



Better lives in  
Buckinghamshire

Adults with a Learning  
Disability Strategy

2019-2022



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# INTRODUCTION

Welcome to Buckinghamshire Council's Strategy for adults with learning disabilities.

We want to make sure that people with learning disabilities are enabled to live the life they choose, are treated well, with respect and dignity in their local communities, including providers and community groups, work with people with learning disabilities and autism and their families to make improvements happen. We want everyone in Buckinghamshire to play a part and work together to make sure that people are supported to live well.

Buckinghamshire Council's ambition is to encourage people to live independent lives, utilising only the necessary level of publicly funded care and support to supplement their own social capital and self-directed care.

It is estimated that around 1.5 million people in the UK have a learning disability, and around 350,000 people have a severe learning disability. Research carried out for the National Autistic Society suggests that one third of people with a learning disability also have autism.

We recognise that a significant number of people in Buckinghamshire are affected by learning disabilities, either directly or indirectly. We know that year on year this figure is expected to increase so that by 2035 we will have seen an 11% increase in people with learning disabilities and an 8% increase in those with moderate or severe learning disabilities. It is therefore vitally important that we work together to address unmet need, build resilience within the community and ensure that people can access the right support when they need it.

Building on the Council's Better Lives Strategy 2018-2021, work is now underway to transform the way we identify people's strengths and needs, how we build on people's abilities, and how we commission services for those with a learning disability with or without autism in Buckinghamshire.

A learning disability is defined by the Department of Health and Social Care as a reduced intellectual ability and difficulty with everyday activities such as household tasks, socialising or managing money, which affects someone for their whole life.

Autism is a spectrum condition. All autistic people share certain difficulties, but being autistic will affect them in different ways. Some autistic people also have learning disabilities, mental health issues or other conditions, meaning people need different levels of support. All people on the autism spectrum learn and develop. With the right sort of support, all can be helped to live a more fulfilled life of their own choosing.

An all-age strategy for people with autism and no learning disability is being developed as nationally people tell us that they do not want to be referred to as having a disability.

## Purpose

Taking account of local and national insight, this document sets out the strategic direction and priorities for service users, carers and families of people with learning disabilities over the next five years. We have undertaken local planning through continuing engagement with our local groups and using NHS and social care guidance and legislation.

As well as engaging with our local communities, we have used a number of documents to support us in developing our ambitions. These include:

- [Buckinghamshire Better Lives Strategy - 2018 – 2021](#)
- [Buckinghamshire Joint Health and Wellbeing Strategy 2016 – 2021](#)
- All-age Mental Health strategy Buckinghamshire 2019-2022
- [Buckinghamshire Special Educational Needs and Disability Strategy 2017-2020](#)
- Buckinghamshire all age Carer Strategy 2019-2022
- [National Learning Disability Mortality Review Programme \(LeDeR\) –](#)

## Scope

Using feedback, this document outlines the actions that will be taken by Buckinghamshire's health and care system to improve the lives of people with learning disabilities with or without autism, the strategy covers:

- Leading healthy active lives
- Promoting Independence
- Preparing for adulthood
- Housing
- Employment and meaningful days
- Making the best use of our people resources

## Engagement

There is ongoing engagement with service users with a learning disability. Buckinghamshire has a commissioned provider, Talkback, to deliver service user engagement. This focuses on the themes of learning disability; autism; physical and sensory disabilities; carers; youth forum; mental health; and dementia.

The purpose of the engagement events is to:

- Identify key themes/issues across client groups, and find out what could be better
- Engage the community and encourage feedback
- Ensure that there is community input on service delivery within Buckinghamshire
- Aim to impact and influence future service delivery, quality assurance and commissioning activity

At the end of the 1<sup>st</sup> quarter (June 2019) the voices of 1137 individuals were collected, including contributions from 190 people with a learning disability and 122 people with autism.

Primary care also operates a network of Patient Participation Groups. Whilst not specifically for people with a learning disability or autism, these can also provide useful forums for feedback. Patient Participation Groups work together with General Practitioners to improve services and to promote health and improved quality of care.

In addition the established engagement programme, Talkback has been asked to pose a further series of questions to people with learning disabilities regarding this strategy.

The questions raised are:

- What do you want to do with your days?
- What would you change about your life if you could?
- Are you happy with where you live?
- How are you treated at the doctors or at hospital appointments?
- Do you have a health passport or health action plan?
- What are the most important things to you?
- For younger people, what would you like to do when you become an adult?

These are some of the quotes from what people said that they wanted;



I want more sport: football



I want to travel more like my friends with no disabilities



I want my own flat near my friends



I want more to do  
in the evenings  
and weekends



I want to learn to  
drive



I want to have  
employment  
tasters to see  
what work might  
be like

### National context and key drivers

Valuing People although the Valuing People paper was published in 2001, and its refresh Valuing People Now in 2009. Valuing People identified some of the challenges facing people living with learning disabilities including poorly coordinated services, insufficient support for carers, lack of control and choice for people, limited housing and employment choices and inconsistencies in expenditure and service delivery. The report was based on the principles of rights, independence, choice and inclusion.

The Care Act 2014 the Care Act describes the general duty of a local authority, in relation to promoting peoples well-being. 'Well-being' for an individual relates to any of the following:

- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional well-being;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided);
- participation in work, education, training or recreation;
- social and economic well-being;
- domestic, family and personal relationships;
- suitability of living accommodation;
- the individual's contribution to society.

NHS Long term Plan 2019-2024 the NHS Long Term Plan sets out some key objectives for people with a learning disability over the next 10 years.

- To tackle preventable deaths: stopping overmedication and improving health checks.
- Improve the understanding of learning disabilities and autism within the NHS.
- Reduce waiting times for specialist services.
- Increase investment in community support: reducing inpatient admissions.
- Improve the quality of inpatient care across NHS and independent sector.



The Transforming Care Programme has been a key national driver for change. It outlines a number of aims that clinical commissioning groups (CCGs) across the country are expected to deliver by 2024 in order to improve the care and outcomes of people with a learning disability with or without autism who go into specialist hospitals.

The aims include:

- Reduced reliance on inpatient services – closing hospital services.
- Developing robust and strengthened physical and mental health support in the community.
- Improved quality of life for people in inpatient and community settings.
- Improved quality of care for people in inpatient and community settings.

Learning Disability Mortality Review Programme (LeDeR) Another key national driver is the LeDeR Action From Learning report that was published in May 2019. This cites an average age of death that is 23 years younger than the general population for men with a learning disability and 27 years younger for women. The programme provides a framework for making sure that local service improvements are being made in response to the learning from deaths. The NHS Long Term Plan also makes a commitment to reducing the premature mortality of people with a learning disability.

Housing typically people with a learning disability would like what people without a learning disability would like and in respect of accommodation, that usually means if possible, having their own front door.

Whilst there is no clear legislation to say that people must, where possible live as independently as possible, this it is now seen as best practice. National MENCAP report 'Housing for people with a learning disability', states that people with a learning disability have a right to live independently. This is backed up by commitments in government and local authority policies.

Employment the national employment rate for people with a learning disability is markedly less than that for those with any other disability, and those without a disability.

Transitions the Children and Families Act, and the Care Act 2014 have significantly changed both policy and expectations around how services work and support young people with special educational needs and disabilities (SEND) as they move into adulthood. These changes have major implications in social care, education, and healthcare.

## Local context and key drivers

Buckinghamshire council currently spends circa £44.5 million on social care for people with a learning disability. In addition, the Clinical Commissioning Group spends approximately £5.5m on specialist learning disability (mental health) services.

Buckinghamshire have worked with an external organisation to review the current learning disability service with a view to developing a new client focused model of provision, centred on independent provision and personalised care.

The independent report produced highlighted that as at 1st October 2019, 1100 people with a learning disability were known to social care.

- 276 people resided in residential or nursing care
- 289 people live in Supported Living
- 95 people receive a direct payment to support themselves.

The remainder live in community settings either with their friends/families or independently.

500 are supported by the community health team via our partner organisation Hertfordshire Partnership NHS Trust (HPFT). There is a cross-over of clients as many will be known to both.

The Better Lives Strategy sets out our commitment to work differently to enable people to live fulfilled lives, to be socially included and as independent as possible. This underpins our approach to all the care and support that we commission and provide across health and social care.

The Buckinghamshire Shared Approach to Prevention offers new opportunities to work across the Buckinghamshire System to prevent **all** ill health and reduce inequalities. Partners including local government, all parts of the NHS, police, fire and the Department for Work and Pensions. Partners will work together on key priorities to improve the health and wellbeing of the population, including reducing social isolation, to which people with learning disabilities may be more vulnerable (Mencap).

Local plans from the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System reflect the new drive to reduce the **physical and mental** health inequalities experienced by people with learning disabilities announced in the NHS Long Term Plan. This which will drive improvements in access to health services and health outcome (ICS).



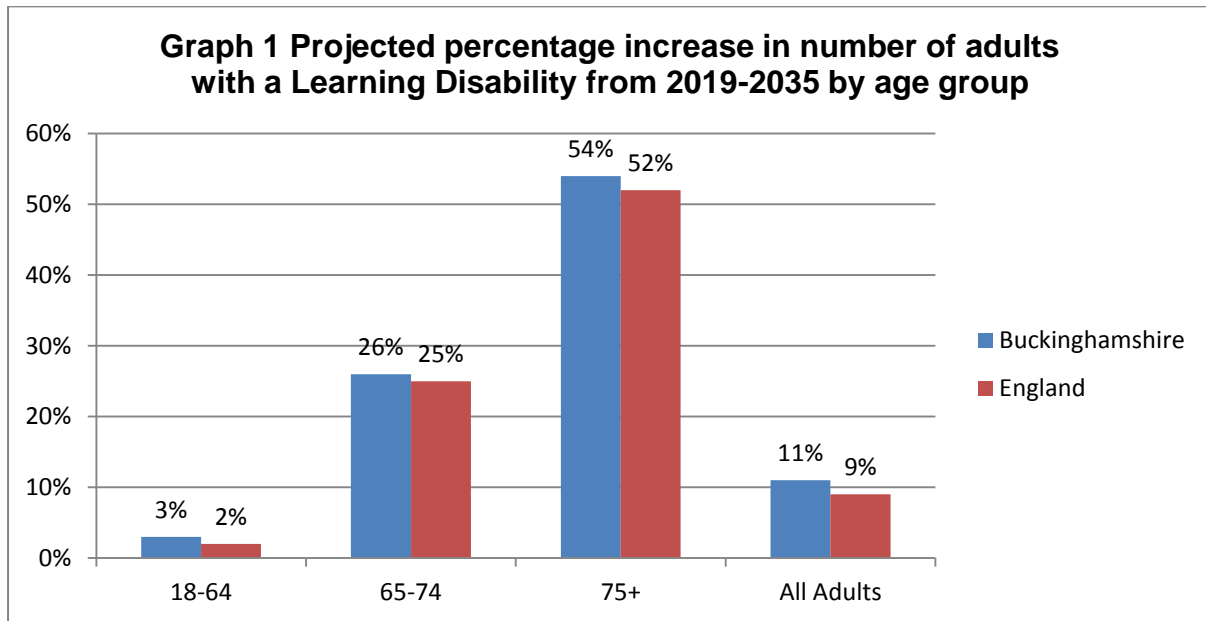
Joint Strategic Needs Assessment (JSNA) Key Points

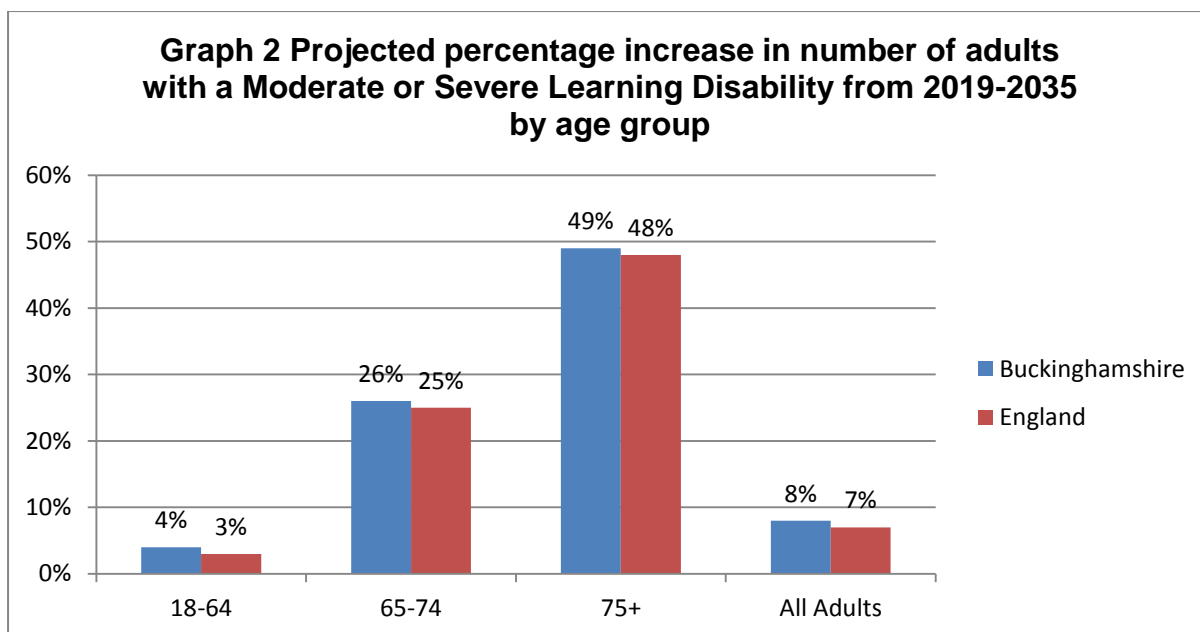
Demographics

Population projections suggest that in 2019 there may be 9818 adults (aged 18 and over) with a learning disability in Buckinghamshire and 2040 people with a moderate or severe learning disability (PANSI, 2018). However, because of the way these projections are calculated, they are likely to overestimate the number of people with a learning disability in the county. By comparison, the number of people recorded as having a learning disability by GPs in 2017/18 in Buckinghamshire was 2119 (ICS). The number of people with a long term plan for learning disabilities from Buckinghamshire Council was 1100.

It is projected that by 2035 the number of people with a moderate or severe learning disability will increase at a faster rate in Buckinghamshire than in England as a whole. The numbers of adults with moderate or severe learning disability is expected to increase by 8%, compared to 7% in England.

Graph 1 shows the percentage changes in the number of people with learning disability in Buckinghamshire compared with England. Graph 2 shows the percentage changes in the number of people with a moderate or severe learning disability in Buckinghamshire compared with England.





There is therefore a need to ensure robust demand management, with a model that manages the increasing demand whilst being cost effective and sustainable. This will need to ensure effective targeting of high cost and specialist support for those with the highest level of need whilst supporting a larger number of people through universal, short and long term services to maximise their independence.

### Health and Wellbeing

The health and wellbeing of people with a learning disability tends to be poorer than that of the general population with higher rates of preventable illness, long term conditions and mortality. There is a life expectancy gap between people with learning disabilities compared with the rest of the population but estimates vary. Data from the NHS indicate that, on average, life expectancy for females with a learning disability is 18 years shorter than the general population and life expectancy for males with a learning disability is 14 years shorter. Newer data from the LEDER programme suggest that this gap maybe greater, estimating an average age of death that is 23 years younger than the general population for men with a learning disability and 27 years younger for women.

However, the life expectancy of people with learning disabilities is increasing. As people age they have a much greater propensity to develop health problems (both physical and mental) when compared with the general population.

By better understanding the reasons why people with a learning disability do not live as long as the general population we can better target health promotion and preventative activities.

Our health is affected by our health behaviours, access to services and our social and economic circumstances. People with a learning disability are more likely to: experience social deprivation; have poorer access to health services; live in social

isolation; be unemployed; live in poorer quality housing and be at risk of being victims of hate crime and abuse

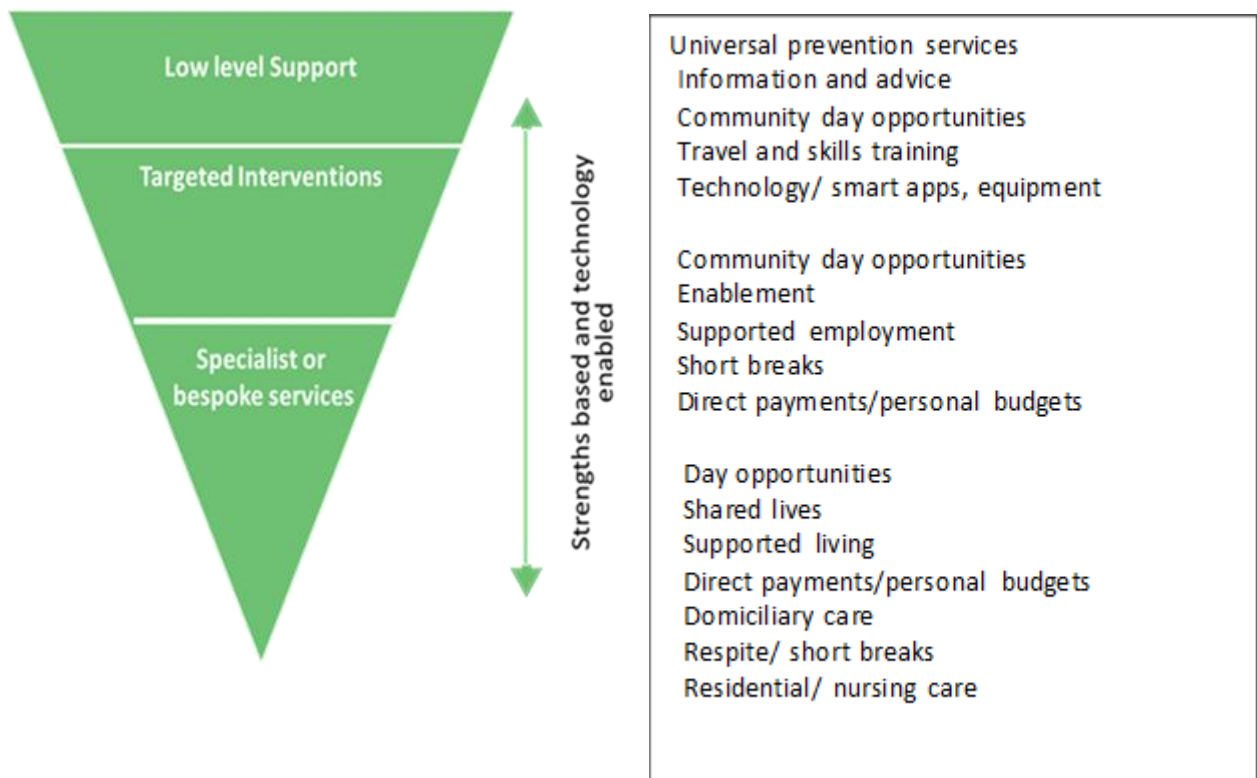
As a result of unhealthy lifestyles throughout their lives, older people with learning disabilities are more likely to experience lower levels of fitness, unhealthy diets, and be less mobile leading to greater risk of obesity and age related diseases such as diabetes, hypertension, heart disease, stroke, arthritis and respiratory disease (Emerson and Baines 2010; Royal College of Nursing 2011).

All people with a learning disability are at greater risk of developing dementia as they get older compared to the general population. Experience has shown that adults with learning disabilities are at higher risk of choking, more likely to have digestion and bowel problems and less likely to have their health issues diagnosed.

Addressing these issues and ensuring all people with a learning disability have equal access to health and care services, including by using accessible advice and information for those that may have difficulties in understanding healthcare messages, will improve their health and wellbeing.

## Transforming the offer - priority plan

The proposed ambition is shown below, in line with the overall objectives of the Better Lives Strategy. It focuses on increasing opportunities to support people through universal and preventative services and short-term intervention, with long term and specialist services targeted at those with complex needs and behaviours that can challenge.



## 1. Leading healthy active lives

### Priority:

We want people with learning disabilities to lead healthy, fulfilled lives and reduce inequalities in the health care system. When people with learning disabilities have health problems, they can go unnoticed by support staff and health services, and there is much we can do to improve communications between people with a learning disability, their families and carers and health professionals.

### To achieve this we will:

- Continue to work with social care support providers and universal health systems (the health services we all use) to tackle health inequalities and improve access to healthcare
- Improving access to learning disability services through increasing the completion of annual health checks and health action plans in primary care, as well as facilitation of learning disability health passports for adults and children.
- Increase the proportion of people receiving an annual health check
- Promote the take-up of flu vaccines, cancer screening and age-appropriate health checks for people with a learning disabilities
- Ensure that timely mortality reviews take place in accordance with the Learning Disability mortality review (LeDeR) programme and that learning from death is built into all Buckinghamshire services
- Support the Transforming Care Programme to move people from hospital and treatment settings back to their area of origin
- Work with Hertfordshire Partnership NHS Foundation Trust to embed the use of Positive Behaviour Support in services and reduce the impact of mental ill health and behaviours of concern
- Work alongside public health and other partners to promote healthy active lifestyles
- Establish better health groups in all Buckinghamshire funded day services to encourage people to “eat better and move more”. Active Bucks is a programme of fun and inspiring activities taking place across Buckinghamshire. There is also a helpful link to the health and wellbeing [Get active](#) programmes.
- Work collaboratively with Bucks Sport to increase participation by people with learning disability and autism

The current figures recorded are set out in the table below, with the local targets that we have set ourselves. These will be reviewed annually with a view to increasing the figures over time.

Outcome	Performance (as at August 2019)	Target by 2021
Increase annual health checks, as a proportion of the eligible population.	51.7%	65%
Increase in production of Health Action Plans (health passports) following an annual health check.	23%	95%
Increase in uptake of Flu vaccines as part of the annual health check process.	45.7%	70%
Increase in uptake of cancer screenings as part of the annual health check process.	Breast 42.7% Bowel 81.3% Cervical 25.5%	65%
Increase in recording of sexual history as part of the annual health check process.	14%	95%

Source CCG locally commissioned services dashboard for learning disabilities, % based on GP LD Registers.

## 2. Promoting independence

### Priority:

That people will receive the education, employment and volunteering opportunities that will enable them to lead fulfilling lives with purposeful occupations and contribute as active members of their communities.

It is recognised that the support and services that people access change throughout their adult life as their needs and circumstances change. The underlying principle is that at every stage people will live as independently as possible.

The support someone receives is a combination of informal support from family, friends, peers, communities, and formal support services. Some people with learning disabilities may not experience a substantial need for support and are likely to have natural networks of support to live independently.

Families of people at every age are often fearful about what the future looks like and will it be 'safe' for their loved ones. Taking calculated risks in the same way any other citizen may do can be a frightening prospect and needs careful planning. This can often be overcome by using examples of real life successes and the opportunities that may be available.

### To achieve this we will:

- Ensure that our workforce, across the partnership is skilled and works in a way that assesses and builds on people's strengths and aspirations.
- Make sure we have the right kind of support, or safety net for short breaks when people need a break.
- Make sure that people have more control of their lives by using direct payments or individual budgets and the use of assisted technology - we know that as technology improves, the use of apps and other technologies can enable people to gain and retain their independence without total reliance on carers.
- Work with our provider market to ensure they are working in a way that supports people to maximise their independence, form friendships and move on to less supported accommodation as and when they are able.
- Ensure people are enabled to keep themselves safe and well. Safeguarding adults in Buckinghamshire is of paramount importance to this strategy. Working with partners, we will enable people to keep themselves safe and learn skills to enable them to live good lives.
- Make better use of enablement services for people with a learning disability in the same way as it is used with older people, to reduce the needs for hospital admissions, or help reintegrate back into their communities following a bout of illness, injury or hospital stay.

*"Grant had been in a secure unit outside Buckinghamshire for 10 + years, he then moved to a step down unit, also outside Buckinghamshire. He always wanted to return home to be close to his family and friends, this was also the wish of his family*

*Working with a progressive housing provider, he is now moving back to Buckinghamshire to a shared ownership tenancy. He was involved in the hiring of the care providers who will support him in his new home. By part owning his own home he will be valued as part of the local community.*

*The reduction in his funding will be considerable, and he now has a rich and fulfilled life that will reduce the need and requirement for such high levels of support again."*



### 3. Preparing for Adulthood

#### Priority:

To make the transition from children to adult services a smooth one that ensures young people are ready for their adult lives.

A successful transition to adult life requires the young person, their families and a professional to work together from as a minimum age 14, or year nine when planning their futures is crucial.

We know that when children and young people approach adult life the options available to them can be confusing and that often things take too long to happen to ensure that they are able to access what they need when they grow up and leave home, start a job and move into independent living accommodation.

Data tells us that over the next five years 221 young people reaching the age of 18 may require accommodation, a support service or both.

#### To achieve this we will:

- Continue to align the work children's services do within the disabled children's teams, and the work that the transition workers in adult services do. This will enable more collaborative work, supporting children and young people much earlier, to ensure that this transition is as smooth as possible for young people and their families.
- Develop shared processes across Adult Social Care, Children's and Education to support timely Transition planning. The key objectives of this are to embed person centred support planning and a strengths-based approach, increase opportunities for individuals to maximise independence and opportunities for progression and reduce reliance on long term social care services.
- Strengthen the co-ordination between children's services and adult learning disability services and improve the consistency of messaging and the narrative from 14 onwards.
- Enable young people to seek work and/or employment as far as they are able to be able to create better wellbeing and independence

*“Carl is a young man with very high needs and has behaviours that can challenge. He often finds it difficult to engage with his peers and support network. He felt that traditional day services was not right for him, and withdrew from the service he had been attending. He chose instead to spend his time in his local town, his vulnerability attracted him to people that not always had his best interests at heart. He was a concern to the police, and the adult safeguarding team.*

*Branching Out, a supported work service, became involved and offered Carl a trial with a gardening project, this has been very successful as it not only meet his needs but has helped to develop his skills and abilities in a positive way. He is now happily employed by the garden services three days per week. “*

## 4. Housing

### Priority:

We want people to live locally, in ordinary housing, appropriate to their needs for now and the future.

The national return (2018/19) shows that 35% of people with a learning disability known to the council live in community settings. This also includes people living at home with family and friends, and not necessarily in their own tenancies. We need to understand the potential for people to be placed in more independent, or supported living community settings when moving out of family homes or residential care.

The ambition is to shift to a higher percentage of people living in supported living settings and reduce those living in residential care, with a stretch target to gradually move away from the use of residential care where possible going forwards.

### To achieve this we will:

- Continue to work towards reducing the number of people living in residential care homes and increase the number of people living in ordinary housing, with support individually, in clusters or in small friendship groups.
- Work with housing and support providers on developing the types of housing and support people need for the future and decommissioning the types we want to move away from. One way we will do this is through our Market Position Statement.
- Review existing learning disability accommodation-based services (residential care, extra care, shared lives and supported living) to consider how well they meet current and future needs.

- Work with our health colleagues and the national Transforming Care Programme to move people from hospital and treatment settings back to their area of origin.
- Develop a dynamic risk register to prevent avoidable admissions to hospital and to ensure that when people move it is to places where they can be as independent as possible.
- Further develop the council's Shared Lives scheme for young people going through transition and as a possible option for older people with learning disabilities as an alternative to residential care. Shared Lives offers people the opportunity to live and learn in a family home the same way as many of us wish to live.

## 5. Employment and Meaningful days

### Priority:

To develop better options for people with a learning disability into employment or meaningful activities.

At present we have a range of more traditional day and supported employment services provided by the Council. Supported employment is a non-statutory provision, and in Buckinghamshire this is provided through a stand-alone service called Back2Base. Staffed by employment co-ordinators and support workers, the service receives referrals from learning disability and mental health social workers or self-referrals, but there is no well-developed pathway from day opportunities or our transitions service into supported employment at present.

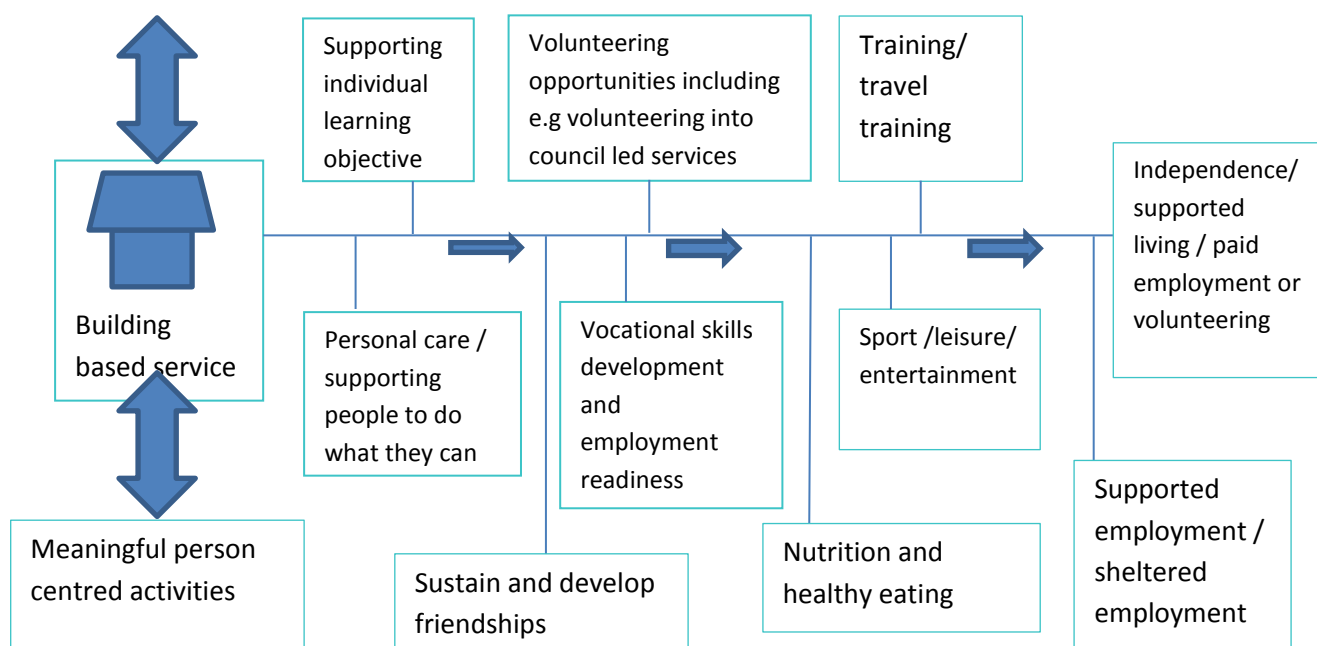
In May 2019, 126 people were known to the supported employment service Back2Base and a small number (<10) on the waiting list. The national association for supported employment, BASE, reports that 65% of people with a learning disability or a mental health problem want to work and the current number of people in Buckinghamshire at any point in time supported into employment is c65 – 70. This is roughly 6% of the population known to the Council and is below the numbers we believe want to work. At present there a very few people moving from day services into supported employment.

The actual numbers in paid employment in Buckinghamshire are low and the aspiration is to increase this by 10% over the next five years. The benefits of supported employment are increasingly well evidenced though and include increasing independence and wellbeing, reducing the demand on other care services.

## To achieve this we will:

- Embrace the Council's new approach to social work, and be in line with our Better Lives Strategy. This focuses on an individual's abilities and strengths, rather than what they are not able to do.
- Integrate our supported employment and day opportunities services to maximise opportunities and support. Integrated delivery of both day opportunities and supported employment across the range of our services operating within the county.
- Extend beyond the boundaries of the current day services to include more integrated working relationships with the voluntary and community sector and not for profit organisations operating in the day opportunities or supported employment space. This totality of services will constitute the new Community Opportunities service.
- The Community Opportunities service will have a focus on inclusion in the community. The new service will provide access to care and support, stimulating buildings based activities, brokerage into community activities, enablement, training, travel training, access into volunteering, volunteering opportunities, job training, supported employment and a range of exciting and innovative activities and work experience.
- To shift away from high dependency on services at every opportunity, through providing the right support, the right opportunity and by providing training and instruction.
- A year of employment programme will begin in December 2019 to talk to young people and their families about what their job possibilities might be when they grow up and leave school/college. This will consist of a number of community based events in libraries and other public facing places engaging with employers to show case what the world of work might look like. There will also be short sessions looking at how people might get job ready, and what people might want to think about to help them prepare for work.

## The Community Opportunities Continuum



### Priority:

To develop a care cadet scheme for 16-19 year olds both with and without a learning disability or autism.

The scheme will be developed to support the recruitment and development of well-motivated young people, who will work towards becoming qualified care workers, whilst providing support to the adult social care sector. The scheme will also provide flexibility for the cadet to move within the sector in order to gain a variety of experience and use particular skills to the best advantage of the programme.

### We will achieve this by:

- Working in partnership with the local colleges, the scheme will offer placements to individuals, aged between 16 - 19, who show commitment to a period of training, study and work experience. The aim is to equip these young people with the necessary qualifications to go on to an apprenticeship in either social care or health.

*“Lily was attending a day services 5 days a week she was doing well, but was not fully utilising her skills. Lily is a very personable lady and likes meeting new people; this was not always possible at the centre she was attending. The staff realised she had a more to offer and looked for other opportunities. They approached a local care home and secured her a voluntary position for one day per week this went very well and Lily loved being there, and all the residents and families really enjoyed having her there too.*

*The care home secured some money to start to pay Lily, as they felt the experience was so valuable to the staff team and to the residents and families, and of course to Lily. They are now paying her one day per week and she continues to volunteer a further day.*

*The outcome for Lily is that she has reduced her day services by two days per week and is really enjoying her new role. There are currently discussions with the home to increase this over time as Lily’s confidence grows.”*

## 6. Making the best use of our wider resources

People with learning disabilities have the same rights as the rest of the population to use community and public facilities but those can require adaptation to make them accessible. Ensuring universal services can be utilised by all is the responsibility of all services.

### Priority:

The people working and volunteering to support people with learning disabilities are valuable champions and we will invest in their training, support and transformation to achieve best outcomes

### To achieve this we will:

- Transform the way we assess strengths and need, how we plan support and how services are commissioned and used, with a view to maximising independence and ensuring that independent or supported living, with, where possible, paid employment is the default position for all individuals.
- Work in partnership with Hertfordshire NHS Foundation Trust to integrate the social care and health care teams to pool expertise, reduce duplication of effort and develop a series of joint objectives.



- Appoint autism champions in each team to ensure that the specific and different needs of people with learning disabilities and autism are recognised and promoted. To improve on the first conversation of the “Better Lives” assessments to include a more community / self-help approach:
- Focus on early diagnosis, prevention and short-term intervention to help people regain control of their lives.

### Priority:

#### Support for carers:

The Councils Strategic Plan 2019- 2022 recognises that carers are one of Buckinghamshire’s most valuable assets. We respect the key role carers play in the lives of the people they look after. Working together, Buckinghamshire Council and Buckinghamshire Clinical Commissioning Group (BCCG) are committed to supporting carers in continuing to carry out this vital role. The strategy recognises that there is work to be done to support carers of all ages within Buckinghamshire and the need to share this information with our communities to create carer friendly communities.

#### To achieve this we will:

- Work in partnership with family and friends who have usually known people for longer than any individual professional, our goal is to enable people to live the life they choose.

#### How will we monitor our progress?

To support this strategy, there will be a detailed implementation plan developed that states actions, timeframes and how we will measure progress and successes.

We have set up a new group to oversee the plan and make sure the things we have talked about are implemented. Through this group we will ensure that we talk to people about what they want to make sure we have not missed anything. We commit to co-produce and/or co-design any new innovations wherever possible, and will be asking the people of Buckinghamshire to help us with that.

If you would like to get involved in the group or in any other way please contact

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