

# HEALTH AND WELLBEING BOARD

22 November 2016

<b>Title:</b>	<b>Learning Disability Partnership Board – Update on Delivery</b>		
<b>Report of the Strategic Director, Service Development &amp; Integration</b>			
<b>Open Report</b>	<b>For Information</b>		
<b>Wards Affected:</b> ALL	<b>Key Decision:</b> No		
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<b>Sponsor:</b> Anne Bristow, Strategic Director of Service Development & Integration			
<b>Summary:</b> <p>The Health &amp; Wellbeing Board (HWBB) have delegated to the Learning Disability Partnership Board (LDPB) to oversee the improvement of services and support to people with a learning disability in Barking and Dagenham. It achieves this through the regular monitoring of an action plan which brings together the actions arising from strategies and self-assessment work for both learning disability services and autism, together with the work that is coming out of the nationally-driven Transforming Care Partnership programme.</p> <p>This report provides an overview of progress in order to give assurance to the Health and Wellbeing Board (HWBB) on progress against the agreed workplan.</p> <p>The last report was presented to the HWBB on 26 January 2016. At the meeting, the HWBB were presented with the delivery plan for the LDPB. The delivery plan is an evolving document, with actions added to it as new issues and national and local agendas arise. The delivery plan is reviewed at each of the LDPB meetings. This report summarises the work that has been undertaken since January 2016.</p> <p>As a separate attachment, Members of the Board are also provided with a more detailed update on the Transforming Care Partnership work, which is being led across Barking and Dagenham, Havering and Redbridge under the nationally-driven TCP programme. This is also included in discussion at LDPB meetings to ensure that there is good borough engagement and to review fit against the wider plans for people with learning disabilities, autism and challenging behaviour.</p> <p>The Health &amp; Wellbeing Board are invited to note achievements against the plan, to review areas or services which require further improvement, and to review the actions agreed to progress any improvements.</p>			

## **Recommendation(s)**

Members of the Board are recommended to:

- (i) Comment upon the progress that has been made in implementing the delivery plan.
- (ii) Comment upon the progress and actions made in implementing the Transforming Care Programme.
- (iii) Request any further actions to be taken forward to maintain or improve services for people with learning disabilities and autism.

## **Reason(s)**

The Learning Disability Partnership Board is a sub-group of the Health and Wellbeing Board. The HWBB tasked each sub-group to be responsible for reporting and implementing actions relating to national and local priorities, as well as sections of the Health and Wellbeing Strategy delivery plan that relates to its service area. This report provides assurance from the Learning Disability Partnership Board (LDPB) that the actions delegated to the LDPB from the HWBB are being delivered.

The Delivery Plan and Outcomes Framework of the Health and Wellbeing Strategy delegates the governance and scrutiny to the LDPB. These have been incorporated into the delivery plan attached, although these are also covered in the Learning Disability Self-Assessment Framework (LDSAF), Autism Self-Assessment Framework (ASAF) and the Transforming Care Programme.

## **1 Introduction**

- 1.1 The Learning Disability Partnership Board (LDPB) meets on a bi-monthly basis and includes representatives from organisations who work across the local health and social care economy, from both the voluntary and statutory sectors, together with service users and carers.
- 1.2 The LDPB has three representative groups that support it: a Service User Forum, a Provider Forum and a Carers' Forum. These groups discuss and comment upon items that go to the LDPB, and escalate issues facing people with learning disabilities and autism to the Board. A representative from each of the representative groups sits on the LDPB and attends each of the meetings. There are currently two service user representatives and an informal carer representative on the LDPB.
- 1.3 A delivery plan has been created to track and monitor the progress being made against key national and local agendas for people with learning disabilities and autism, including:
  - Learning Disability Self Assessment Framework (LDSAF);
  - Autism Strategy;

- Autism Self Assessment Framework (ASAF)
- The Winterbourne View Concordat and the Transforming Care Partnership programme;
- Challenging Behaviour plan;
- Carers' Strategy.

1.4 The delivery plan is discussed at each LDPB meeting and updates to the plan are coordinated by the Joint Commissioning Manager for Learning Disabilities. The LDPB escalates any exceptional issues which require attention or investment by the HWBB via the sub-group reports to Health and Wellbeing Board meetings.

### **Update to the Autism Self-Assessment Framework**

1.5 The borough has submitted its annual update to the Autism Self-Assessment Framework in October 2016, involving members of the LDPB in shaping the view against each of the domains. The final Autism SAF submission will be discussed at the next LDPB, importantly to reshape the action plans as necessary to ensure that improvement in services for people with autism continues. A future update to the Health & Wellbeing Board will summarise the resulting revisions to plans.

## **2 Priority areas previously discussed with the Board**

2.1 In previous consideration of the action plan and the priorities for improvement, the Health & Wellbeing Board has highlighted the following as areas of concern:

- Numbers of people with learning disabilities in paid employment;
- Healthchecks;
- Screening for health conditions;
- Offender health and the criminal justice system;
- Housing needs for people with autism;
- Diagnostic pathway for people with autism.

2.2 The report presents updates on these priority areas, as follows. Further detail on the wider Transforming Care programme plan is included in Appendix 1.

### **Numbers of people with a learning disability in paid employment**

2.3 Every year as part of our statutory performance returns, we report on the proportion of adults with a learning disability in paid employment. This measure is intended to improve the employment outcomes for adults with a learning disability, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life.

2.4 During 2015/16, 13 people (3.5%) with a Learning Disability, who are in receipt of social care services, have been identified as being in paid employment. This figure puts us in the bottom quartile of our comparator group for other local authorities: the comparator group average is 6.9% and the London average is 6%.

2.5 The Health and Wellbeing Board requested for the LDPB to put a plan together, setting out how 50 service users can be identified, with an outcome of 40% of these service users (20) being successfully supported into employment. Employment can

be as little as 4 hours per week and can be short term (such as temporary work over the Christmas period).

- 2.6 The LDPB held a workshop in July 2016 which focussed on the barriers to employment and identified ways of improving and securing employment opportunities for people with learning disabilities & autism in Barking and Dagenham. The meeting was attended by a wider representation of service users, carers and providers focussing on employment. It was agreed that a coordinated approach was needed by partners to support people with learning disabilities into work and the following actions were generated from the workshop:
- Develop and implement a programme of raising awareness of disability for prospective, new employers of people with learning disabilities.
  - Circulate and publicise on the Care and Support Hub general information about permitted earnings to service users, carers and employers.
  - NELFT to run a development session about interviewing for people with learning disabilities.
  - Officers to attend voluntary groups to talk about employment opportunities.
  - Employers within the borough to be contacted about employing a person with a learning disability.
  - Commissioners to work with the Business Enterprise Centre to explore how it can support this endeavour and how it can develop social enterprises/small businesses that will work with people with learning disabilities.
- 2.7 In early November it was reported that 100 NHS organisations across the country have pledged to employ more people with learning disabilities, as part of Mencap's drive for more work experience placements for people with learning disabilities. On signing up to the pledge, organisations receive a learning disabilities toolkit, developed by NHS England and NHS Employers to highlight good practice in LD employment. The pledge and the toolkit will be discussed at the LDPB meeting in November. In particular, BHRUT and NELFT will be encouraged, alongside other partners, to sign up to the pledge and create more work experience placements and job opportunities in their organisations, particularly as some of the biggest employers in the local area.
- 2.8 A task and finish employment project team has been formed to take forward improvements in employment opportunities. All of the actions above have been turned into an action plan and incorporated into the LDPB delivery plan for monitoring by the Board.
- 2.9 These actions are being pursued, and a number of internal discussions have taken place to engage employment support partners in discussion about how to better support people with a learning disability into employment. However, this has yet to deliver tangible results in terms of supporting people into a job. Therefore, there remains a need to ensure that this is surfaced explicitly at LDPB meetings so that outcomes are seen from this work.

### **Health checks for people with a learning disability**

- 2.10 People with learning disabilities have poorer health than the general population and have a shorter life expectancy compared to the general population. Mental illness,

chronic health problems, epilepsy, and physical and sensory problems are more common amongst this group than they are within the general population.

- 2.11 To help address these health inequalities GPs are commissioned to offer an Annual Health Check to people with a learning disability in line with good practice set out in the Cardiff Health Check.
- 2.12 The report in January 2016 showed a significant reduction in the number of health checks recorded as being carried out by GPs, following changes to how payments were validated. The HWBB raised significant concern about this, noting a figure of just 25% of people with a learning disability on GP registers having had the health check. To achieve a positive 'green' rating in the annual self-assessment, ADASS and NHS England expect 80% performance, equivalent to 630 health checks in numerical terms.
- 2.13 Local data shows that, as of the 31 October 2016, the number of health checks has increased from 25% to 70% for this cohort, allowing adjustments for a small increase in the number of people with a learning disability on GP registers.
- 2.14 A significant programme of action has been undertaken to achieve this improvement, including:
- Communication, awareness raising and formal training with GPs and their practice staff, undertaken by the Joint Commissioner, the CLDT Lead Nurse and the CCG Practice Improvement Lead;
  - Enhanced co-ordination and targeted support to practices through the CLDT, with better follow-up, validation and monitoring, which included improvements to the link between this work and the on-going partnership work between social care, primary care and community health services through the locality teams;
  - A series of workshops with providers and service users on the need for, and process of, a health check, facilitated by the CLDT with the aim of empowering service users and carers to expect a health check routinely and to assist providers in identifying reasonable adjustments;
  - Inclusion of health check promotion as a requirement in supported living contracts;
  - Inclusion of health check monitoring in the Quality Assurance framework of the Council's commissioning function.
- 2.15 Alongside work on health checks, it is important to note that more than 90 percent of people registered with the CLDT have a Health Action Plan (HAP) in place.
- 2.16 Performance in health checks and health action plans has been continuously monitored by the LDPB over the past six months, as well as by the Joint Commissioner, Practice Improvement Lead and CLDT. The improvement is still short of the required 80% and requires continued efforts ensure people with a learning disability receive a health check. The on-going challenge will be to embed this working relationship and evidence continuous improvement. Focus on this area will be supported by the inclusion of health checks for people with learning disabilities within CCG operating plan requirements for 17-19.

## **Screening programmes**

- 2.17 As for the general population, people with a learning disability are entitled to supported access to screening programmes for major cancers, including breast, cervical and bowel cancer screening.
- 2.18 A local analysis in January 2016 suggested that breast and cervical screening performance was in line with expected performance, but that performance was below average for bowel cancer screening for people with learning disabilities.
- 2.19 The local data available as of September 2016 is reporting that:
- 26% of the eligible learning disability population have had a bowel cancer screening
  - 31% of the eligible learning disability population have had cervical cancer screening
  - 31% of the eligible learning disability population have had a breast cancer screening
- 2.20 The CLDT, Joint Commissioner and Practice Improvement Lead have worked with GPs to ensure that cancer screening is included within the health check process.
- 2.21 The CLDT and Joint Commissioner has been working with Public Health to understand specific issues around people with learning disabilities participating in screening and to implement some actions to address this, including:
- Working with GPs through the Cancer programme and LD health checks work to raise awareness of screening.
  - Wider awareness raising with carers, service users and LD providers on the process and importance of screening.
  - Working with screening providers to ensure appropriate information and appointment times are provided for people with LD.
- 2.22 These outcomes for cancer screening are positive and more than the required 23% of the learning disability population have received their screening. However, the CCG remains committed to improving on this number. Colleagues in Public Health are carrying out a review of cancer screening due for completion in April 2017 which will inform our next steps in ensuring that this performance continues in an upward trajectory.

## **Offender health and the criminal justice system**

- 2.23 Whilst Barking and Dagenham does not have a local prison, nonetheless there are a number of important issues that touch on the lives of people with learning disabilities and autism around the criminal justice system. The LDPB has sought to ensure that Police, community safety and probation colleagues are invited into the partnership to maintain dialogue and to ensure that strategies are developed for the issues that arise.
- 2.24 This improved dialogue with criminal justice agencies has included engagement of the LDPB and its service user and carer sub-groups to with police colleagues to raise the awareness of learning disabilities. Greater engagement with frontline

police officers remains an action to be undertaken, and discussions are being initiated with the Borough Commander on how this might best be undertaken.

- 2.25 The Group Manager for Community Safety and Integrated Offender Management was a regular attendee at the Learning Disability Partnership Board and, since this post was deleted in the Council's restructure, new mechanisms need to be established for maintaining a senior manager representation on community safety matters.

### **Housing needs for people with autism**

- 2.26 The Council is developing an overarching needs analysis and strategy for meeting the housing needs of those with care and support needs and other vulnerabilities. This will include detail on how the Council will meet the housing and support needs of adults with autism, including how it will engage with ageing carers around the housing and support needs of their adult children with autism. This work has taken longer than the original timescale set, and is now being developed in parallel with the emerging transformation priorities for the Council that will deliver a range of new and expanded ways to meet local residents' housing needs. A draft of the strategy is expected by the end of March 2017.
- 2.27 The strategy will include work with the private sector housing market, the use of the Council's own housing stock, as well as new building developments and commissioning plans for supported living to meet expected needs. The LDPB and its subgroups will remain engaged in its development and have the opportunity to shape the final plans.

### **Diagnostic Pathway**

- 2.28 The diagnosis of autism has at times been captured within the overall diagnosis of learning disabilities in the absence of specific autism assessment. A key driver of the success of the Autism Strategy is access improved diagnosis and information through diagnosis and assessment. The agreement within the Autism Strategy was for an autism diagnostic pathway to be provided by NELFT, including its implementation and publication.
- 2.29 NELFT has set up a Diagnostic Pilot Pathway across the four NELFT London Boroughs. This pathway was developed and agreed by the Trust / CCG to provide a diagnostic service. The local authority is working with NELFT to ensure the autism diagnostic pathway service is fully embedded and is accessible and publicised to service users, including publicity on the Council's Care and Support Hub. The CCG will be reviewing the diagnostic pathway across BHR and will determine next steps for the pathway once the pilot comes to an end.

## **3 Transforming Care Partnership**

- 3.1 "Building the Right Support", published in October 2015, set out the national plan to develop community services and close inpatient facilities for people with learning disabilities and/or autism who display behaviour that challenges, including those with a mental health condition. This followed the scandal at Winterbourne View hospital, and widespread concern about the unnecessary detention of people with challenging behaviour in Assessment & Treatment Units. This was accompanied

by the publication of the national service model which describes the range of support that should be in place by no later than March 2019

- 3.2 Commissioners were required to establish a Transforming Care Partnership who would lead on the development of a three year transformation plan to deliver the system change. Locally, it was agreed that the transformation footprint for Transforming Care would be across Barking and Dagenham, Havering and Redbridge as there were already good commissioning relationships in place across health and social care which were critical to the delivery of the programme. The BHR Transforming Care developed a three year transformation plan (2016/17 to 2019/20) that was submitted to NHSE on 11 April and endorsed by the Governing Body in May 2016.
- 3.3 A key outcome of the plan is to reduce the number of beds commissioned for this cohort over three years, bringing the CCG commissioned beds within the national planning assumption of 10-15 beds/million population.
- 3.4 NHS Planning guidance for 2016/17-2020/21 identifies Transforming Care as one of the nine “must dos” for 2016/17 for every local system with a deliverable for 2016/17 to “increase people with learning disabilities/autism being cared for by community not inpatient services, including implementing the 2016/17 actions for Transforming Care”.
- 3.5 System success in delivering this requirement is reported through the CCG Improvement and Assessment Framework (IAF) 2016/17. The IAF reports CCG performance against a range of indicators, some of which are not fully in the control of the CCG. For these indicators, the CCGs are asked to focus on the strength and effectiveness of their system relationships and to use all the levers and incentives to allow them to make progress.
- 3.6 Currently there are 9 Barking & Dagenham patients in assessment and treatment units whose discharges into community support are being planned.
- 3.7 The detailed report at Appendix 1 gives an overview of the governance and progress towards meeting the requirements of the Transforming Care Programme. It continues to be discussed through the Learning Disability Partnership Board to ensure fit with borough priorities and to maintain the engagement of the local partners in the programme.

## **4 Mandatory Implications**

### **4.1 Joint Strategic Needs Assessment**

The Joint Strategic Needs Assessment has a strong learning disability analysis and the detail contained in this report aligns well with the strategic recommendations of the Joint Strategic Needs Assessment. The JSNA was refreshed in July 2016 to reflect the current analysis of learning disabilities and autism. The purpose of the ongoing JSNA process is to continually improve our understanding of local need, and identify areas to be addressed in future strategies for the borough.



## **4.2 Health and Wellbeing Strategy**

The report describes performance against priorities outlined in the strategy on service improvement that need to be provided now and in the future to enhance the lives of people with a learning disability.

## **4.3 Integration**

The Learning Disability Partnership Board is a multi-agency Board with representation from the local authority, the CCG, NELFT, BHRUT Health watch and other partners across the health and social care economy and the voluntary and community sector. The Board also has representation from service users, carers and Providers of learning disability services. The Joint Commissioning Manager for Learning Disabilities is also a joint appointment between the Council and the CCG.

## **4.4 Financial Implications**

Implications completed by: Katherine Heffernan, Group Finance manager

This report provides an update on the progress of the Learning Disability Workplan. There are no new direct financial implications arising from this report. The costs of the delivery plan itself will be managed within existing funds available through the Council and CCG base budgets and the Better Care Fund.

The report also provides an update on progress of the Transforming Care Partnership Programme. As noted in the appendix there are some financial risks associated with this programme. There is a risk to the overall system that additional costs may be incurred during the implementation period. This risk is largely mitigated by the funding of £0.624m over three years has been awarded from the national programme which should be match funded by the local CCGs. In addition there is a risk to the Local Authority position if they incur a larger share of costs of provision in future. This should be mitigated by close partnership working between health and social care authorities and transparency around funding and savings.

## **4.5 Legal Implications**

Implications completed by: Dr. Paul Feild Senior Governance Lawyer

The Health and Wellbeing Board is established under Section 194 of the Health and Social Care Act 2012. The primary duty of the Health and Wellbeing Board is to encourage those who arrange for the provision of health or social care services to work in an integrated manner. This is further extended to include encouraging integrated working with those who arrange for the provision of health-related services (defined as services that may have an effect on the health of individuals but are not health services or social care services). There are no specific legal implications in this report as it is understood that:

- the Action plan is being developed with regard to all the relevant policies, the Care Act 2014, the associated regulations and guidance;
- the required actions as directed by the Winterbourne Concordat/Transforming Care Programme has been implemented;

- there is recognition of the need for continuous improvement and actions that have been met are monitored and where there is a specific need for improvement such actions are identified and measures devised and are in the process of implementation.

**Public Background Papers Used in the Preparation of the Report: None**

**Other useful documentation:**

Adult Autism Strategy, presented at the Health and Wellbeing Board on 9 December 2014: <http://moderngov.barking-dagenham.gov.uk/ielistdocuments.aspx?CId=669&MID=7555>

Review of Learning Disability and Autism Self Assessment Frameworks, presented at the Health and Wellbeing Board on 12 May 2015: <http://moderngov.barking-dagenham.gov.uk/ielistdocuments.aspx?CId=669&MID=8156#A155438>

Learning Disability Partnership Board Strategic Delivery Plan Update, presented at the Health and Wellbeing Board on 26 January 2016: <http://moderngov.barking-dagenham.gov.uk/ielistdocuments.aspx?CId=669&MID=8161&Ver=4>

**List of Appendices:**

**Appendix 1:** Detailed update on delivery of the Transforming Care Partnership agenda