

**LIVING WELL
IN TOWER HAMLETS:
THE ADULT LEARNING DISABILITY
STRATEGY
2017 to 2020
FINAL DRAFT**

1. Hello and Welcome

Welcome to the Strategy. This is a partnership Strategy for everyone. It says what we will do together to support all adults with learning disability in Tower Hamlets to live well. It builds on the Health and Wellbeing Strategy priorities of

- Communities driving change;
- Creating a healthier place;
- Employment and health;
- Developing an integrated system;

and says more about achieving those for adults with learning disability.

We looked at national and local policy and research and what happens in other places to understand what we have to do and what works well. Many local people, staff and organisations gave their ideas. Most importantly, it was the views of many adults with learning disability and their families and carers that determined the key things we will do.

People with learning disability have the right to be treated equally and to control their own life. The Equality Act says adults with learning disability must be supported to live an ordinary life in the community. Many people are supported in the community by family and friends. People have told us that overall, the support in Tower Hamlets is good but there are areas which need improvement. Too many people live in residential care outside the borough and too few have jobs. The right support is not always there at the right time.

Government learning disability policies say that the Council and the NHS have to:

- reduce health inequality;
- reduce the number of people who are in hospital or registered care homes and how long they stay there;
- improve the quality of hospital and community provision;
- have more community services; and
- increase employment.

This Strategy says how we will do that in Tower Hamlets. It covers:

- ✓ What adults with learning disability said is important in their life;
- ✓ What we have been doing to support that;
- ✓ What we will do next and how we will know it is working.

The Background Information document explains in more detail why and how the outcomes and actions were decided. *(insert weblink if/when it is on the Council's website)*

The Council, the NHS and other organisations have limited resources. So, we have talked about the most important things to do. This Strategy says what they are.

Many people from local organisations, the Council, the NHS, private companies and community groups will have to work with each other and with adults with learning disability and their families and carers to make improvements happen. We know that when people work together for something they believe is important they can do a lot. We want to

encourage everyone in Tower Hamlets to play their part and work together to make sure that adults with learning disability in Tower Hamlets live well.

2. What happens in Tower Hamlets now?

The Learning Disabilities Factsheet that is part of the Joint Strategic Needs Assessment gives a lot of information. It is available here –

[//www.towerhamlets.gov.uk/Documents/PublicHealth/JSNA/Learning_Disabilities_JSNA_2016.pdf](http://www.towerhamlets.gov.uk/Documents/PublicHealth/JSNA/Learning_Disabilities_JSNA_2016.pdf)

Further information is also given in the Background Information document.

We know from national estimates that 2.17% of the adult population would be expected to have learning disability. This would be 4,848 people in Tower Hamlets.

The number of adults with learning disability will increase because the total Tower Hamlets population will grow by an expected 22% from 2016 to 2026 and because people with learning disability are living longer.

In March 2017, 961 people were registered with GPs in Tower Hamlets as having learning disability. 46% of these were of Asian background, mostly Bangladeshi.

Not everyone with learning disability will need or want support from specialist services. In June 2017, 882 people were known to the Community Learning Disability Service (CLDS) in Tower Hamlets. This is below the national estimate that 0.5% of the adult population are expected to be known to local Council or health learning disability services, which would be 1,100 people in Tower Hamlets.

People have different levels of care and support depending on their needs. 659 had paid support from CLDS in June 2017. 134 people received a direct payment in 2015-16. *(to be replaced with updated figure when obtained)*. 20 people with the most complex needs have a continuing healthcare package.

Adult services work with people over 18. The law says that children's services should continue to support young people with a disability until they are 25. So the Children and Young People Plan and the Children's SEND Strategy is also relevant for people aged 18 to 25 and children and adult services have to work together to meet their needs. A review looking in detail at transition from age 14 has just started and will report in the autumn.

The Ageing Well Strategy covers plans for improving outcomes and support for all people over 55, including those with learning disability, so it is also relevant. There is a separate Autism Strategy. The Carers Strategy outlines plans to improve support for all carers, including those of adults with learning disability.

Adults with learning disability are equal to everyone else with the same rights to participate in and be included in the community. The Equality Act 2010 says is a protected

characteristic and organisations have to make reasonable adjustments and include adults with learning disability. There are many other plans and Strategies that talk about improving things for everyone. These plans include:

- The Community Plan
- The Housing Strategy
- Economic Development and Employment Strategies
- The Community Safety Plan
- London Adult Safeguarding Procedures
- The North East London Sustainability and Transformation Plan.

We will work together with the people responsible for these plans and Strategies to make sure they understand and include the specific needs and concerns of adults with learning disability and follow the priorities and plans in this Strategy.

Adults with learning disability can get support from different levels of service. At each level there are things for everyone and things specially for people with learning disability. In Tower Hamlets there are many different types of support at all levels.

- Family and Community: such as family members, partners, neighbours, community members and groups, self help groups and advocates.
- Primary or Universal: services for all such as information and advice; general practices, Idea stores, leisure centres and community centres.
- Secondary: services for people with more needs such as supported housing, care packages and specific group activities and day centres.
- Tertiary: services such as placement in registered accommodation.

The Council and NHS will keep making sure there are many different places in the community where adults with learning disability can get good quality support. Community groups and voluntary organisations give a lot of the support and add extra resources themselves such as grants from trusts and donations. We will encourage businesses to give resource and support too.

The total amount of local NHS and Council money that will be used for specific services for adults (over 18) with learning disability in 2017-18 is given in the diagram below.

Council – social care supported accommodation and care £22.3 million (of which £9.9million is spent on out of borough residential care); £X on additional support including respite; £X for the 134 people receiving a direct payment; home care packages £X; community/day and employment support £4.9 million and £50,000 for specific projects.

NHS (CCG) - £2.230 million for community assessment and care, £2.359 million for continuing care packages and £124,000 for specific projects.

[DO AS DIAGRAM WHEN ALL FIGURES OBTAINED – in the designed version]

The actions to improve things depend on building independence and community support, using money differently and changing ways of working rather than just spending more money because this is the right way forward.

The plans, actions and outcomes set out in this Strategy need to be delivered within the agreed resources available in future years and therefore, may need to be adapted

3. What people said

(Note: in the designed version we will use speech bubbles and edit/combine points so this is less long lists. Fuller comments are in the Background Information document)

In discussions and surveys between 2014 and 2016, people said:

- Care is not joined up.
- There is too much staff change in Tower Hamlets - having the same people work with you is important.
- We need to change perceptions about people with learning disability.
- We need to promote a culture of user involvement.
- We must recognise and support carers with their vital role in meeting needs and promoting independence.
- We need to do more to make sure everyone knows what is available.
- It is hard for people to access some services. Not all services have staff who can communicate well with adults with learning disability, especially non-verbally.
- Personal safety including on public transport is a concern.
- We need more support earlier on to help with the difficult change from being a child and young person to adulthood.

In spring 2017 to inform this Strategy, we asked people what is important in their life, what they can do themselves to achieve that and what ideas they had to better support adults with learning disability to achieve those outcomes.

The general feedback was that there was good support in Tower Hamlets and it should be maintained. People said very much the same things as was said before.

We had responses from 106 adults with learning disability living in the borough (11 by online survey, 62 by easy read questionnaires and 33 in face to face discussions). 46 supported having “live well” and 43 supported having “a full life” as the vision. Several favoured both. They said that the things that are important to them are:

- a) More leisure activities, sports and physical exercise that is affordable.
- b) Having friends, family support and relationships.
- c) Being able to do a wide range of activities - open social clubs and community activities as well as those just for adults with learning disability. Have places to go and things to do in the evenings and weekends.
- d) Choosing what you want to do and where you want to live.

- e) Improving communication so people do not ignore you and understand you.
- f) Living locally near family and friends and not having to travel far.
- g) Getting information from staff and support with diet and exercise to be healthy.
- h) Having a job with help to it and there should be more jobs.
- i) Having training including courses for independence – life skills.
- j) Having more easy to read information in people's language with more pictures and less words.
- k) Being listened to, respected and heard by professionals and being treated as an individual.

Forty seven carers and seven carer support workers attended discussions and 1 completed the online survey. They said:

- a) Some people slip through the nets. Services need to reach out so they don't.
- b) Staff should communicate directly with people in simple language and use Makaton more.
- c) Continuity of the worker. Staff should be clear and say what they will do and when and keep to that.
- d) Need more accessible, easy ways to find out what is available.
- e) Personalise provision more and respond to individual's interests and needs.
- f) Integrate services better and share information.
- g) More mental health support for adults with learning disability.
- h) More local and community support for carers is needed – emotional support, peer support and individualised advice and information provided by consistent staff who speak their language. Staff should communicate better with carers.
- i) More health promotion.
- j) Activities for older people with learning disability.
- k) More coordination and joint working between children and adult services at transition and information sharing with carers.
- l) Prepare the adult for when their parent carer is no longer here.
- m) Value staff - the people who deliver services and support are very important.

Key points from the 116 service staff and members of the public who gave views in interviews (29), workshops (68) or by survey (19) are as follows.

- a) Work with companies so there are more jobs for people and provide more supported employment through social enterprises.
- b) People in work need somewhere/one to go to for early advice and support to prevent them getting stressed and into financial difficulty.
- c) Do more to build people's independence and self esteem.
- d) Help people feel safe, prepare for moving into independent living and travel on their own.
- e) Staff and services do not work together – provision needs to be integrated. Reviews do not always happen and people are not involved with them.
- f) Providers need to share information more and clarify who the lead is when someone is in touch with several organisations so there is one common plan.

- g) Reach people in the community who are not in touch with services.
- h) Campaign to remove the stigma of learning disability and make it OK to talk about.
- i) Champion respect for people, promote their positive contribution and include them in mainstream community activities and primary care services with reasonable adjustments, treat them equally. Build community capacity to support people.
- j) Make sure there is support when people have a death in the family or are sad.
- k) Provide help with improving reading and writing that starts from where people are and is pitched at their level.
- l) Recognise the individuality of people and provide support, enabling them to have some separate time away from their family.
- m) Involve people in planning their own support and care and train and support them to make informed choices. Make sure there is more advocacy support.
- n) Give more emphasis to health - training for healthy lifestyle - diet, exercise, health checks and use data to target improvements
- o) Develop more housing and support options and give clear information so people have choice. Make sure each new build housing development includes some flats for people with learning disability.
- p) Make sure strategy actions are implemented.

(The following will be pictorially presented in the final designed version – eg figure of person with outcomes round them)

4. What are our aims?

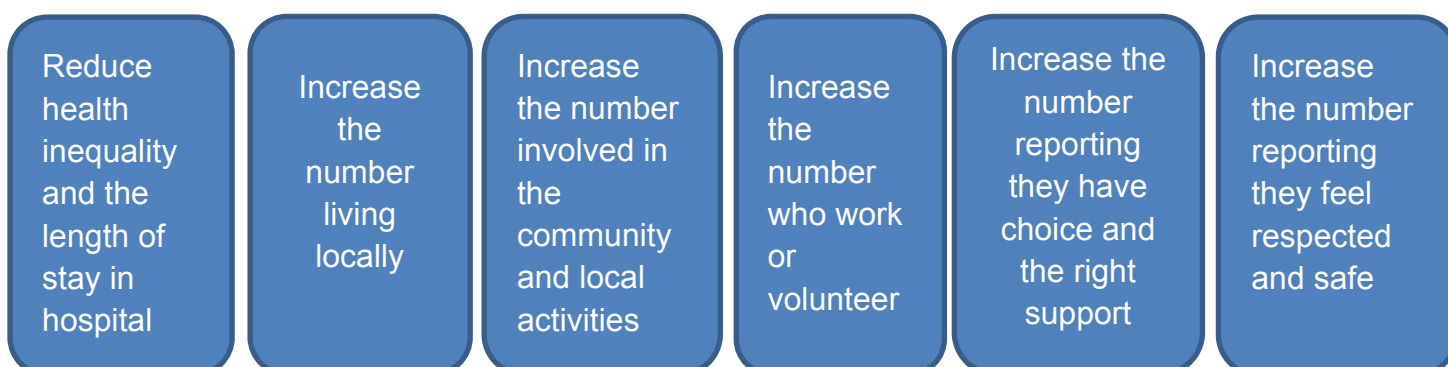
OUR GOAL (VISION) is that – Adults with learning disability in Tower Hamlets live well.

This means that they will:



These are the **outcomes** we want to achieve. They reflect the Tower Hamlets Outcomes Framework.

To achieve these outcomes, the Strategy has **objectives** to



Everyone has to support the **values and principles** of the Equality Act and UN Convention on the Rights of Persons with Disabilities and work in ways that show this.

- Treat people with respect and dignity and recognise them as rights-holders.
- Recognise people as independent and entitled to make their own choices and decisions and to give consent and facilitate this with access to appropriate advocacy when required.
- Communicate effectively and provide information in accessible and easy read formats in line with the accessible information standard.
- Actively encourage and facilitate the meaningful and effective participation of people, ensuring they have influence.
- Actively promote inclusion and empower, consult and engage with people with disabilities.
- Ensure people can effectively access the full range of support including information, communications, facilities and services and the physical environment.
- Respect people's differences, accept people for who they are, recognise and value their strengths and ensure people have the same opportunities as everyone else.

5. Be happy and healthy

Key points

- a) People with learning disability have poorer health and die younger with a lifespan that is 14 years less for males and 18 for females.
- b) Adults with learning disability should have a health check every year but in Tower Hamlets last year only 57% of people did; above the national average of 46%.
- c) When adults with learning disability have physical health problems, support staff do not always understand their needs. Health services do not always communicate well with the adults, their carers and other staff. The right care is not always given.

What we have done and are still doing

- a) It is now part of the job of CLDS (the community learning disability service) to help universal health services develop the awareness and skills of their staff so they can better support adults with learning disability. CLDS now also support staff in all local organisations to talk about healthy living with the adults they work with.
- b) We funded a learning disability nurse for a year. She gave lots of training to general practices about health checks for adults with learning disability and did a lot of work on the data systems. Health checks have increased by 10% since 2015-16. CLDS now help make sure everyone has an annual health check and a health action plan.
- c) A plan to improve support for adults with learning disability admitted to hospital with mental illness has been developed and is being implemented.
- d) We joined a national pilot and do local reviews of deaths of adults with learning disability to use the learning to improve the quality of health services.

What we will do next

- a) Make sure family and staff encourage people to have vaccinations and screening and go to the dentist. Give information and support about nutrition and exercise.
- b) Make sure family/carers, social care and other services know about annual health checks and health action plans and encourage people to have them. Be more flexible about doing them.
- c) Make sure when people feel sad or on edge they can get early counselling help from staff trained to work with people with learning disability.
- d) Make sure that when people go to hospital, their family/carers can also go so they continue to be supported by a familiar and trusted person.
- e) Introduce a card with key information and redesign hospital passports so hospital staff can access them and use them to understand and respond to people's needs.
- f) Make sure the outcome from all health contacts is shared with people in a way that is easily understandable to them.
- g) Introduce a health quality checker scheme so adults with learning disability review services against high quality care standards.

How we will know it is working

- a) 75% of people have an annual health check and a health action plan.

- b) An increased number of adults with learning disability have health screening and immunisations, have a healthy weight and are happy and involved so live longer.
- c) Adults with learning disability spend less time in hospital and have the right care.
- d) Adults with learning disability have easy access to high quality health care.

6. Live locally

Key points

- a) People said they want to live in their own community near family and friends. In 2016-17 and 2015-16, 69% of adults with learning disability lived in their own home or with their family. This is close to the London average of 66.8% and below the national average of 73.9% in 2016-17.
- b) However, 123 of the 132 people placed in a registered care home by the Council are not in Tower Hamlets. 12 are in supported accommodation out of borough.
- c) It is difficult for the 46 young people aged under 25 in residential care out of borough to come back as there are not enough suitable places to live locally.
- d) Five young people are ready to move out of their out of borough residential education placement each year.

What we have done and are still doing

- a) We made detailed plans to develop more accommodation in Tower Hamlets that offers different levels of support for adults with learning disability. We are now starting on the actions.

What we will do next

- a) Working with their family, review the needs of people living out of borough and plan for those who want to come back to live locally.
- b) Develop more accommodation and support options locally so there is a greater range of accommodation and support available and people can live in the local community. This should include:
 - women only supported living;
 - independent places for adults with learning disability within new housing developments;
 - a new housing support service for young people now in residential placement out of borough;
 - setting up a scheme where local community members offer respite in their homes (Shared Lives).
- c) Make sure people are given clear information and have choice about where to live.
- d) Make sure there is enough local support for people who come back to the borough.
- e) Foster culture change in staff so that they develop support plans for people to live an ordinary life in the local community as the usual option rather than look to place people in supported accommodation out of borough.

How we will know it is working

- a) 59 people (including young people) who live out of borough will come back to live locally over 5 years.
- b) 55 day placements and 500 nights of respite are provided by the Shared Lives scheme over three years.

6. Be part of the community and involved in activities

Key points

- a) There is no existing system wide framework that makes sure adults with learning disability are involved in planning, commissioning and delivery of support.
- b) People said they wanted to be involved in a variety of community activities near to where they live.
- c) Community members have said they want adults with learning disability to be more included within general local activities.

What we have done and are still doing

- a) Plans were made for a co-production development project to make sure adults with learning disability are involved and supported as members of the Learning Disability Partnership Board and its subgroups and in all aspects of the planning, commissioning and delivery of support.
- b) In 2016-17, 250 people were supported to participate in activities provided by several day centres across Tower Hamlets or by individually tailored support.
- c) The Accessible Transport Forum work closely with TfL and the DLR to support them to make their transport accessible. The Council's own transport and community transport also help those who need it to get to activities and support.

What we will do next

- a) Support people to be involved in planning, running and reviewing activities and quality checking services - start the co-production project.
- b) Offer a wider range of more flexible and personalised activities in the day, evenings and weekends and specifically for older and younger people and women, so people have choice and can join in general community activities such as gyms, community centres and in the Idea Stores as well as those in day centres especially for adults with learning disability.
- c) Promote local activities with fewer words and more pictures.
- d) Help community members and services to understand, respect and include people with learning disability and treat them as equals.
- e) Help people learn to manage their money by using pictures.
- f) Help people develop independent travel skills.

How we will know it is working

- a) An increased number of people will participate in a wider range of community activities.

7. Work or volunteer

Key points

- a) Many adults with learning disability said through the consultation that having a job or volunteering was very important to them so they can be involved and contribute as much as to earn money.
- b) They said there is a lot of good support and training locally but not enough jobs.
- c) 4.9% of adults with learning disability were in paid employment in 2015-16, which is below the London average of 7.5% and the national average of 5.8%.

What we have done and are still doing

- a) Several organisations provide skills development, employment training, support and experience for people with learning disability. Some 60 people per year are supported into employment currently.

What we will do next

- a) Work actively with local businesses and employers to create more and flexible jobs internships, apprenticeships, supported work and volunteering opportunities that are available for people with learning disability.
- b) Workpath (the Council's employment support service) with the Careers Service and other commissioned local employment support services, will give people advice and support to make sure more people have an apprenticeship and job.
- c) From school onwards, encourage families, services and people themselves to aim high and support them to get and keep a job and not rely on services.
- d) Make sure a range of education, training and work experience is available locally and accessible to people with learning disability. Help people to take these up so they have experience and are supported into work.
- e) Develop peer support to help people get and keep jobs.
- f) Make sure people and their family/carers understand what they earn and the effect on their benefit.
- g) Education is the gateway to employment and community involvement – so develop local learning that is accessible to adults with learning disability and adapted to their needs. This should include reading, writing and numbers.

How we will know it is working

- a) 110 people will be supported into employment per year for 4 years so that there will be 11% in paid employment in 3 years time.

8. Have choice and the right support

Key points

- a) Most adults with learning disability have their needs assessed and are well supported in the community. No-one has been admitted to an assessment and treatment unit in the last five years. This is very positive compared to other areas.
- b) People said professionals and services do not work together and pathways and care are not joined up. Annual reviews do not take place and people are not involved. The support on offer to people is not clear.
- c) Many people also said they do not know what is available to support them.
- d) Although 92% service users with learning disability are identified by Social Care as having self directed support, many people said in consultations they do not always have a choice about the support they receive.
- e) Adult and children's services have different approaches. Many people said in the consultations that joint planning does not start early enough and they do not have enough information about the changes. So the 30 or 40 young people who come into adult services each year and need ongoing support, experience difficulties.
- f) Carers say they have to fight to get support for themselves and the adult they care for.

What we have done and are still doing

- a) All adults with learning disability have a needs assessment, a personalised care and support plan and have more choice and say in that.
- b) Tower Hamlets started trying out a new way where people can use their social care and health budgets together in one care and support plan and can choose and manage that support themselves. This is called Integrated Personal Commissioning (IPC). We are one of eighteen test sites in England.
- c) Advocacy is offered to all adults with learning disability who are in Mile End hospital with mental illness and local MIND deliver this. REAL offer advocacy to people when they need someone to help them get the necessary support. Powher also give support to make sure that people who cannot make decisions themselves are heard as part of the DoLS (deprivation of liberty) process.
- d) A review of transition from children's to adult disability services has started.
- e) 93 people who also have multiple longterm conditions became part of the Integrated Care Project. They have a care coordinator and a personalised care plan and participate in multi-agency discussions to ensure a coordinated response.
- f) A Carers Strategy has been developed. Carers are involved in co-producing specifications for new services.

What we will do next

- a) Make sure there is simple, jargon free and clear information using pictures about the local support available for people and their family/carer. It should be easily available and up-to-date. Include it in the Local Offer and Community Catalogue so people can easily get the information with support and advice from the Idea Stores.

- b) Make sure that support and information is culturally relevant to people and their family/carer and that it is accessible to those whose first language is not English.
- c) Make sure more people, their family/carers and support staff know about and can quickly use the independent, issue based advocacy support including from REAL.
- d) Make sure people can get expert advice from someone who knows about learning disability, can explain the choices and options they have and help build their confidence to make choices. It is especially important for people who do not have family or service support, but also builds the independence of everyone.
- e) Make sure people and their family/carer are involved in their personalised assessment, in decision making about their individual support plans and in reviews of those plans – and that regular reviews happen.
- f) Make sure staff work together and share information so people have joined up care and support and do not have to repeat their story.
- g) As part of Integrated Personal Commissioning, offer people a joint person centred plan and an integrated personal budget so they can actively manage their needs.
- h) Start multi-agency planning and preparing for adulthood jointly across adult and children's services with young people and their family/carer from age 14.
- i) Champion culture change, promoting a rights based response to the needs of adults with learning disability, so that all organisations ensure their services are accessible, make reasonable adjustments, follow the accessible information standard and train their staff to understand, communicate well with and be responsive to adults with learning disability.
- j) Make sure all policies and Strategies developed for people in Tower Hamlets include and address the needs of people with learning disability. These include:
 - the Tower Hamlets Together plan for GPs, hospitals and community services to work together to join up services better and to have a 24/7 single point of access for all care needs;
 - the Tower Hamlets Together transformation and system redesign work for acute care, crisis, community health services and support for adults with complex needs and long term conditions;
 - dementia services, older people's services including accommodation and end of life care.
- k) Make sure carers (especially those for whom English is not the first language) know about and get the support they need including respite. Encourage people to plan together for when older family members/carers can no longer provide support.
- l) Support recruitment drives so more, younger male and female care staff are attracted to work locally and people can have choice about their keyworker.
- m) Value, develop and support staff to work with care and compassion and to stay so people have continuity.

How we will know it is working

- a) 245 people have a joint plan that covers health and social care needs and 49 people have a jointly funded integrated personal budget by March 2018, to increase each year towards the ambition that 100% of care plans are joint and 20% have a personalised integrated budget.
- b) More people each year report they have choice and the right support.

- c) Routine reporting by all services shows people report positively on their experience and service quality.

9. Be respected and safe

Key points

- a) People have said they do not feel safe in the community or on public transport.
- b) Not all staff in services understand and follow the principles for safeguarding vulnerable adults or “hear” and respond to what adults with learning disability say.
- c) Many people said they have been bullied. Staff report that adults and young people with learning disability are vulnerable to and have experienced hate crime, being forced to marry, being sexually exploited and being drawn into illegal activity. However, data reports do not show this.
- d) People are vulnerable to financial exploitation. Twelve people in one year went to one agency for debt advice.

What we have done and are still doing

- a) The safeguarding guidelines for staff have been rewritten and staff are having continuing safeguarding training.
- b) CLDS run a money skills group several times each year and are developing a project to work with parents and carers to teach them to develop financial skills in the people they are supporting.

What we will do next

- a) Support staff to use events, easy to read information, pictures and technology so they make sure people have a good understanding of how to keep themselves safe and who to go to if they feel unsafe.
- b) Promote a culture of respect for people with learning disability among the community, schools and local organisations.
- c) Raise the awareness of staff in organisations about how to make sure that people are not vulnerable to hate crime, exploitation, violence or radicalisation.
- d) Make sure more people are helped with financial management and that agencies do not send generic letters to people who are identified as having learning disability.
- e) Ensure that improving the quality of the service response to the safeguarding needs of people with learning disability is specifically addressed within the Safeguarding Improvement Plan.

How we will know it is working

- a) An increasing number of people each year report they feel respected and safe.

10. Transforming Care

Key points

- a) The government asked each area to focus on how to improve community services for adults with a learning disability and/or autism with behaviour that challenges, including those with mental illness, so they do not have to be in hospital. This is called Transforming Care.
- b) In Tower Hamlets 143 people were identified as being in this group. Everyone in this group should have a named contact person.
- c) Of these, 21 people have the highest needs; with 8 in registered care and 13 identified as being at risk of admission to registered care. In April 2017, just 3 people were in specialised facilities funded by the regional NHS Specialist Commissioning Group and 1 person was in a secure learning disability hospital. 4 people were in Mile End Hospital with mental illness and a total of 7 were admitted in 2015-16. This compares positively to other areas, and we believe this shows that in Tower Hamlets, people are well supported in the community.
- d) The government said all those with the highest needs (21 in Tower Hamlets) should have an individual care and support plan, behaviour support, plans for what to do in a crisis and a communication passport. Intensive 24/7 multidisciplinary health and social care support, specialist respite and crisis support and local accommodation should be available to them.
- e) The government also said all staff in all services for people with learning disability and in mainstream services should have training so they can positively support people whose behaviour is challenging.

What we have done and are still doing

- a) We looked at what is happening in Tower Hamlets with this group against the 9 principles of good practice. From this and the views of over 100 people, we agreed to concentrate on increasing local accommodation and developed a plan for this.
- b) CLDS started checking that everyone with challenging behaviour has a plan that matches best practice.
- c) CLDS meet with the whole family when people are at risk of going into registered accommodation and, where possible, agree a support plan that keeps them in the community.
- d) All staff in the CLDS had positive behaviour support training so that they can better meet the needs of this group.
- e) Two sets of training were held so all the different people supporting a number of individual adults with learning disability with challenging behaviour developed a common understanding of and approach to positive behaviour support.

What we will do next

- a) Make sure that accommodation suitable for people with challenging behaviour is developed locally so people now in out of borough residential care can come back into the local area. (See section 6 of this Strategy).

- b) Offer training in positively managing challenging behaviour to families, supporters and staff working with them from a range of local organisations.
- c) Make sure that service specifications and contracts include the requirement that providers positively and effectively support people with challenging behaviour.
- d) Make sure that mainstream services such as IAPT and crisis care support this group of people.
- e) Keep making sure everyone in this group has a personalised plan as outlined above.

How we will know it is working

- a) Fewer people with challenging behaviour have to move more than 10 miles from the patch (Inner North East London) because there is no suitable accommodation and support for them locally.
- b) There is a 20% reduction in the use of hospitals by this group.
- c) Nobody from this group is placed in hospital away from the area or readmitted within two years.
- d) All individuals in this group have a personalised care plan that fits the good practice principles.

11. Making it all happen

The Learning Disability Partnership Board (LDPB) will make sure the actions in this Strategy happen. The members are adults with learning disability, carers and staff from the Council the NHS and local provider organisations.

A wider Reference and Engagement Group will be set up so that adults with learning disability and their family and carers are fully involved in making decisions about all local strategic and service planning and delivery. A co-production project is starting to make sure this happens and to support the adults to be fully involved.

There is a delivery plan for this Strategy which sets out, for each outcome, details of the actions that will be completed, by who and by when for the things the Strategy says we will do next. It also sets out how the results will be measured.

Some actions will be for individual organisations, such as the Council or Community Learning Disability Service, to do. Others will be done by different organisations working together in the subgroups of the LDPB.

There will be a subgroup for each outcome area which will have the responsibility for making sure the actions are completed and there is improvement in each outcome area.

There will be two specific discussions each year with the Tower Hamlets Together Complex Adults Programme Board to make sure that the Transforming Care, health and right support actions are completed and the outcomes are achieved.

An important next step is to develop an adult learning disability outcomes measurement framework that is shared across the partnership and part of the overall Tower Hamlets outcomes framework. All local providers would use this and their actions and outcomes would contribute to it. It would be part of their contracts that they did this.

The LDPB will check every year to see how things have progressed and what difference it has made. It will study the data collected to help measure how things have changed and review whether the outcomes for adults with learning disability have improved and the goals of the Strategy are being achieved.

Every year, the LDPB will report on progress to the Health and Wellbeing Board and to a forum for adults with a learning disability.

The LDPB will also update the action plans for each outcome every year and this Strategy in three years.