategy with shared authorship, and ownership. But there also needs to be a shared acceptance of the fact that this ownership carries with it shared accountability.

▶ **Dominic Jarrett,**  
Learning Disabilities Development Manager,  
North Ayrshire Health and  
Social Care Partnership

▶ **Tommy Stevenson,**  
Senior Manager (CAMHS),  
North Ayrshire Health and  
Social Care Partnership

<sup>3</sup> <http://www.gov.scot/Resource/0042/00422988.pdf>



# Appendix 2



The involvement of people with learning disabilities is key to the success of the development of the strategy. Key things to consider are:

- ▶ **Work according to recognised standards of involvement e.g. The National Involvement Network's Charter for Involvement or the National Standards for Community Engagement**

You may wish to use a system for planning and recording your engagement. VOiCE is planning and recording software that assists individuals, organisations and partnerships to design and deliver effective community engagement. VOiCE has been developed and supported by the Scottish Government to implement the national Standards for Community Engagement.

- ▶ **Ideally, build the capacity of people over time to give their views e.g. through collective advocacy**

It is a lot to expect people with learning disabilities to be instantly articulate when you ask them about the services they use and the lives they lead. There are different ways to increase people's confidence in speaking up. Collective advocacy is one way.

- ▶ **Similarly, create opportunities for people with learning disabilities to comment on services on a regular basis, not just during this period of strategy development**

Holding an engagement event at the point when you are carrying out a service review has value, but is limited. It provides a snapshot of people's opinions and experiences. More valuable is to provide ways for people to give regular feedback about the services they use and the lives they are leading. This provides richer evidence about the difference that the services you deliver are making.

- ▶ **Provide a range of opportunities for people to contribute – not everyone can come to events, not everyone can answer a questionnaire**

Some forms of communication are completely inaccessible to people, so try to provide different ways for people to contribute: face to face, online, one to one where necessary. Acknowledge that some people might find it very difficult to communicate their views, and special tools or techniques might be needed, and extra time set aside to do this.

- ▶ **Make use of evidence that others are collecting e.g. support providers who actively use person-centred planning and record their impact**

You do not always have to re-invent the wheel. There should already be evidence about how well the services you provide are meeting the needs of the population you serve.

- ▶ **Consider the weight of each contribution – are people representing the views of other people with learning disabilities, or are they talking about their own experience only (this last point also applies to the views of family carers)?**



Typically, some people with learning disabilities are well-known locally. They may well be confident and articulate, and quick to volunteer or be put forward when 'the learning disability voice' is required. Be aware that everybody's perspectives are different. Unless specifically agreed otherwise, individuals with learning disabilities speak for themselves, not a group or a population. This is particularly important to remember when you are trying to learn about the experiences and views of people with more complex needs.

- ▶ **Recognise the investment of time and money that is needed to understand properly what is important to the range of people with learning disabilities in your HSCP area**

Designing services based on what people have said they need and want provides good value for money. However, the process of acquiring this evidence is costly and takes time. Be aware, and build this into your project plan for developing the strategy.

**Has your organisation signed up to the Charter for Involvement?**



[Find out here](#)

## Co-production

"Co-production essentially describes a relationship between service provider and service user that draws on the knowledge, ability and resources of both to develop solutions to issues that are claimed to be successful, sustainable and cost-effective, changing the balance of power from the professional towards the service user. The approach is used in work with both individuals and communities."

**Co-production in Scotland**

"On a simple level, co-production is about involving people in the delivery of public services, helping to change their relationship with services from dependency to genuinely taking control."

**Communities in Control,  
NHS Tayside Health Equity  
Strategy**



More information about co-production, its principles and practice can be found on the Scottish Co-production Network website: <http://www.healthscotland.scot/publications/health-inequalities-policy-review>

The website also includes toolkits and guides into how to 'do' co-production. <http://www.coproductionscotland.org.uk/learning/section/guides/>

For more specific information on a variety of engagement techniques, The Scottish Health Council have developed a guide to different types of engagement activity – be aware that some adaptation may be required to ensure that people with learning disabilities can participate fully. These adaptations might include using pictures and other alternative ways to communicate – reducing the amount or writing that is required by participants by allowing drawing or ensuring there are people available to support people to express and record their views. [http://www.scottishhealthcouncil.org/patient\\_public\\_participation/participation\\_toolkit/the\\_participation\\_toolkit.aspx#.W4IEcM5Ki9I](http://www.scottishhealthcouncil.org/patient_public_participation/participation_toolkit/the_participation_toolkit.aspx#.W4IEcM5Ki9I)



<http://lithgow-schmidt.dk/sherry-arnstein/ladder-of-citizen-participation.html>



# Appendix 3



Below is a list of policies that contribute to the overall policy context within which you are developing your local strategy NB this list is not exhaustive.

- ▶ [Adult Support and Protection \(Scotland\) Act 2007](#)
- ▶ [Adults with Incapacity \(Scotland\) Act 2000](#)
- ▶ [Audit Scotland Health and Social Care Integration report 2015](#)
- ▶ [Carers \(Scotland\) Act 2016](#)
- ▶ [Christie Commission on the Future Delivery of Public Services](#)
- ▶ [Equality Act 2010](#)
- ▶ [Health Inequalities Policy Review 2014](#)
- ▶ [Health and Social Care Standards: My Support, My Life](#)
- ▶ [Independent Living Fund Scotland \(ILF Scotland\)](#)
- ▶ [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#)
- ▶ [A National Clinical Strategy for Scotland](#)
- ▶ [National Health and Wellbeing Outcomes](#)
- ▶ [The Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)
- ▶ [Public Health Priorities for Scotland](#)
- ▶ [Realising Realistic Medicine](#)
- ▶ [Scotland Act 2016](#)
- ▶ [Scotland's National Action Plan for Human Rights \(SNAP\)](#)
- ▶ [Scotland's third national Dementia Strategy, 2016-19](#)
- ▶ [Scottish Government's 2020 Vision](#)
- ▶ [Scottish Strategy for Autism](#)
- ▶ [See Hear: A strategic framework for meeting the needs of people with a sensory impairment in Scotland \(2014\)](#)
- ▶ [Scottish Mental Health Strategy 2017-2027](#)
- ▶ [Social Care \(Self Directed Support\) \(Scotland\) Act 2013](#)
- ▶ [Welfare Reform Act 2012](#)



# Appendix 4

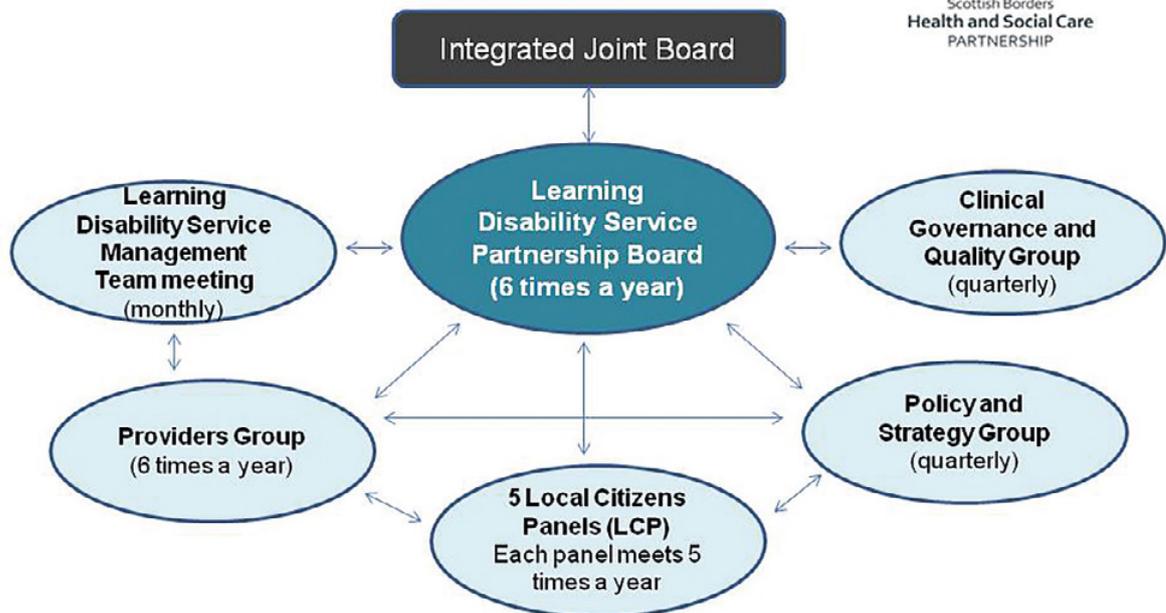


## Good practice in engagement

### Local Citizens Panels in Scottish Borders

As part of the governance structure within the Scottish Borders Learning Disability Service, Local Citizens Panels (LCPs) have been developed.

#### Scottish Borders Learning Disability Service Governance Structure Diagram



The panels are designed for people with learning disabilities from the age of 14 upwards and family carers to get together 5 times a year across 5 localities (25 meetings in total) to:

- ▶ help to make sure that learning disability services meet their needs
- ▶ raise concerns about services so that improvements can be made
- ▶ take part in consultations about services and give feedback
- ▶ put forward ideas for things that will help improve quality of life for people with a learning disability
- ▶ work together with other groups to get things done
- ▶ get and share information about the things that are happening in the learning disability services and in local communities



The Learning Disability Service funds a part time co-ordinator post to administer and co-ordinate the LCPs.

The panels have a direct link to the Learning Disability Service Partnership Board and Policy and Strategy Group of the service with representatives from the LCPs being active members of these groups.

[https://www.scotborders.gov.uk/info/20056/disabilities/328/learning\\_disabilities/5](https://www.scotborders.gov.uk/info/20056/disabilities/328/learning_disabilities/5)

An independent review of the Local Citizens Panel was undertaken by Scottish Health Council where improvements were suggested by members. The Learning Disability Service has worked in partnership with members to make these improvements.

## Some feedback from members:

"It makes me feel important and valued.  
The Panel has a voice - things work better as a group." **Steven**

"The Panel is a great information provider.  
I get to know the right people to ask.  
The Panel is sociable and friendly.  
I am listened to." **Gordon**

"I really enjoy it. The meetings are brilliant.  
It has helped my confidence. I can now speak in public. I am proud to tell people about the Panels." **Martin**

"It is good to talk and be listened to.  
It has given me a lot more confidence." **Jennifer**



# Appendix 5



## Measurable tasks to deliver strategy outcomes

Here is one example of a document that helps you to identify specific actions which, when taken together, should achieve the strategic outcomes contained within the strategy.

The Strategy Outcomes will be delivered through the completion of the following measurable tasks:

### STRATEGY OUTCOME (1):

Objective Number	Action	Responsible Officer	Target Date	National Outcomes Delivered	Funding Source



# Appendix 6



## Document Structure

Below is one possible structure for laying out the content of a local strategy document, with a short explanation of each section:

▶ **Foreword by the Chief Officer of the HSCP**

▶ **Purpose of Strategy**

A brief overview of the strategy and what it is setting out to achieve. This includes its scope e.g. does it include children and/or older people with learning disabilities?

▶ **Who We Are**

A standard description of the HSCP.

▶ **National and Local Policy Context**

A description of the legislative, regulatory and/or policy framework that will inform how the strategy is written and the outcomes adopted. [This can be expressed in full or referred to briefly with all of the detail included as an appendix.]

▶ **Developing the Strategy**

An overview of how this was done.

▶ **Where We Want To Be**

A statement of the vision for the future.

▶ **Where We Are Now**

A brief summary of overall progress made to date (against the current strategy if appropriate). This may include outcomes achieved, good practice examples and case studies.

▶ **Evidence**

The qualitative evidence of what is/isn't working well. This evidence may come from:

- People with learning disabilities
- Their families
- Service providers
- Other stakeholders.

▶ **Service demand**

An expression of demand including, where appropriate, demographic information, with projected changes over the time frame of the strategy.



▶ **Resource Information**

A summary of all available resources, including finance, staffing and other resource information, as appropriate.

▶ **Strategic Outcomes –**

High level outcomes to be achieved by the end date of the strategy, including assessment of achievements to date and areas of strategic focus for the future.

▶ **What We Will Do Next**

What will be done during the period of the strategy to effect its implementation.

▶ **How We Will Know If We Have Made A Difference**

Arrangements to be put in place to measure performance and demonstrate that a difference has been made.

▶ **Review of Strategy –**

A mid-point review and/or annual review.

▶ **Glossary**

Summary of terms used within the strategy document.

▶ **Implementation Plan**

SMART action items that will deliver progress against each strategic outcome. [See Appendix 1 for template.]

## Appendices

▶ **Performance Framework**

Key indicators that will demonstrate progress against outcomes.

▶ **Strategic Risk Analysis**

Identification of strategic level risks which could impact adversely on successful implementation of the strategy if not effectively mitigated.

▶ **Equality Impact Assessment**

Other sections of the report may also be moved into the Appendices section. Or you may decide that the Appendices should be produced as separate documents.