

- Worked with property developers to install new pedestrian facilities as part of new development projects,
- The Department's Active Travel unit consult and liaise with a Rights and Access Consultant in relation to access matters;
- The Department's Active Travel unit engage regularly with the Guernsey Disability Alliance and the States Disability Officer in relation to positive media opportunities and consultations;
- Using social media for communicating positive messages and inviting feedback from the disabled community.

I trust that this information meets with your requirements.

Deputy Y Burford, Minister

Health and Social Services Department

I write further to your letter of 9th June requesting details of how the Health and Social Services Department (HSSD) has implemented the Disability and Inclusion Strategy and apologise for the delay in response.

I cannot hope to capture all of the work that is being undertaken that may relate to delivery of the Disability and Inclusion Strategy, but I have set out progress on some key work streams that are highlighted as priorities in the Strategy.

Autism Framework

The Department has been working in partnership with Autism Guernsey and the National Autistic Society to develop a Framework for implementation of the Disability and Inclusion Strategy in relation to people with Autism.

The Department has recently agreed a Service Level Agreement with an Autism Specialist for 18 months consultancy to assist us to develop the Framework and has developed the terms of reference for a project lead. By the end of September 2015 we will have a clear timeframe and project plan for implementation, which will cover the development of a life-long care pathway for children and adults.

The Department's intention has been to focus on the Autism framework first and then to use that as a template for initiating frameworks for learning disability and communication difficulties. Work is ongoing to identify a project lead for the learning disability framework and the communication difficulties framework. This work will conclude at the end of September and leads will be appointed.

At the same time initiatives are being implemented to improve support and services with immediate effect rather than wait for the Framework. Some of this work is detailed below.

Disability Accommodation Review

The Department is reviewing its existing accommodation services to ensure that they are fit for purpose and promote choice, inclusion and the wellbeing of adults with learning disabilities.

One of the biggest achievements over the last 2 years has been the resettlement of Learning Disabled service users from traditional long stay residential homes. In 2013 we had 61 service users living in residential care (some inappropriately placed). Today we have 26 service users in residential care and we support 47 service users in their own properties with bespoke packages of care.

Ongoing partnership work with Guernsey MENCAP has ensured that Pedvin Street (5 flats for Adults with a learning disability) will be refurbished by December 2015.

Work is underway in liaison with the Guernsey Housing Association and Create design team, the National Autistic Society and Autism Guernsey to design a purpose built autism specific unit. The unit is due to be completed 2017/ early 2018. The design will consist of eight self-contained flats and will give us the capacity to return six service users from off island placements into appropriate accommodation that supports their needs.

Service Culture Change

Over the last 20 months the adult disability teams have implemented Active Support training across residential services, and evaluated the outcomes. Active Support is a model of support that focuses on *enabling* people to take part in activities and relationships. It focuses on how service users and staff interact and communicate, and the evaluation has demonstrated improved service user engagement and active participation across all services.

Dementia Framework

A Clinical Nurse for Dementia has been identified to lead on the framework development and a timetable and project plan will be completed by the end of 2015.

Capacity Legislation

In accordance with the Resolution of the States of 27th November 2013, HSSD is currently developing capacity legislation. It is intended that this legislation will cover areas such as:

- deciding whether or not a person has capacity to take a decision,
- allowing a person to appoint another person to act on their behalf if they lose capacity to take decisions,

- allowing a person to take legally binding decisions regarding their medical treatment after they have lost capacity, and
- what can be done when a person has lost capacity without appointing another person to take decisions on their behalf or without making legally binding decisions regarding their medical treatment.
- allowing HSSD to authorise significant restrictions to those people who lack capacity and require their liberty to be deprived and to provide appropriate safeguards

An initial round of consultation has taken place, to include service users groups, and a draft Policy Letter is being worked on for anticipated submission to the States of Deliberation in December 2015.

Oberlands Mental Health and Wellbeing Unit

The new Oberlands Mental Health Unit will open in November 2015, and has been specifically designed to promote inclusion and engagement and to reflect the comments of service users about how best to meet their needs. Both the building design and the operating model are based on best practice evidence about positive user experience and improved outcomes for patients. For example the use of open spaces and light as well as wide corridors to enable disabled access as standard throughout. The Service Users group will continue to be fully involved in the management and development of the service provided from the new buildings complex.

Overlap with other Strategies

As you will no doubt be aware, the HSSD also has commitments against other related strategies, in particular the Supported Living and Ageing Well Strategy, the Children and Young People's Plan and the Mental Health and Wellbeing Strategy. Some key projects that would likely also support the Disability and Inclusion Strategy include:

Children and Young People's Plan:

- a clear focus on inclusion as a key principle embedded in the Plan
- improved consultation and initiatives to support ongoing participation of children with disabilities and their parents or carers;
- initiatives seeking to improve equality of access to educational, sporting, cultural and leisure activities

The Plan is still in draft and will be completed by the end of the year for debate by the States in February 2016.

Supported Living and Ageing Well:

- The Department is currently putting together a business case for the transformation of community services to provide a reablement service - taking a more person-centred approach to support people's independence and choice in the services they receive and reducing the need for formal care and support;
- Reviewing and reforming the provision of equipment to better support independent living for those with physical disabilities

Mental Health and Wellbeing Strategy:

- The Department is developing a project plan and timetable for driving forward the Mental Health and Wellbeing Strategy, of which the Oberlands development mentioned above is a key strand.

A key issue that we have is in amalgamating these various strategies into a clear set out of objectives and outcomes for HSSD to implement. The Department is currently developing a comprehensive delivery framework and prioritisation programme for wholesale reform of its services that will accommodate the above strategies and identify the resources that will be required to deliver. As you will be aware, the Department has been systematically reviewing its service provision and has undertaken a comprehensive cost analysis and benchmarking exercise to identify where the key priorities for change are.

Further, I am sure you will appreciate that the Department's staff are predominantly focused on operational delivery, which demands priority due to the high stakes consequences when things go wrong. In each of the above-mentioned projects the Department has managed to commission some dedicated resources to deliver them through creatively working across departments, with the third sector, commissioning independent expertise where necessary, and through HSSD staff taking on additional responsibilities and really going the extra mile. However, progress in doing so has been slow due to the difficulties of allocating finances from already overstretched budgets; the numerous structural and leadership changes that the Department has undergone in recent years; the difficulties in recruitment; and the reliance in most instances on cross-departmental working.

In the past there has been a tendency to take policies or legislative provisions to the States for approval and then it becomes a problem for departments to work out how to implement them without any increase in resources to do so. I note and draw comfort from the offer in your letter that the Steering Group is happy to act as a resource to any Departments in pursuing work in implementation of the Strategy. I would support in future increased cross-departmental working and a coordinated reporting of progress to the relevant political committees and then to the States where relevant. In particular, the Department looks forward to a States-wide coordinated approach to the work to identify a project plan, timetable and resources for meeting the requirements of the new legislation.

Deputy P A Luxon, Minister