The future for people living with a learning disability

Better lives. Better care. Better digital.

Channel 3® CONSULTING

Contents

Executive summary - grasping the opportunity

This report reflects the views of learning disability (LD) key stakeholders and those with lived experience, who have rich insight into how the sector supports people living with a learning disability today and how it needs to change for the better.

There is a moral, social, equality, diversity, inclusivity and economic justification for a radical rethink in our national and local approaches to supporting people living with an LD.

We can conclude that:

There is a clear set of challenges within the current model of care and a tangible impact this has on the poor outcomes achieved today.

There is clear sector alignment regarding what a better future looks like and what is required to deliver it.

The role of ICSs and the lead for LD on each ICB will be critical in providing the necessary leadership and vehicle for local system change.

Significantly improved outcomes and financial savings are possible but require a mature medium-term strategy to deliver.

"Our current currency is people, but we need to think about a different way of doing things. It needs to become the norm from an early age.'

Richard Parry
Director Adult Social Care
Kirklees Council

"I believe ICSs have an opportunity to create a different way of looking at things, i.e. prevention and early support through personalisation and partnerships… whereas before the whole structure was defined by a market."

Professor Ashok Roy
Consultant Clinical Psychiatrist
Coventry & Warwickshire Partnership Trust

Introduction

The formation of integrated care systems (ICSs) and the mandated role for learning disabilities on each of the 42 integrated care boards (ICBs) across the country provides a once-in-a-lifetime opportunity to transform the outcomes we achieve and improve the lives of the 1.2 million people living with an LD and their families, carers and support networks.

This report, produced in collaboration with strategic leads from across the health and care sector, those living with a learning disability and a range of LD providers, argues that the time has come to take a radically different approach in the way we support people.

There is unanimity about the challenges we face today, how they lead to the delivery of poor outcomes, and what we need to do differently. There is also a strong consensus that in delivering this new future the sector can significantly improve life outcomes as well as begin to address the significant financial challenges that many local systems face.

This report is not intended as an end in itself. It is intended as the start of a conversation and a call to action in every ICS across the country to take responsibility and accountability for grasping the opportunity that now presents itself.

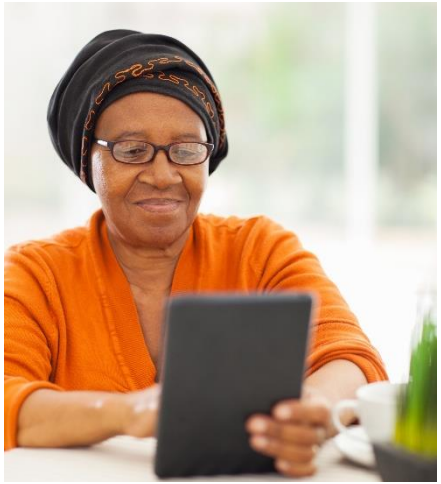
ICSs and the LD lead on each ICB can influence and shape this ambitious new future. Grasping the opportunity will require:

- developing strategic thinking.
- bringing the whole local system together.
- developing a joined-up, whole-system response across life journeys.
- innovating and refreshing a digitally-enabled commissioned offer.
- embedding the new offer within frontline health and care practice (culture change).
- engaging people with lived experience, their families, and carers to work towards a new future and improved outcomes.

Ralph Cook
Partner
Channel 3 Consulting

"How do we get even further upstream, helping people and parents to get more comfortable with technology, pushing the boundaries back on levels of risk, using technology to support this and using it early?"

Richard Parry
Director Adult Social Care
Kirklees Council



Background to this report - the sector has spoken

In producing this report, Channel 3 Consulting brought together a range of different health and care stakeholders who share a passion and interest in learning disabilities. Our work included:

- One-to-one meetings and a facilitated roundtable event with:

Name	Organisation	Role
Mike Emery	Herefordshire & Worcestershire CCG	Chief Digital Information Officer
Professor Ashok Roy	Coventry & Warwickshire Partnership Trust	Consultant Clinical Psychiatrist – specialist in LD
Richard Parry	Kirklees Council	Director Adult Social Care
Melanie Brooks	Nottinghamshire County Council	Director Adult Social Care
Michelle Cross	Kirklees Council	Service Director: Mental Health, Learning Disabilities and Provider Services

During these conversations, we explored the following four questions:

1. Why is the current model and offer for supporting people with an LD not achieving the outcomes we aspire to?
2. What can the health and care sector do to change this?
3. What role can digital and technology enabled care (TEC) play?
4. Given ICSs will have a mandated role for LD and specific LD funding, does this provide the opportunity and vehicle for change?

- Working with SpeakEasy.Now, a charity supporting people with an LD, to engage with and listen to those with lived experience. This included exploring their experience of the current model of care, what they would like to see change and their appetite for and thoughts about the role that digital solutions could play in creating an innovative new support offer that could help them become more independent.

- Working with a range of providers who support people with an LD to understand their experience of the current model of care, how they are commissioned to deliver care and support and what changes they would like to see to encourage investment and innovation in the market offer. The providers included:

Provider	Name	Role
SpeakEasy.Now	Gail Greer	Project Co-ordinator
Autono.Me	William Britton	CEX
Maldaba - Hear Me Now	Lorenzo Gordon	Maldaba Director and Programme Manager for Hear Me Now.
Service Robotics Ltd	Rob Parkes	CEX
Alternative Futures Group	Andrew Kendall	Chief Commercial Officer
Hft	Emma Nichols	Personalised Technology Manager

Conversations with this diverse group of stakeholders enabled us to capture a good representation of views and experiences of key stakeholders involved within a typical ICS.

The content within this report is based upon the views and opinions expressed by the different stakeholders who took part to build an informed view from across the sector.

"Technology is really underutilised as part of our support, particularly for adults with cognitive impairment and autism. There is a lot of evidence that technology is a better solution than people!"

Melanie Brooks
Director Adult Social Care
Nottinghamshire County Council

Current state – why things need to change

Outcomes we achieve today

Some of the key outcomes the LD sector in England are currently supporting and achieves are disappointing, as shown below. As we will demonstrate through this report, there are a wide range of legitimate reasons and challenges for the current service model that help explain these poor outcomes. However, they can all be overcome if we have the ambition and appetite to transform our approach.

Health: Life expectancy for women and men with an LD is shorter than the general population – 18 years and 14 years shorter respectively. More people with an LD suffer avoidable deaths when compared to the general population with one confidential inquiry finding this to be 38% compared to 9%. Access to healthcare is more challenging, resulting in fewer annual health checks, smear tests, cancer screenings, flu immunisations and other preventative measures.

Social care support: There are 1.2m people living with an LD in England:
• 931,000 adults, 731,000 of working age.
• 300,000 children (0-17 years of age), 100,000 of whom are under 5.
However, only 150,000 of these people access social care support, with an LD as their main reason for support. 148,000 of those accessed long-term support while only 2,000 short-term support.

Social inclusion: Loneliness is a big issue and leads to poorer health and wellbeing outcomes. One in three young people with a learning disability spend less than one hour outside their home on a typical Saturday. 63% of the general population spend more than 150 minutes on physical activity a week compared to only 43% of those with an LD.

Money: The sector spends £5.7bn per year on long-term care for people living with an LD, with £5.1bn of that on working age adults (18-64). Only 12% of this spend is in the form of direct payments.

Employment: Only 6% (7,907) of people with an LD known to their local authority were in paid employment in 2017/18 compared to 76% of people aged 16 - 64 in the general population. Only 28% of people with a mild LD were in employment.

Poverty: Children with an LD are more likely to live in poverty than other children.

Bullying: Children with an LD are twice as likely to be bullied regularly.

What we do today

Key stakeholders who contributed to this report concluded that there are **two key themes** which help us understand why the sector has evolved to this position and up to now why it has been unable to successfully transform the model of care and deliver improved outcomes.

These are the **strategic context** within which local systems are working and the **current model of care** for people living with an LD.

1. Strategic challenges

There are a range of strategic challenges that manifest themselves in the way we currently support people living with an LD. Although they cannot all be resolved at a local level by ICS leads, it is important to understand these challenges and attempt to offset their impact at a local level through the approach and ambition to transform the local LD offer.

Here we outline some of the major strategic challenges that ICS leads need to consider:

Prioritisation: It is widely recognised that social care struggles to have the same level of political influence as the NHS. Unfortunately, the same can be said for people living with a learning disability or mental health condition when compared with the voice and influence of, for example, older people. In recent years, the priority focus in local systems has been on older people (65+), driven by a need for financial savings and improved hospital flow. Working-age adults, including those living with an LD, have received less investment and innovation, leading to a contracting provider market and skilled frontline staff leaving the profession. LD needs to receive greater priority at a local level.

ICS focus: Strategic ICS conversations understandably continue to focus on hospital flow and elective recovery. Moving the conversation onto other priorities is difficult given their political importance and the power of emotive tabloid headlines. LD needs to receive greater strategic focus and ambition at an ICS level.

Workforce: There are now 165,000 vacancies in adult social care (Source: Skills for Care, Size and Structure of the adult social care workforce in England). There are not enough people to meet the increasing demand that the sector is experiencing, compounded by a surge in demand for LD and autism services.

National policy: Central government policies (e.g. social care reform and discharge-to-assess guidance) have reinforced the focus on older people at the expense of those living with an LD. Policy makers also limit ambition within LD. It doesn't feel like there is the level of policy energy and change that "Valuing People" engendered.

Children's services: there is a positive focus on children with special educational needs within children's services which can significantly enhance their life outcomes through early intervention. However, children's services are typically less engaged at an ICS level and are also funded through the Department for Education, and this separation creates challenges when trying to provide integrated care and support at a system level.

Money: Many people argue that more money would help unlock improved outcomes for people living with an LD. Underinvestment is real, as evidenced through the contracting provider market, and continues due to the ongoing need for financial savings within local government. However, many key stakeholders argue that a lack of funding is not the key challenge but noted that the problem rests in how we use existing budgets. Although additional investment would be welcomed, especially by care providers, it is important that the absence of new money is not used as a reason to dilute local ambitions to transform the current model of care.

Market: There are a number of drivers in the provider market, some of which risk reducing innovation or act to maintain existing models of provision rather than create positive disruption. Further work might be needed to generate confidence in new models, particularly developing the evidence base that demonstrate the achievement of better outcomes in a way that can be benchmarked and replicated.

"ICSs are a starting point to get people together to talk about how we join up creative pathways that are multi-funded and multi-supported. Digital solutions can help us do these things smartly."

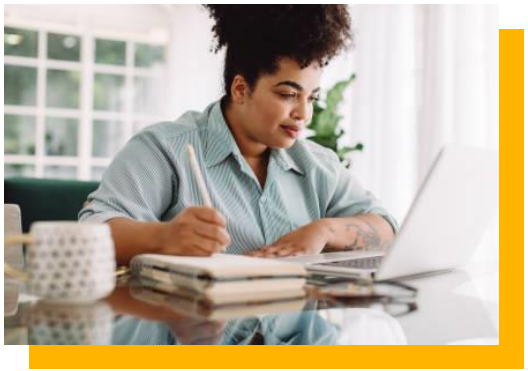
Professor Ashok Roy
Consultant Clinical Psychiatrist
Coventry & Warwickshire Partnership Trust

Economic case: The sector can measure the £5.7bn it spends on formal social care support for people living with an LD, but it struggles to measure the real costs associated with poorer health, care, education, employment and life outcomes. The wider economic case for change in local systems is unknown, which undermines the levels of investment in transforming the LD offer.

Perverse employment incentives: Some individuals living with an LD avoid exploring employment opportunities altogether because they fear they could lose some or all of their benefits if they move into work. There are often high levels of anxiety about this happening even though individuals want to contribute more to their local economy and place.

Fear of change: The complexity associated with improving independence outcomes for people living with an LD, coupled with the often-high levels of emotional resistance from families and carers when considering stepping down or different types of support, can undermine the ambition and motivation to invest in change.

Responsibility: Currently there is a lack of clear accountability and responsibility for the outcomes we achieve for those living with an LD. This is caused by the fragmented support across national, local, public sector, private sector and voluntary/community sector organisations and results in the sector collectively achieving poorer outcomes.



"There is innovation in the sector, but this is not as widespread as it could be….there are still quite traditional models of delivery that don't sufficiently embrace the positive impact that good environmental design and the use of equipment and technology can have for people."

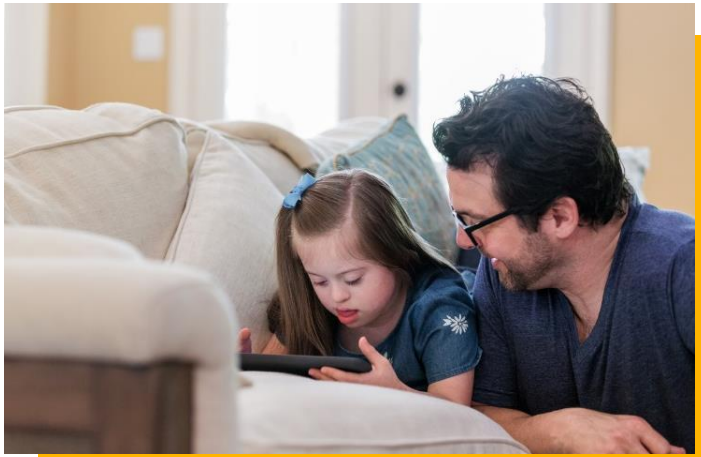
Michelle Cross
Service Director: Mental Health, Learning Disabilities and Provider Services
Kirklees Council

Service model challenges

There are a range of challenges that exist within the current model of care for people with LDs. We discussed and explored these challenges with the stakeholders engaged in this report, and there was universal agreement on the problems we face with the current model, including:

Technology: The opportunity to use digital and technology solutions to support people living with an LD has not been embraced or embedded within frontline practice, information and advice services or brokerage teams. Where technology has been introduced, it is typically through small-scale pilots where the emphasis is on testing the technology to deliver short-term financial savings. Given short-term savings rarely materialise, the pilots seldom get to delivery at scale and therefore we fail to innovate and digitally enable the traditional model of care. ICS leads need to help the local system to embrace digital solutions, embedding them into frontline practice of health and care staff and driving their deployment at scale to have significant impact over the medium term.

Fragmented local support offer: There is often a wide variety of different organisations within ICSs that support people living with LDs, their families and carers. This fragmentation leads to siloed working, competing objectives and a lack of pooled funding or shared ambition, all of which undermine the outcomes we achieve. People living with an LD often find themselves having to navigate this complex environment, fighting for the support they need and sometimes falling through the cracks between organisations. ICS leads need to develop plans that enable the transition from a fragmented local service offer to a whole-system response wrapped around the person.



Deficit approach: The approach to supporting people living with an LD is still very much deficit-based, especially within children's services where 'strengths-based practice' has yet to become fully embedded culturally. This means that needs assessments and support conversations are too often focused on what people cannot do rather than a positive framing of what they can achieve. This is exacerbated by a system and process that reinforce the deficit-based conversations. For example, education, health and care plans (EHCPs) are seen by families and carers as the best way to secure funding and support for children with LDs, so they naturally prioritise this process which then focuses on their needs rather than their strengths. The result of this deficit approach is that we miss opportunities to be preventative, we wrap people with high-cost support from an early age and we limit our ability to enable improved outcomes through independent living. These high costs of support then follow the person into adult social care and beyond, creating the unsustainable financial challenge we see today. ICS leads need to work with the person, social care, providers, families and carers to embrace a strengths-based, preventative approach across the whole system.

Short-term investment case for transformation: Given the financial pressures facing health and care organisations, it is right that there is a strong financial focus for any transformational investment in LD. However, the challenge that exists when transforming how we support people living with an LD is that financial savings and improved outcomes take longer to realise. In our current model of care, initiatives to improve the LD offer are typically initiated within individual organisations and are tasked with reducing costs in the short term. This is often not possible in LD, as change takes longer to embed, which leads to new initiatives being set up to fail, with no onwards investment or delivery at scale. ICS leads need to support a longer-term investment case for transforming the local LD offer.

"I'd suggest we are looking at things in completely the wrong way. We are not focused on what people need to have a good life."

Melanie Brooks
Director Adult Social Care
Nottinghamshire County Council

Unimaginative market offer: Many in the sector believe that the current model of care for those living with an LD is typically provider-led and is highly influenced by what providers decide they will offer rather than what people want and need. Many providers are commercial organisations and understandably target their support towards people living with more complex needs as this is where they can access higher revenue streams. Historical cuts to services have driven down the price social care pays for services, and as such the market has become unsustainable for some providers, leading at times to market failures or exits and, in extreme cases, poor care. Commissioners often need to resort to spot purchasing support at inflated rates with limited guarantees of consistent outcomes. Providers argue that they require a substantial boost in funding to support choice, widen the care offer and support the recruitment of a skilled workforce. ICS leads need to work with the provider market to drive innovation, helping to embrace new solutions and move away from the traditional offer, creating more options for those with less severe needs and encouraging the use of direct payments, which empower people to invest in the care and support they find most valuable.

Future state – what is the solution?

The key stakeholders concluded that there is a clear opportunity to change the model of care and deliver significantly improved outcomes for those living with an LD. Some of these improved outcomes include:

Outcomes we could achieve in the future

Health: Through improved integrated and personalised care, with a more innovative range of care and support options for people to access, the sector will see improved health and care outcomes for people, their families and carers. Ultimately the impact of this will be reduced levels of demand on the health and care sector. Key measures of this success will be:

- Improved life expectancy and wider health outcomes.
- Reduced avoidable deaths.
- Improved equality of access to health and care support (e.g. annual health checks, smear tests, cancer screenings, flu immunisations etc.).
- Increased levels of self-management and self-reporting (long term conditions, wellbeing).
- Increased medication compliance and therefore significant financial savings through reduced waste.
- Reduced GP appointments, hospital admissions and improved hospital flow.

Money: By bringing together budgets and spend on LD there will be greater financial rigor and improved line of sight between investment decisions and the impact/outcomes they deliver. Each ICS can achieve higher levels of efficiency and reduced costs of failure by improving how money is spent and reducing levels of duplication across the local system.

The improved model of care will deliver financial savings at a system level as dependency on health and care services is reduced. For example, by improving levels of independence from the age of 14, children will transition into adulthood with reduced dependency on long term care, whilst also making a greater contributing to the local economy. Ultimately each ICS will be able to transfer system spend away from long-term and acute care to more preventative services and support at home or in the community.

Independent living: The improved model of care will enable more people to live independently or with improved levels of independence and life skills. This will result in reduced levels of long-term care and support and crisis management.

Families / carers: Greater levels of independence will free up family members and carers, so they themselves can have greater levels of independence and contribute more to the local economy. It will reduce the amount local systems need to spend on support for carers (e.g. respite) and it will improve the levels of resilience and wellbeing in families and carers who support people living with an LD. This in turn will lead to a reduction in the levels of carer breakdown and crisis management.

Social care support: Support provided by social care will have an increased focus on providing short-term and preventative support, earlier in the life journey and targeted at specific life events (e.g. transitions). People will have increased connectivity with their key workers through virtual consultations and secure messaging. Self-reporting solutions will provide new insights into personal wellbeing in real time.

Improved information, advice, guidance and signposting to innovative digital solutions will better support and empower those not meeting the threshold for formal social care support. Increased use of direct payments will contribute to increased levels of empowerment, control and independence. Ultimately the demands on the social care workforce will be alleviated as more people are able to self-manage and improved levels of independence.

Employment: The sector will see increased numbers of people with an LD in paid employment, voluntary roles and apprenticeships. This will be enabled through a greater variety of employment opportunities that are more aligned to the ambitions, skills and motivations of different people. Anchor institutions will act as leaders at a local place level in offering more employment opportunities, helping to role model what can be achieved to private sector organisations. Greater use of digital solutions will support people to access and sustain employment opportunities and help employers achieve the 'reasonable adjustments' required.

Social inclusion: A more imaginative model of care and greater variety of support services and digital connectivity will help increase social connections and relationships, leading to reduced social isolation.

In tandem the sector will enable increased physical activity, involvement in community groups, volunteering and time spent outside the home. Digital solutions will specifically enable increased virtual connectivity with family, friends and support networks, improving wellbeing and reducing levels of anxiety.

Education: Similar to employment, the sector will enable increased numbers of people with an LD to access higher and further education or work-based learning and training courses. This in turn will drive increased independence outcomes and economic value.

"When asked about ambition, people with LD will give the same answers as you and I, there is no magic to this. The system needs to let go of the money, pool it and work together. The problem hasn't been lack of money, but fragmentation and lack of skill."

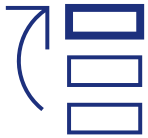
Professor Ashok Roy
Consultant Clinical Psychiatrist
Coventry & Warwickshire
Partnership Trust

What do we need to do differently?

Our stakeholders passionately believe that local systems can make a difference and see the formation of ICBs as a pivotal moment for the sector.

How do we make change?

We believe a better future lies in **changes to the strategic context** and changes to the **model of care**. Here we consider what local systems need to do differently to deliver the outcomes above.



Prioritisation: ICS and LD leads need to win the argument to raise the priority of this opportunity within local systems. They need to build inclusive ambition within ICSs, develop clear plans to transform and secure committed funds and resources to deliver them. To achieve this, they must better articulate and evidence the wider case for change and bring to life the problem definition of the current model of care and the associated cost of failure in local systems.

Funding: Undoubtedly additional funding will help mobilise the transformation journey and remove financial barriers that exist in many local systems. Care providers believe that additional funding is required to invest in the workforce and provide tailored, person-centred care that provides greater choice and helps maximise independence outcomes. However, strategic leads in health and care stated that additional funding is not a pre-requisite for change and should not be allowed to be a blocker to change. Given the amount that is already spent, and the cost of failure incurred today, there is the opportunity to do much more with the funding already available. ICS leads can pool funding together across local systems and use it to deliver a new and improved model of care.

"The case is clear that a significant amount of funding is necessary both for the long-term growth of the workforce (in order to meet demand) and the provision of more tailored, person-centred care offering choice and independence."

Sector representative
Provider sector

Leading by example: Local systems need to move away from an approach where there is no clear responsibility and accountability for success, or where responsibility is so fragmented that everyone can point at everyone else as a reason for why things are failing. A lack of clear accountability leads to ineffective leadership.

Employment: In future, local anchor institutions (e.g. local government and health) need to lead the way and role model the behaviours the system expects from all employers regarding the creation of employment opportunities for those living with an LD, showing how investing in 'reasonable adjustments; and making better use of technology can enable more people with an LD back into employment. The new LD lead role on ICBs presents an opportunity to provide this clarity of leadership, responsibility and accountability in ICSs.

2. Future model of care

Our stakeholders agreed that the future model of care can be transformed through:

Embracing digital: The opportunity that technology presents is significant. Local systems must embrace technology at scale, embed it within the offer of care and support and in frontline practice and brokerage teams, which in turn will encourage solution providers to invest and innovate further. There is a significant opportunity to foster the motivations of people living with an LD and help them engage in digital solutions and improve levels of independence.

Taking a whole-system approach focussed on the person: Local systems must bring together the variety of support that exists into a single whole-system offer that wraps around the person, is needs-led (not service-led) and is delivered through integrated pathways where different organisations can work seamlessly together to achieve improved outcomes. There will be a range of process, system, data and cultural challenges that need to be overcome to deliver this ambition.

Looking at whole life journeys and key life events: The whole-system approach outlined above then needs to focus on people across their life journeys. This is important so that local systems can take a more strategic planning approach over the medium term, recognising that investment now will reap significant financial savings and improved outcomes later. Thinking about how needs change over a lifetime and the specifics of different life events (e.g. transitions, independent living and employment) will help develop an LD offer that provides the right support at the right time.

Moving toward prevention: Local systems will need to shift funding to invest in more preventative interventions if we are to reduce the burden on and requirement for acute long-term care. As we have explored earlier in this report, the cost to local systems when we get this wrong is high and becomes embedded over a long period of time. Local systems must recognise the importance of working with people with an LD, their families and carers from school age, especially from year 9, in preparing for transition to adulthood.

Creating a single pot of money: Simplifying how money is used to support people with an LD in local systems will be vital if we are to deliver on the ambitions outlined in this report. ICSs can provide the vehicle to create pooled budgets, improved financial grip, a single governance process for investment decision making and consequently improved line of sight between financial investments and savings / outcomes.

Building a whole-system investment case: Where an investment case is required to unlock financial resources within local systems, it will be important to frame the case at a whole-system level rather than within individual organisations and budgets. The whole-system case is far more compelling because it enables the outcomes that only a whole-system response can deliver.

Creating progression model approaches: Those who provide care and support or who work within the LD offer recognise that improving outcomes for people with an LD takes time. It requires a medium to long-term strategy and plan and associated investment across the life journey. Progression from one goal to the next is how you deliver change and improve levels of independence in a sustainable way. Financial savings are possible but often take longer to realise. Expecting significant impact and outcomes in the short term is not a recipe for success. System leaders need to recognise the importance of a progression approach and embed their ambition into longer-term ICS plans.

Using strength-based practice: The strengths-based model of practice couldn't be more important given the longevity of support and dependency that the system can create through deficit-based approaches. The ambitions of people living with an LD are no different to most people, but if as a system we label people and narrowly frame what we think they can achieve, we are starting from an unhelpfully negative starting point.

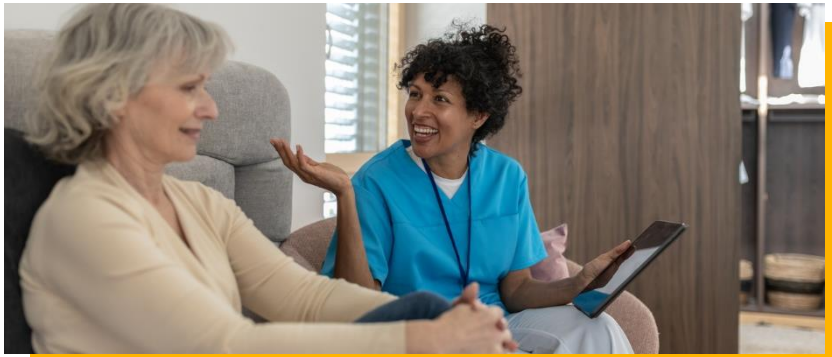
Making greater use of direct payments: Local systems should proactively increase the use of direct payments for those living with an LD and provide greater flexibility for their use. This will improve the ability of people and their families to exercise choice and more easily access digital solutions that are available on the market.

"I particularly like the idea of people using some of their direct payment monies to fund digital tools. Using their own digital skills to manage their daily lives, access information and make informed choices and decisions is truly empowering."

Gail Greer
Project Co-ordinator
SpeakEasy.Now

Improving commissioning and market management: The current way local systems manage the market requires a paradigm shift, moving towards outcomes-based commissioning and away from procurement of time and task. ICSs need to challenge providers who continue to focus on traditional forms of care and encourage investment in more innovative and imaginative support services and solutions.

Investing at scale where improved outcomes can be evidenced will encourage provider investment and further innovation. Brokerage teams must embrace a much wider support offer and think with more imagination and creativity when helping people to think about the support they could access. For example, it was evident from those with lived experience that they were extremely keen to explore the opportunities that digital solutions present and the possibility of a greater variety of employment options. Information, advice and guidance should reflect this innovative service offer and be easily accessible to those in receipt of formal social care support and the many who do not reach the threshold for care. Mixed packages of care including digital options must be easily accessible to choose, contract for and implement.



Creating a digitally-enabled workforce: As part of the ICS's digital journey, a digital-first mindset and digital skills must be embedded in frontline staff, including giving our workforce the confidence to influence families, carers and people living with an LD to make positive independence led choices in using digital solutions. This is not just healthcare workers, social workers and council representatives but also the frontline care workers who have a role in supporting families and their loved ones in building confidence in using digital tools and services.

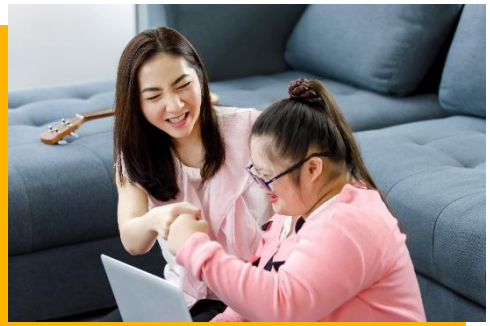
"I think the messages and ideas you're trying to get across are really important. We already live in a digital world and this will only increase in the future. Some people are still resistant or lack confidence, but this will diminish as time goes on and people eventually know no other world. Digital tools will never totally replace a real person, but for many people and for many things they are a way to enhance and improve our daily lives.

You saw the responses from our group. You lighted a spark that for some shone brightly and for others less so, but everyone reacted and showed interest. There is huge potential to incorporate digital tools more and more into the lives of people with disabilities. For some they will just make life more fun and interesting, for others they can give them more autonomy and control."

Gail Greer
Project Co-ordinator
SpeakEasy.Now

If you have a personal interest or are motivated by the arguments in this report, we encourage you to advocate for its recommendations, challenging those in positions of power to step up and act.

Together we can improve equality, social justice, inclusion and diversity, employment, education, independent living and health outcomes.



"There are huge opportunities, for example with long term conditions management, but trying to get a conversation going at the centre and at ICS levels is really difficult."

Mike Emery
Chief Digital Information Officer
Herefordshire & Worcestershire CCG

"The NHS and local government are anchor institutions in most regions, the largest employers. We need to challenge ourselves to behave differently and not see this as someone else's problem."

Richard Parry
Director Adult Social Care
Kirklees Council

Let’s work together

Channel 3’s collaborative approach brings together the social care, wider council, health and technical expertise needed to help you deliver change and realise the benefits of your digital investments.

If you would like to know more about the opportunity to digitally enable a better social care future, then please contact us to discover more.

Ralph Cook

Ralph has over 20 years’ experience helping organisations design and deliver complex transformation in health, social care and the wider public sector.

Email Ralph

Denise Tack

With over 15 years of experience working with technology providers, Denise works with our suppliers and partners to ensure our collaborative efforts are seamless.

Email Denise

Stuart Lindsay

Stuart specialises in delivering whole-system transformational change by embedding enablers to independence such as technology-enabled care and system performance improvement.

Email Stuart

Better lives. Better care. Better digital.

www.channel3consulting.co.uk