## Learning Disability Health Overview \& Scrutiny Committee Challenge Session: Update and Action Plan

## Recommendations R1: Joint working between SEND, Children's and health services should aim to address the under representation of 14 -17-year olds on the learning disability primary care registers. This will ensure more effective coverage of primary care health checks for this group.

## Actions \& Progress

Efforts continue to identify individuals with a learning disability as the GP register sizes counts 1,498 individuals at present, an increase of over 300 individuals within 24 months with increases in both adults and children populations.

The under representation of 14-17-year olds on the learning disability primary care registers is included in the SEND Improvement Plan.

Addressing the under representation of 14-17-year olds on the learning disability primary care registers was a priority for the LD strategy and remains a top 5 priority. A strategy to address the under-representation of children and young people was agreed by the SEND Board in September 2020. This proposal outlined a series of actions to be undertaken to ensure identification was improved. While the COVID-19 pandemic had a major impact on the capacity of health systems, there is work underway across adult and children's services to increase representation.

An identification process of young people with a learning disability to enable coding on the GP learning disability register will be developed. This work will be taken forward by the 'Preparing for Adulthood Transitions Group' improving the alignment and further enhancing the collaboration between Adult and Children's Services for transitions.

Action for CLDS, SEND and Children's services to finalise and implement protocol of identification of young people at 14 for inclusion on LD register at the point of CLDS transition planning commencing where all year 9 students with a statement of special educational needs are reviewed regarding future eligibility for accessing CLDS and the transition tracking is initiated. Protocol also to be agreed for gaining parental consent to include young people on GP LD registers.

For young people who are functioning in ranges at the boundaries of the learning

Assigned to

1. Anthony Harris, Head of Children's
Integrated
Commissioning
(Interim) Children
and Culture /
Integrated
Commissioning
2. Mary Marcus and Stewart Andrews for Preparing for Adulthood
Transitions
3. Community Learning Disability Service (CLDS)
4. SEND
5. Children's and Health Services

|  | disabilities diagnostic criteria there is a need to increase the number accessing learning disabilities diagnostic assessments whilst still in children's services and/or for them to be included on GP LD register with provisional LD coding. |  |  |
| :---: | :---: | :---: | :---: |
| R2: Effective transition planning is addressed through the new LD strategy and joined up with the Children and Families Strategy and CAMHS Transformation Plan. Identify and diagnose people with LD earlier and work with health provision to ensure that LD needs are being met effectively. | Children and adult services continue to prioritise a well-planned transition for young people, starting from age 14 . The LD approach going forward will align with the Children and Families Strategy and CAMHS Transformation Plan. <br> To ensure that young people have appropriate support at all stages of their development, CLDS assist in identifying young people with a possible LD diagnosis starting at age 14 , but without assessment. <br> Transitions pathways are the focus of the Transitions Board jointly chaired by Mary Marcus and Stuart Andrews. <br> Data is required from CLDS to identify the number of young people who may require LD diagnostic assessments starting from the age of 14 to support clear transition planning. At present most LD diagnostic assessments, if required, happen once a young person has turned 18 therefore proactive transition planning is not possible. This data should inform the building of a business case to support more assessments to be undertaken earlier within the context of children's services to support robust and proactive transition planning. | 1. Carrie Kilpatrick, Deputy Director Mental Health and Joint Commissioning <br> 2. Transitions Board jointly chaired by Mary Marcus and Stewart Andrews <br> 3. SEND <br> 4. Children's and Education Services | $\begin{gathered} \text { March } \\ 2022 \end{gathered}$ |
| R3: Joint commissioners for Learning Disability services and Safeguarding Adults Teams must ensure that Safeguarding Adult Review's (SARs) recommendations are actioned and monitored and facilitate how learning of SARs is applied and embedded into service/action plans. | The LeDeR programme continues to strengthen links with the Safeguarding Adults Review processes to ensure that the actions and recommendations from those cases are taken forward and addressed. LeDeR is discussed frequently at the Tower Hamlets Safeguarding Adults Board (SAB). Strategic partnerships between health and social care partners attending the SAB will be strengthened in terms of meeting the needs of the LD community by taking the learning from LeDeR reviews and implementing this into strategy using a place based approach. <br> The Safeguarding Adults Board will have a spotlight on learning disabilities, designed to strengthen and facilitate local learning and accountability for SAR's actions across teams and services for this population. | 1. Shohel Ahmed, Safeguarding Adults Board | November $2021$ |


|  | Additionally, there is a clear interface between CLDS, emergency care, secondary care health service providers and the SAB in the Learning Disabilities Health Subgroup where learning from SARs and the tracking of actions is undertaken. |  |  |
| :---: | :---: | :---: | :---: |
| R4: Raising awareness of LD and Mental Capacity Assessments (MCAs) amongst health practitioners and staff is a positive initiative, but it needs to be better coordinated. A training programme implemented in all health settings would improve LD patient experience. <br> The LD work programme has a lack of trained reviewers (related to LeDeR) with majority based in the Community Learning Disability Service. There is a need for more trained reviewers' and funding for this would need to be further discussed. <br> To pursue providers such as Barts Health to offer a pool of reviewers to support the LeDeR programme. | Mental Capacity Assessments <br> Improvements to Primary Care training and the annual health check process continue to be a priority. Training and awareness sessions open to all health and social care staff in Tower Hamlets have been offered throughout the year on key areas relating to learning disability such as annual health checks, care and treatment reviews and positive behaviour support. <br> Learning disabilities link nurses within the Tower Hamlets Community Learning Disabilities Service and the Clinical Lead for Learning Disabilities for Tower Hamlets CCG continue to join many of the GP network LD MDT meetings focused on the health needs and inequalities experienced by people with learning disabilities to provide updates on the LD health agenda. <br> In order to ensure that people are supported to make decisions for themselves or remain at the centre of the decision-making process, MCA awareness is included in statutory and mandatory safeguarding training for both ELFT and LBTH staff. The importance of raised awareness of LD and MCAs led Barts Health NHS Trust to recently complete an audit around MCA knowledge. Guidance from those findings will be distributed amongst health practitioners and staff. <br> The Designated professional for Safeguarding Adults, Belle Farnsworth is currently undertaking scoping with CHC teams and the Local Authority to identify the number of individuals likely to be impacted by the introduction of the liberty protection safeguards when implemented in April 2022. The CCG are currently awaiting the release of the Code of Practice document which is likely to provide further detail into how LPS will impact upon the care and support of people with learning disabilities who lack the relevant capacity. NEL wide and local LPS Implementation Groups are being held to discuss the impact and strategies to support the changes including | 1. Dr Jason Crabtree, Clinical Lead for Learning Disabilities, Tower Hamlets, NEL CCG <br> 2. Belle Farnsworth, Designated Professional Safeguarding Adults, Tower Hamlets Local Area Contact: LeDeR; <br> 3. Lead Nurse Learning Disabilities, Barts Health NHS Trust <br> 4. Tower Hamlets Learning Disability Health Sub-Group <br> 5. SAB-Community Engagement Sub Group: Sarah Murphy and Treshi Shail <br> 6. Joe Ellis and Tresi Shail, Empowering Voices - Create Day Centre | March 2022 |


|  | training, communications, financial implications, workforce etc. <br> The Safeguarding Adults Board (SAB) Sub-Group for Community Engagement are currently producing an animation video on safeguarding adults, part of this animation involves co-production of service users including people with learning disabilities to ensure that the animation is accessible to people with impairments and/or physical disabilities and using accessible terminology. <br> LeDeR <br> The LeDeR programme continues to be overseen by the Tower Hamlets Learning Disability Health Sub-Group and ensures engagement from all key partners. <br> LeDeR is frequently discussed at the Tower Hamlets SAB. The Designated professional for Safeguarding Adults, Belle Farnsworth is a member of the board and advocates for strengthening partnerships between health and social care partners attending the SAB in terms of meeting the needs of the LD community by taking the learning from LeDeR reviews and ensuring learning is being embedded and implemented into local organisational strategies using a place based approach. November's SAB will host a focus on Learning Disabilities including presentations on Safeguarding Adult Reviews and learning/themes, host commissioner arrangements and what this means in terms of safeguarding, LeDeR annual report and learning disabilities and Primary Care. <br> New LeDeR policy published in March 2021 requires that ICSs employ their own reviewers or contract independent reviewers to ensure the stability and continuity of the reviewing process. The new NEL structure has received this proposal and if approved, the proposed new LeDeR team including NEL-wide senior reviewer would be in place by April 2022. |  |  |
| :---: | :---: | :---: | :---: |
| R5: The sub-committee is interested in further understanding how we support those people who show signs of LD but do not meet the initial CLDS threshold through | Supporting those people who show signs of LD and or autism but do not meet the initial CLDS or THAS threshold through assessment is a key priority area. <br> A programme of on-going work within community mental health transformation is underway to ensure that the needs of individuals with mild and borderline learning disabilities are considered in the transformation planning. | 1. Dr Jason Crabtree, Clinical Lead for Learning Disabilities, Tower Hamlets, NEL CCG <br> 2. Marion Reilly, ELFT |  |

assessment.
This also relates to the partnership arrangements and strength of relationships between social care and health partners to ensure people with LD at all levels are supported the best way possible to avoid later dependency on services.

This is in addition to work undertaken with mainstream mental health services to support the access of individuals with mild learning disabilities and autism, including training, consultation and cross service working, this includes specific examples of training provided to Tower Hamlets Talking Therapies (THTT) the local NHS Psychological Therapies (IAPT) service on adapting interventions to support individuals with LD and/or autism and the ELFT Tower Hamlets no front door meetings which brings together representatives across adult mental health services to ensure that access to services for clients with complex needs are considered in one place - reflecting best practice.

Extra contractual consultation is also provided to adult social care by specialist LD and autism services for clients presenting with complex needs who again don't meet traditional service eligibility criteria and there is the opportunity for such clients to access the wider NEL offer for individuals with complex behavioural support needs.

Work with health services will be overseen by Tower Hamlets Together (THT). This is a partnership of health and care organisations that includes: the Council, local NHS trusts and commissioners, the GP Care Group and Tower Hamlets Council for Voluntary Services.
Significant work was undertaken by multiple partners including CLDS, the CCG and GP surgeries to raise awareness of hospital passports. This work continues to ensure that those individuals with the most complex health needs have their views and information in place to support situations in which they require urgent hospital admission, without their usual carer network in place.

Linked to a local incentive scheme to develop electronic health passports and over seen by the Alliance Board, a pilot project was initiated to use Coordinate my Care (CMC) for this purpose. CMC can be accessed by GPs, out of hours, GP services, 111, the London Ambulance Service and Accident and Emergency services.

However, CMC, the current software programme chosen as an electronic health passport for people with learning disabilities in Tower Hamlets, is to be
3. Megan Clavier, LD

Health
Commissioning
Manager

R6: Utilise online platforms and develop (electronic) health passports for people with learning disabilities in Tower Hamlets and build into standard practice as part of Annual Health Check, initial assessments and annual reviews completed by CLDS.

|  | decommissioned in London in March 2022. A new system aims to avoid double entries which has been the biggest rate limiting step of utilising CMC. There are assurances that CMC data will be migrated onto the new platform. <br> Work is underway to understand the transition period from one system to the next, ensuring all data is saved outside of CMC, and staff dedicated to the electronic health passport project have a clear plan in place over the next five months until the new system is rolled out. <br> Communications and promotion of the next system will begin prior to transition in April 2022. |  |  |
| :---: | :---: | :---: | :---: |
| R7: Ensure those with complex health needs have a (electronic) hospital health passport in place. | In order to ensure wider uptake of the electronic health passport, CLDS took on a Support Worker who focuses on the roll out of a digital health passport/CMC which is helping to increase numbers. Initially, the focus was on individuals with the most complex needs. <br> A new digital supplier to replace CMC will be launched in April 2022. Data of any patient with a CMC plan will be migrated to the new system, ensuring individuals with the most complex health needs will continue to be covered. <br> Consideration is being given to the use of Patient Knows Best (PKB) as the patient facing portal. This may enable broader care planning in future. <br> The primary action is to continue to raise awareness and knowledge of the digital health passport offer and support people with learning disabilities and their carers to develop individualised digital health passports. Training will be provided to day services and supported living/residential services to support them in transferring existing paper health passports to the digital health passport system in addition to individuals living more independently and with families being offered tailored support to generate digital health passports. Individuals with more complex health needs, i.e. CHC, long term conditions and regular A\&E attendees will be targeted initially. | 1. Dr Jason Crabtree, Clinical Lead for Learning Disabilities, Tower Hamlets, NEL CCG <br> 2. Megan Clavier, LD Health Commissioning Manager | April 2022 |


|  | Additionally CLDS will offer support and signposting to the development of digital health passports for all new CLDS service users as their eligibility to receive support from CLDS is confirmed. |  |  |
| :---: | :---: | :---: | :---: |
| R8: Healthwatch and LD commissioners/LD services should work together more closely to obtain views of LD service users and enhance the repository of information which can help service improvement and monitoring. <br> There is extensive evidence to suggest that by providing 'learning disability friendly environments', it can help services implement reasonable adjustments and improve outcomes for people with LD. There is a commitment from adult social care to increase community provision, but the committee was not clear if there is partner commitment to increase 'LD friendly environments' particularly as some inpatient services are being decommissioned in favour of more community provision. | The importance of coproduction in service design, monitoring and improvement led to the development of the Empowering Voices and Quality Checker services. The services aim to improve co-production and upskill service users into identifying and creating recommendations and actions that will address the health and social inequalities the population face. Despite the challenges of Covid-19, Empowering Voices and the Quality Checker services have continued to meet regularly, attend trainings, and organise events. <br> Quality Checker Service <br> Due to the pandemic, the Quality Checker Service is scheduling their first set of service quality checks in October 2021. They will continue to provide support for services to become more accessible and offer adjustments and improvements to how services can become friendly and suitable environments for people with a learning disability. <br> The Quality Checker Service plans to identify and recruit six more service users to be trained by Skilled for People, bringing the total of Quality Checkers to 10. The training received will add to the prospect of service users to gain further employment and support employment providers. <br> The reports produced from each check will support services to understand what they are doing well, and what ways they can further become learning disability friendly environments that provide reasonable adjustments and improve outcomes. <br> The current Quality Checker team are planning the next stages of the project, including further training to become quality checker champions, so that they can provide scenario training for new checkers. They aim to conduct their first GP surgery review in October 2021, 4-6 more checks before 2022 and plan to identify 3 services for checks by 2022. Plans are also underway to complete a check of Shared Lives: person centred, family based care in the community by the community. | 1. Dr Jason Crabtree, Clinical Lead for Learning Disabilities, Tower Hamlets, NEL CCG <br> 2. Joe Ellis and Tresi Shail, Create Day Centre <br> 3. Megan Clavier, LD Health Commissioning Manager | April 2022 |


|  | Empowering Voices <br> Empowering Voices have distributed communications to external organisations in order to invite more service-users to join the team, and to broaden the reach and experience of the group. <br> Empowering Voices plans to expand on the success they've had with local organisations thus far, aiming to communicate the service they provide with more organisations. They are aiming to distribute videos that were created during the pandemic on service user experiences more widely through ELFT/LBTH communications platforms. <br> Your Say, Your Day event will happen quarterly and will begin happening in person now that restrictions have eased. |  |  |
| :---: | :---: | :---: | :---: |
| R9: Given the variability of annual health check (AHC) completion rates across network areas, more targeted support should be offered to networks where rates are low. | Primary Care adapted during the pandemic to ensure learning disability annual health checks could still be received. This was mainly achieved through the identification and prioritisation of 'at-risk' individuals and providing a virtual offer to those not required to come into a practice. <br> AHC figures for adults with an LD over the last three years indicate that uptake continues to improve. The percentage of AHCs completed for LD Adults as of September 2021 was 72\%, exceeding NHS England annual reduced target of 67\%. <br> The number of LD patients with a Health Action Plan increased from 38\% in March 2017 to 95\% in September 2021. <br> A business case is in development for new bespoke weight management and offer of dietetic input for those with LD and $\mathrm{BMI}>30$. The proposal will include an incentive which encourages GPs to make onward referrals to this high risk cohort, either to mainstream dietetics or to our anticipated new bespoke LD offer. <br> A proposal is being developed for GP CQUINS for medication reviews, specifically physical health monitoring for those on psychotropic medication, including annual | 1. Dr Jason Crabtree, Clinical Lead for Learning Disabilities, Tower Hamlets, NEL CCG <br> 2. Megan Clavier, LD Health Commissioning Manager <br> 3. Leena Khagram, NHS Bowel Cancer Screening Programme Integrated Medicine \& Rehabilitation, Homerton <br> 4. Joe Ellis and Tresi Shail, Quality Checkers - Create | April 2022 |


|  | bloods for those on antipsychotics and ECGs where indicated. <br> A service-user informed GP endorsement model around bowel cancer screening continues to be piloted. Best practices and insights gained from the pilot will be applied as a model for future cancer screening programmes for people with LD. <br> Quality Checkers will begin in-person GP surgery quality checks in October 2021. With the aim to expand from 4 team members to 10 by 2022, this service will provide support for services to become more accessible and offer adjustments and improvements to how services can become friendly and suitable environments for people with a learning disability. | Day Centre |  |
| :---: | :---: | :---: | :---: |
| R10: Tower Hamlets Council should lead by example and create more paid job opportunities for people with LD and set aspirational targets. | Increasing the number of paid job opportunities in Tower Hamlets Council remains an important objective. The pandemic caused considerable employment challenges that affected the Council's ability to develop more opportunities. <br> Continued delivery of employment support and skills programmes will increase the number of individuals with learning disability looking for paid employment. More work will be completed to facilitate the creation of paid jobs in TH Council and aspirational targets will be set and measured. | Eleea Islam, Learning Disability Commissioner <br> Graham Smithers, JET | April 2022 |
| R11: To ensure charter to get commitment from member organisations to employ more adults with a learning disability incorporates concept of supporting each other to develop a truly inclusive culture in their respective organisations. <br> R12: The Health and Wellbeing Board (HWBB), Partnership Executive Group and health organisations should create | The number of employers employing people with LD has steadily increased throughout 2019-2020 from 27 employers in quarter 1 to 46 in quarter 4. The decline throughout 2020-2021 has been overwhelmingly due to the pandemic. <br> There has been enhanced employer engagement with new organisations recruiting and supporting people with learning disabilities to access employment and employment related benefits including: <br> - Working with Airbnb, Coders for Covid and a FTSE100 company, the Compass Group. <br> - Gaining support from the Forbes Charitable Foundation and the DWP to broker kickstart employment opportunities for people with learning disabilities. <br> - ANZ Bank funded over 50 laptops and tablets to enhance remote service provision during the lockdown. <br> - The British Association for Supported Employment developed opportunities | Eleea Islam, Learning Disability Commissioner <br> Graham Smithers, JET | April 2022 |


| $\begin{array}{l}\text { more job opportunities for } \\ \text { adults with learning disabilities. }\end{array}$ | for people with learning disabilities at Microsoft sites in London. |
| :--- | :--- | :--- | :--- |
| During the pandemic and subsequent lockdown, the service managed to ensure 61 |  |
| individuals were furloughed, and that an additional 14 were supported to sustain |  |
| their employment, instead of their contracts being terminated. |  |$]$


|  | best practice by Matrix (the equivalent of OFSTED for employment services). <br> In order to continue supporting service users receiving support both in-person and online, JET acquired Android Tablets to support the programme and have in-house IT support to assist service users with accessing the online sessions. Staff from ANZ Bank are currently raising money for JET so further tablets can be acquired to expand the programme. <br> Young people with learning disabilities continue to benefit from delivery of JET's Employment First supported internship programme, a ten month programme that aims to progress students with learning disabilities into employment in the hospitality sector. <br> Tower Project run a number of social enterprises that will provide real-life work and training opportunities for people with a learning disability, sensory disability, autism, physical disability or health related issue. The transferable employability skills prepare individuals for the world of work and independent living. |  |  |
| :---: | :---: | :---: | :---: |
| R15: The Tower Hamlets Accommodation Plan for people with LD should set ambitious targets for the development of local accommodation opportunities for people with a learning disability. This should address the historic lack of options across all types of provision with in the borough. <br> R16: To secure funding and resources to support development of new supported accommodation schemes. | A four-year programme to reduce the number of out-of borough placements and bring individuals back into borough is underway. The programme aims to reduce out-of-borough placements and bring at least 59 individuals back into the borough which will be supported through the development of a number of new schemes designed to meet key local needs. Council capital funding has been secured for two of these schemes, with a third scheme already delivered funded by the supported accommodation Provider. <br> A detailed appraisal of our supported housing and Care home provision will be undertaken later this year and will inform further recommendations in this area. Consideration will be given to all available funding streams. | Andria Gosling, <br> Commissioning Manager, <br> Integrated <br> Commissioning | April 2022 |


| R19: To work with Housing <br> Providers and Housing Options <br> and consider ways to increase <br> supported accommodation <br> capacity through capital <br> programme /HRA funding. The <br> committee asked that the <br> capital programme or HRA <br> funding be considered for <br> additional provision of housing <br> and noted that the cohort were <br> often a stable source of housing <br> revenue. |  |  |
| :--- | :--- | :--- |
| R17: The last LD JSNA Factsheet <br> was updated in 2016. In light of <br> Covid-19 and the impact it has <br> had on LD services it is <br> recommended that the <br> factsheet is updated. | Discussions are underway with health intelligence colleagues in our Public Health <br> Teams to build an updated LD JSNA Factsheet into the work programme. | Public Health |
| R18: Any future adults' learning <br> disability strategic/action plans <br> should have a key set of <br> performance measures to be <br> published and reported to the <br> sub-committee every six <br> months. | Key health and social care performance information is reported through both the <br> health and social care national frameworks and is also reported through local <br> governance structures. | NA |

