


<p>Health and Wellbeing Board Tuesday 5 September 2017</p>	
<p>Report of the London Borough of Tower Hamlets</p>	<p>Classification: Unrestricted</p>
<p>Final adult learning disability Strategy</p>	

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Contact Officers	<p>Carrie Kilpatrick, Deputy Director Mental Health and Joint Commissioning, LBTH and TH CCG</p> <p>Report prepared by Lonica Vanclay, Interim Project Manager, Joint Commissioning, TH CCG</p>
Executive Key Decision?	No

Summary

This is the final adult learning disability Strategy presented to the Board for approval.

An Easy Read Strategy Summary, Background Information document, Market Position Statement, Delivery Plan and Equality Analysis Quality Assurance checklist accompany the Strategy as linked documents and are available on request.

Recommendations:

The Health & Wellbeing Board is asked to:

1. Agree the Strategy.

1. REASONS FOR THE DECISIONS

- 1.1 Tower Hamlets has an estimated 4,848 people aged 18 and over who have learning disability. They experience poorer life outcomes than the general population, including for physical health, mental health, employment and life expectancy. Learning disability is a protected characteristic. Following Winterbourne, there is a significant drive in national health and social care policy to improve outcomes for this group of people.
- 1.2 There has not been a Tower Hamlets adult learning Strategy previously. There are a range of plans and initiatives underway and a commitment has been made to develop an overarching Strategy, drawing these together within a coordinated framework that sets out ambitions and priorities for the next three years to 2020.
- 1.3 The Strategy will set out how the Health and Wellbeing Strategy priorities are implemented and achieved for adults with learning disability. It will be developed with a co-production approach with service users, carers, professionals and local organisations. It will focus on how to improve outcomes for adults with learning disability in the borough over the next three years, with an action plan for the delivery of the strategy.

2. ALTERNATIVE OPTIONS

- 2.1 There are no alternative options. It is essential for the Health and Wellbeing Board to have an adult learning disability Strategy in place. It has been discussed and requested by partners for some time.

3. DETAILS OF REPORT

- 3.1 **Strategy development.** The Strategy is attached to this report and is presented for approval. The Strategy is joint across the Council and CCG. The scoping document was agreed by the Joint Commissioning Executive, Adult DMT and CCG Executive.
- 3.2 The Strategy was developed through a co-production process outlined in detail in the Background Information document. Consultation feedback from discussions and surveys in 2014-2016 was summarised and used to set a draft vision statement and key outcomes. Consultation between April and June 2017 focused on checking the vision and outcomes with people and seeking views on the best ways to support people to achieve improved outcomes. The consultation questions were developed and trialled then amended in partnership with several adults with learning disability. Views were obtained through a mix of methods; an online questionnaire, easy read hard copy questionnaire, discussions, workshops and individual interviews. In total, responses were received from 106 adults with learning disability, 48 carers, 7 carer support workers and 157 service staff and members of the public.

- 3.3 46 people with learning disability supported having live well as the vision; 43 favoured “living a full life”. All but two people agreed with the outcomes. Many comments were received about actions to support improved outcomes. Key themes were support from family and friends, living and participating in the community, having choice, improving communication, information and feedback from service staff and developing greater respect for people with learning disability across the community. These themes informed the draft Strategy. The draft was reviewed and amended at the Learning Disability Partnership Board meeting on 13 June; then sent out for comment by stakeholders and the public (including giving the web address in an article in Our East End in June). It was amended to reflect the comments received.
- 3.4 It was presented for comment, discussion and approval as follows:
- Adult Integrated Commissioning SMT on 1st June
 - Joint Commissioning Executive (JCE) 21 June
 - LBTH DMT 3 July
 - Health and Wellbeing Board (HWB) 4 July
 - CCG SMT 10 July
 - Learning Disability Partnership Board 17 July
 - LBTH CLT 19 July
 - JCE 19 July
 - Tower Hamlets Together Complex Adults Programme Board 20 July
 - Safeguarding Adults Board 20 July
 - MAB 8 August
 - HWB 5 September
 - CCG Governing Body 6 September
 - Cabinet 19 September.
- 3.5 The Strategy is accompanied by the following related additional documents which are available on request for information.
- a) An easy read Summary;
 - b) A Background Information Document which describes why and how the outcomes were agreed;
 - c) A Market Position Statement; and
 - d) The Delivery Plan which details how the actions for each outcome will be implemented. It has a simple structure, focusing on how the actions in the Strategy will be progressed, by when, by who, resources required and their source and what the desired outcomes are.
- 3.6 **Key points.** The Strategy priorities and actions were informed by comparative data taken from the Learning Disability Factsheet that is part of the Joint Strategic Needs Assessment and other recent local, regional and national data. Some key points are that:
- a. The number of people with learning disability in the population will increase in line with the overall population growth and because people are living longer.

- b. Although people with learning disability are living longer, they do still have higher premature mortality with a lifespan that is 18 years shorter for women than the general population and 14 years for males.
- c. The ethnicity breakdown of the learning disability population registered with GPs at end March 2017 showed 46% being Asian or Asian British with 41% of the total Tower Hamlets population estimated to be of that ethnicity.
- d. An analysis of GP data in 2014 indicated greater prevalence of learning disability among males (3.5 and 2.4 for females) and greater prevalence among the most deprived quintiles of the population.
- e. In Tower Hamlets, people with learning disability have higher obesity levels and lower breast cancer and cervical screening levels than nationally or the general population in Tower Hamlets.
- f. Some 69% of adults with learning disability in Tower Hamlets live in their own home or with family, only just below the national average; however Tower Hamlets has significantly fewer people in supported accommodation in borough and more in residential accommodation out of borough than other areas.
- g. A larger proportion of people receive day care than in other areas – which shows a good level of support is delivered here, but could also show that fewer people are supported to access flexible community provision.
- h. Fewer people are in paid employment in Tower Hamlets than elsewhere; 5.3% compared to 7.5% in London and 6% across England.
- i. Tower Hamlets has had no-one in an assessment and treatment unit in the last five years which is very positive compared to other areas and reflects good community support provision.

3.7 The Strategy sets out a holistic approach to improving outcomes. It is a partnership Strategy, encouraging local organisations, the Council, the NHS, private companies, the community and carers to work together with people with learning disability to implement the actions and improve outcomes. It reflects and promotes a rights based approach, acknowledging that people with learning disability have the right to be treated equally and to control their lives; that they are supported to live an ordinary life in the community and that services have to make reasonable adjustments as disability is a protected characteristic. It acknowledges the need to develop, support and value staff in provider services as they play a key role in ensuring people have the right support. It recognises the vital importance of supporting carers. It sets out the key focus for change and improvement in the support the Council and NHS have responsibility for. These include personalised assessment, care planning and provision of support for care, accommodation, day opportunities and employment for those with the most needs. The actions are limited to be achievable and reflective of the existing limited resource. There is an emphasis on the need to promote independence, community support, inclusion within mainstream services and different, joined up ways of working.

3.8 **Governance.** The Strategy development and implementation is being overseen by the Learning Disability Partnership Board (LDPB), which will report annually to the Health and Wellbeing Board as outlined in the final

section of the Strategy. A simple highlight report will be developed to support these reporting arrangements.

- 3.9 The membership of the LDPB consists of adults with learning disability, carers, provider representatives and Local Authority and CCG officers. The Corporate Director Adults, Health and Community Wellbeing is the sponsor. The Co-Chairs are a person with learning disability who will be elected for a period and Carrie Kilpatrick. The first meeting was 13 June. Bi-monthly meetings for a year have been set.
- 3.10 Subgroups will be responsible for delivering the actions for each outcome as set out in the Delivery Plan. Progress will be reported regularly to the LDPB and annually to the Health and Wellbeing Board. Groups are as follows:
- Health – this is established and meets regularly.
 - Accommodation – this is established and meets regularly.
 - Meaningful activities – covering the “be part of the community and involved in local activities” and “working and volunteering” outcomes from 14 years onwards, which will be initiated by autumn 2017.
 - Choice and the right support – to be initiated by autumn 2017.
 - Respected and safe – the actions will be undertaken by the Safeguarding Adults Board, Community Safety Partnership and LDPB subgroups.
 - Transforming Care – all outcomes apply to this subset of the adult learning disability population. There is a local workplan reflecting the Inner North East London plan which will be championed locally by the choice and right support group. The actions are spread across several LDPB subgroups.
- 3.11 **Co-production development.** A new project is being implemented to ensure a co-production culture is developed and embedded within all aspects of Strategy implementation and continuing strategic and service planning, commissioning and delivery. It has two complementary elements. The Local Authority resource is for identifying, training and supporting people with learning disability to be involved in all aspects of strategic planning and development. This is being delivered by PowHER/HIVE. The CCG quality improvement resource is for a health quality checker scheme (delivered by ExpecttheBest) whereby people with learning disability are trained and supported to visit and check services such as GPs, A&E and dentists against a set of standards which are being nationally developed.
- 3.12 **Finance.** The Strategy is based on agreed Council and CCG budgets and many of the improvement actions promote different ways of working rather than relying on additional resource.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 The Adult Learning Disability Strategy, supporting action plan and market position statement will need to be within the Council's medium term financial strategy (MTFS) and the CCG's financial plan budgets.
- 4.2 The HAC Directorates 2017-18 budget for Learning Disability Services is £19.995m. This is based on the month 3 budget of £20.644m adjusted for savings of £1.493m and demographic growth of £0.844m. This budget allocation does not include any potential future budget growth from drawdown on the corporately held budget for the implementation of the Ethical Care Charter and the provider inflation award.
- 4.3 The Council and the CCG are currently in the process of agreeing the three-year financial envelope available to develop and deliver this strategy. Once agreed the strategy will be delivered within the funding available

5. LEGAL COMMENTS

- 5.1. This Strategy is informed by the Joint Strategic Needs Assessment ('JSNA'). The updated information collected as part of the process will inform the next iteration of the Learning Disability Factsheet that accompanies the JSNA.
- 5.2 The Disability Discrimination Act (2005) and the Equality Act (2010) state that people with learning disabilities must be supported to live an ordinary life in the community in line with human rights legislation and that the public sector has a duty to advance equality of opportunity and foster good relations between persons who have a protected characteristic (which learning disability is) and those who do not. The Strategy will help demonstrate how the Local Authority and CCG are fulfilling those requirements for adults with learning disability.
- 5.3 Other key policies relevant to adult learning disability are set out below. Their requirements and implications are reflected in the Strategy.
 - a) Valuing People: A New Strategy for Learning Disability for the 21st Century (2001), and subsequent strategies, Valuing People Now (2009) and Valuing Employment Now (2009). These focused on promoting and delivering advocacy, employment support, person-centred planning, care coordination and partnership working to improve the lives of people with learning disabilities. They reflected the themes in the Putting People First suite of documents about transforming wider adult social care provision which also emphasised better information, better quality of service, more emphasis on prevention and personalised provision with more choice and control for people themselves.
 - b) Transforming Care: A national response to Winterbourne View Hospital (2012) and the accompanying Winterbourne View Review: Concordat: A Programme of Action (2012) set out to transform services for people with learning disabilities or autism and mental health conditions or behaviours

described as challenging. This included a programme of action to ensure that vulnerable people no longer live inappropriately in hospitals and are cared for in line with best practice, including consideration of supported living options. It highlighted the need for families to be centrally involved in discussions and decisions about care arrangements.

c) The Care Act 2014 legally requires local authorities with social services responsibilities to assess the care needs of any person who appears to be in need of care and support and decide whether services should be provided to that person. The guiding principles are to:

- focus on people's wellbeing and support them to stay independent for as long as possible;
- introduce greater national consistency in access to care and support;
- provide better information to help people make choices about their care;
- give people more control over their care;
- improve support for carers;
- improve the quality of care and support;
- improve integration of different services; and
- strengthen the transition process.

d) In Building the Right Support (2015), a clear national plan and new service model were set out to develop community services for adults with learning disability or autism and mental health conditions or challenging behaviour. The accompanying document , Transforming Care for people with learning disabilities – next steps (2015), set out a programme of work to be led by cross borough Transforming Care Partnerships which were to support discharge and prevent admission through holding Care and Treatment Reviews for individuals at risk, providing more personalised community support and developing the workforce.

5.4 The themes running through all these policies and the whole national policy and legal framework emphasise the importance of providing quality services in response to individual need, which promote independence, choice and control, and also achieve effective use of resources. These themes have informed the development of this Strategy.

5.5 The Council is required when exercising its functions to comply with the duty set out in section 149 of the Equality Act 2010, namely to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity between those who share a protected characteristic and those who do not, and foster good relations between those who share a protected characteristic and those who do not. Information relevant to meeting this duty is set out in the One Tower Hamlets Considerations Section of the report below.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 The strategy details commitments to improve outcomes and support for adults with learning disability (a protected characteristic), including:
- Improving access to mainstream services for adults with learning disability
 - Developing the awareness and understanding of children and young people, the community as a whole, and mainstream services of adult learning disability so there is better communication, involvement and understanding.
- 6.2 The Equality Analysis Quality Assurance checklist was completed in June 2017. It identified that the Strategy did not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions were recommended at this stage.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 The Strategy and the associated Market Position Statement promote collaboration and co-ordination between local organisations; an improved response from mainstream organisations and reflect Local Authority business cases for savings through plans to ensure more effective use of available resources. The emphasis on promoting healthy living, early and preventative intervention and increased use of community services will also help reduce the need for more expensive specialist services further down the line.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1. The Strategy details no specific commitments. However, through promoting travel training so more people are able to and feel safe to use public transport rather than Council or community transport and by bringing people from out of borough placements back into borough, it will help promote sustainability.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1. The Strategy details commitments to improve outcomes and support for adults with learning disability, ensuring that the duty of both the Council and the CCG to provide support for this group is delivered safely and effectively.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 Actions to achieve the “be respected and safe” outcome and the associated action plan will help contribute to the reduction of crime and disorder.

11. SAFEGUARDING IMPLICATIONS

- 11.1 Being respected and safe is one of the outcomes and a number of actions are identified to improve the outcomes. The responsibility for completion of the

actions will be shared by the LDPB, the Safeguarding Adults Board and the Community Safety Partnership.

Linked Reports, Appendices and Background Documents

Linked Reports

- Easy Read Summary of Living Well in Tower Hamlets: the adult learning disability Strategy.
- Background Information Document – Living Well in Tower Hamlets: the adult learning disability Strategy.
- Equality Analysis Quality Assurance - Living Well in Tower Hamlets: the adult learning disability Strategy.
- Tower Hamlets Market Position Statement –adult learning disability.

Appendices

- Living Well in Tower Hamlets: the adult learning disability Strategy 2017 to 2020 Final Draft.

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

The Learning Disabilities Factsheet 2015 that is part of the Tower Hamlets Joint Strategic Needs Assessment suite of documents.

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