



<b>Meeting:</b>	<b>Children and young people scrutiny committee</b>
<b>Meeting date:</b>	<b>Monday 14 May 2018</b>
<b>Title of report:</b>	<b>Learning Disability Strategy 2018-2028</b>
<b>Report by:</b>	<b>Director for adults and wellbeing</b>

## Classification

Open

## Decision type

This is not an executive decision

## Wards affected

(All Wards);

## Purpose and summary

To enable the committee to fulfil its function to review and scrutinise the planning, provision and operation of health and social care services for people with learning disabilities, and to make reports and recommendations on these matters.

The chairman requested that the draft strategy was presented for preview ahead of decision by cabinet. The purpose of the report is to provide an overview of the Learning Disability Strategy with a particular focus on children and young people and the actions required to improve services for those in the county with learning disabilities.

In tandem with the council's Preparing for Adulthood Protocol, this strategy incorporates the needs of young people aged 14 to 25 preparing for adulthood. The work in this phase of a young person's life is crucial in enabling successful outcomes and taking on the rights, opportunities and responsibilities of adult life for the 16-18 young people with learning disabilities making the transition to adult services each year.

The Learning Disability Strategy will:

- a. Set out the outcomes required for the individual and the wider learning disability community, linking them to guidance, legislation and to the wider strategic / financial aims of the council and the clinical commissioning group;

- b. Set out the inputs and actions required against each priority and by whom, in order to achieve the desired outcomes for adults with a learning disability, including young people planning for adulthood and their transition to adult health and social care services;
- c. Act as a long-term framework for the ongoing delivery of the social aspirations set out in Valuing People (2001) and then reiterated through key policy documents and legislation such as including Mental Capacity Act (2005); Our Health, Our Care, Our Say (DH 2006); Death by Indifference (Mencap 2007); 'Valuing People Now' (DH 2009); Disability and Equality Act (2010); Care Act (2014) and Transforming Care (DH 2015).
- d. Ensure that all commissioned activity for and with adults with learning disabilities is aligned to the health and wellbeing blueprint for adult social care and with the NHS's long-term commitment to ensure reasonable adjustments are made in both primary and acute health services.

## **Recommendation(s)**

**That:**

- (a) the committee reviews those elements of the draft Learning Disability Strategy 2018-2028 relating to children and young people and determines any recommendations it wishes to make to the executive or health commissioners, which may enhance the effectiveness of the strategy.**

## **Alternative options**

1. That the council does not have a Learning Disability Strategy. This is not recommended because, whilst a strategy is considered good practice rather than a legal requirement, failure to have one in place will impede the council's ability to deliver best value and evidence progress in leading social change for people with learning disabilities in Herefordshire.
2. That the council develop a separate Learning Disability Strategy that does not consider the primary healthcare needs of people with learning disabilities. This is not recommended because it would likely have a negative impact on effective joint planning of services and on the required reshaping and improvement of services to ensure good quality life outcomes for people with learning disabilities, whose long-term needs span the commissioning and operational services of the NHS and adult social care.
3. That the council does not include the needs of young people with learning disabilities prior to transition to adult services. This is not recommended because well-co-ordinated planning across children's and adult services is essential, firstly to the successful planning of services to meet assessed outcomes and secondly to the supporting of positive long-term aspirations for independence, employment, lifelong health and active citizenship.
4. That the council develop a whole-life Learning Disability Strategy to cover both the childhood and adulthood of people with learning disabilities rather than a primarily adult-

focused strategy. This is not recommended at this time because prior to the start of specific ‘preparation for adulthood’ planning around Year-9 (age 13 onwards), the key issues are common to all children. Beyond this point, the current approach fits with the similar post-adolescence planning process used within health services and with the preparation-for-adulthood process used within the council’s children’s service in aligning with the requirements of the Care Act 2014.

## Key considerations

5. According to data from the Institute of Public Care (IPC), Herefordshire has an estimated population of approximately 3,500 people (2.32% of county population) that fall within the broadest UK three-part definition of learning disability, in that it must be:
  - a. Impaired intelligence (*a lower intellectual ability that significantly reduces someone's ability to understand new or complex information in learning new skills*); and
  - b. Impaired social functioning (*a significant impairment of social functioning that reduces someone's ability to cope independently*); and
  - c. Onset is pre-natal or in childhood (*before the age of 18 years*).
6. Learning disability (LD), which can have a wide range of different underlying causes, is a spectrum in terms of impact and severity, with many people at the mild end of that spectrum not being formally diagnosed or not requiring support in adulthood. People within the moderate to severe range of the learning disability spectrum can often require support with aspects of their daily living, including many who may require 24 hour support with all areas of their health and wellbeing.
7. Using current NHS England (NHSE) data and comparing it with population estimates drawn from learning disability-specific population projections compiled by the IPC, it is estimated that only 23% of the total local population of people with learning disabilities are registered as such with their GP and this appears to be broadly reflective of people’s need to access health or social care services; approximately 900 people with learning disabilities are currently receiving support from services commissioned by Herefordshire Council or Herefordshire Clinical Commissioning Group (CCG) [there is currently nothing other than an anecdotal indication as to whether those recorded on GP LD registers correspond to those known to the council, and vice versa, resulting in possible ambiguity in the data].
8. The greater majority of the people receiving support will have a learning disability that can be defined as moderate to severe and will access services and support continuously throughout their adult lives, from entering adulthood into old age. Herefordshire has a higher incidence of learning disability (0.6%) than the regional average (0.54%) and national average (0.5%).
9. Locally and nationally, people with learning disabilities still experience greater health inequality, social exclusion and lack of economic opportunity than any other group. For example, using NHSE comparative data (Herefordshire/West Midlands/National - see Appendix 1 Herefordshire LD Needs Analysis) from 2015/16:
  - a. Life expectancy. People with learning disabilities die, on average, more than 14 years younger than the general population, and are significantly more likely to

have certain conditions and diseases. Women with a learning disability have an 18-year lower life expectancy than the general population, while men with a learning disability have a 14-year lower life expectancy. Herefordshire currently follows the national trend data for life expectancy in people with learning disabilities.

- b. Health inequality. People with learning disabilities are 26 times more likely to have epilepsy, eight times more likely to have severe mental illness and five times more likely to have dementia. They are also three times more likely to suffer with hypothyroidism and almost twice as likely to suffer diabetes, heart failure, chronic kidney disease or stroke. Access to routine health screening programmes for breast and cervical cancer falls 25-30% below that of the non-learning disabled population locally, leading to late or non-diagnosis of cancer and premature mortality. Herefordshire currently follows the national trends in the learning disability population for conditions such as cancer, heart disease and diabetes, has significantly higher incidence of epilepsy and is slightly below the national trend on dementia (possibly due to an equivalent lower incidence of Down's Syndrome diagnosis).
  - c. Paid employment. Of the 1.2 million people with a learning disability in England, currently less than 6% are in any form of paid employment, broadly reflecting the situation locally. Work is ongoing to improve local data as part of the implementation of the new Learning Disability Strategy and the development of local metrics to measure progress across the lifetime of the strategy.
10. Since 2001 the government has issued specific guidance and policy to health and social care organisations on creating real changes in the lives of people with learning disabilities through changes to service design and commissioning culture. The combined aim of these changes is to enable people with learning disabilities to have greater choice over how and by whom they are supported, where and with whom they live, access to paid work and real training, have a real social role, improve long-term health and have ordinary expectations about relationships, families and being part of a community.
11. The council and the CCG currently independently commission a number of different services for people with learning disabilities.
- a. The CCG commissions services such as learning-disability specific health care including psychiatry; psychology; occupational / physio / speech and language therapy and specialist community nursing; out-of-area special hospital beds and services provided under Continuing Health Care. These services are commissioned from other providers within the NHS or from specialist providers within the voluntary, private/independent and not-for-profit sectors.
  - b. The council commissions services such as residential care homes; supported living provision; day opportunities / employment and regulated domiciliary care. These services are commissioned from specialist providers within the voluntary, private/independent and not-for-profit sectors.
12. The council and the CCG additionally each independently commission a range of health and wellbeing services for the wider population that they then make '*reasonable adjustments*' to, or influence other parties to do so, to enable better access by people with a learning disability. This includes services such as social housing, leisure services, public

transport, primary healthcare, adult education, acute healthcare and other services across the NHS and council, plus the voluntary and independent sectors.

13. The council has a growing role in what is termed 'place shaping', which is the influencing of all sorts of community activity to increase their potential to offer opportunities for people with a learning disability. Increasingly and in common with other recipients of social care funding, people with learning disabilities commission their own services by using their personal budget in the form of a direct payment, which they then use to purchase commissioned learning disability services and universal services from leisure providers, etc. Expanding opportunities to include self-employment, the use of micro-enterprises for niche activities that complement and offer alternatives to congregated provision are keenly aspired to.
14. Providers of all kinds of learning disability services are re-shaping and extending their offer to attract customers, further reinforcing the need for an overarching framework to ensure that all services purchased using public funds contribute to the delivery of key social outcomes locally and nationally.
15. The council, in partnership with the Clinical Commissioning Group and the learning disability community in the county, has co-produced a comprehensive outcome-focused Learning Disability Strategy. The strategy has been developed under the governance of a project board with senior representation from the council and CCG. Agreement of the strategy will be through cabinet and through the CCG's governing body; if agreed, commissioners will begin immediate delivery in accordance with the draft 2018/19 implementation plan contained within the strategy.
16. For a number of years the council's learning disability commissioning activity has been reactive, concerned with contract renewal and improvement of existing services, rather than following a long-term learning disability-specific plan. A more specific strategy is now required to ensure that commissioning activity related to learning disability services is clearly aligned with the delivery of the health and wellbeing blueprint and the long-term aims of the government's Valuing People programme.
17. As such, the aim of the proposed strategy is to jointly present a clear policy framework for the commissioning and delivery of opportunities for adults with learning disabilities by a wide range of parties, from individuals using their individual budgets and service providers improving their range of services to statutory organisations implementing large specialist services such as the Community Learning Disability Service provided by <sup>2</sup>gether NHS Foundation Trust.
18. In tandem with the council's Preparing for Adulthood Protocol, this strategy also includes the health and social care needs of young people with learning disabilities from the ages of 14 onwards, in order to ensure there is a seamless transition between the planned processes of preparing for adulthood and taking on the rights, opportunities and responsibilities of adult life.
19. Improvements are needed in the identification, collection and use of performance metrics across all commissioned learning disability services. As part of the development of the new strategy and using the information contained within the new learning disability needs analysis report (*summary attached as appendix 2*), the following measures are being put in place:

- a. New qualitative and quantitative outcomes measures linking individual aspirations to both general health / wellbeing outcomes and wider population-wide outcomes.
  - b. Improved metrics across all of the outcomes identified in the strategy, in order to measure progress and provide evidence that outputs are improving and outcomes are being achieved.
  - c. Collation of like-for-like benchmarking data to compare the cost effectiveness of learning disability services nationally and across comparable local authorities.
20. The strategy is divided into four priority areas that between them cover the key areas set out in Valuing People:
- a. Where I live: People need to live in the right home, so need good and affordable accommodation options within their local community, designed to meet individual needs. This applies to supported living, family care or residential care, as all of them should enable people to live fulfilling lives, respect choice and support inclusion.
  - b. What I do during the day: People need to be a valued part of Herefordshire's communities by being supported to be active citizens through paid employment, meaningful training options and opportunities for volunteering for those able to do it. There must be a choice of local support options to offer a satisfying range of activities for people of all abilities, as well as the infrastructure in place to make sure these are safe and of good quality.
  - c. Being healthy and safe: People need to be healthy, safe and able to access the right medical help quickly and appropriately. Emphasis must be on universal access to mainstream health provision with reasonable adjustment where necessary, rather than assuming that every person with a learning disability needs a specialist service. Over the long-term, all necessary work must be done to reduce health inequalities within the learning disability population.
  - d. Citizenship, choice and control: In addition to the right blend of services and opportunities, to be fully recognised as citizens, people with learning disabilities need to have choice and control through personal budgets and direct payments, alongside an expectation that they will integrate with, contribute to and become valued members of their community however they choose. With the support of family and others, they should have a collective voice that is valued and able to influence change. More people with learning disabilities should be supported to use the social recognition gained through employment, education, volunteering and independent living within the community to extend their development into relationships, social inclusion, community engagement and the other aspects of choice, control and citizenship that others take for granted.
21. The model used to develop the Learning Disability Strategy is outcome-focused, meaning it focuses on the delivery of a range of activities over varying time scales, linking the delivery of well-planned and costed commissioning actions to short, medium and long-term outcomes, and then ultimately identifying its contribution to a specific social impact:
- a. The short-term outcomes are derived from activities identified and agreed by a person with a learning disability at the time of an assessment or review with a health or social care professional.

- b. The medium-term outcomes are derived from the whole-life outcomes identified nationally by people with learning disabilities and contained within Valuing People and other strategic learning disability guidance and policy.
  - c. Health and wellbeing outcomes are the strategic healthy living / good life outcomes identified by the whole population of Herefordshire through work undertaken by the council and the CCG. They are still under development and will be added in full to the Learning Disability Strategy when completed.
  - d. Social or community impact is the cumulative effect that successfully achieving a tier of outcomes can have on Herefordshire's economy, culture, health and overall wellbeing. They allow commissioners to connect health and social care activity at an individual level with the delivery of long-term changes for a whole community.
- 22. In recognition of the relatively slow pace of change with learning disability services and the long-term nature of some of the targeted outcomes, e.g. reduction of the life expectancy gap, the strategy is high-level and set over a 10-year period. In order to ensure that delivery is ongoing and based on accurate financial and demographic data, there will be a series of two year commissioning plans detailing the costed and planned activity for that period, developed with the Learning Disability Partnership Board as expert reference group. Commissioning activity will then be discussed by the council / CCG Joint Commissioning Board before going through each organisation's formal governance process as required, i.e. joint directorate leadership team in the council's case.
- 23. Finally, the Learning Disability Partnership Board will remodel in order to take a lead in reviewing the outcomes achieved as the Learning Disability Strategy is implemented. In order for the board to function effectively in this role, it will be necessary to implement the new constitution developed in 2017, reincorporate the previously agreed long-term involvement by Elected Members within the 'learning disability champion' role and review the representation of both commissioning organisations by senior officers at the quarterly Partnership Board meetings. The board's current terms of reference are already aligned with the council's framework for partnership governance and will be reassessed against that framework as and when they are updated.
- 24. The currently available performance data is limited. The council will develop more detailed learning disability performance metrics during the first year of the strategy's implementation in order to measure strategic outputs and those strategic outcomes with quantitative elements. This will include making changes to Mosaic to better capture performance data and the development of an improved learning disability performance dashboard. More targeted performance criteria are now being incorporated into service contracts and purchasing frameworks for externally purchased learning disability services, making it easier to aggregate data to show progress across different sectors of provision.
- 25. The planned review by the CCG of contracted specialist learning disability community health services during 2018 will lead to improvements in the performance data generated. Further work will be undertaken to look at the data generated by GP practices carrying out annual health checks under the NHS enhanced service specification and how it can be used to track local health improvements across the learning disability population.
- 26. Commissioners have carried out a number of engagement events with service providers, family carers, Learning Disability Partnership Board members and health / social care professionals to engage them in the development of the strategy and introduce the

underlying principles behind it. A communications plan has been implemented to see the strategy through its development, ongoing engagement and governance; this will be extended to disseminate the strategy across the wider learning disability community when engagement is completed and the final document agreed by the council and CCG. The strategy will be integrated into the Adults and Wellbeing professional training programme and can be disseminated to service providers through the council's regular provider forums. An approved Easy Read version of the strategy will be produced after the final engagement sessions and made available for people with learning disabilities. The team of people with learning disabilities who write and publish the Our News, Our Views newsletter have offered to support this process.

## Community impact

27. The recommendations in this report will enable the council and the CCG to ensure the appropriate mix of commissioned and universal services is in place across the county and able to evolve over time, in order to enable the outcomes required for the wider learning disability community. Furthermore, these tiered health and wellbeing outcomes will link to the wider long-term strategic / financial aims of the council and the Clinical Commissioning Group.
28. Successful delivery of the Learning Disability Strategy will support two of the council's corporate plan (2017-2020) priorities of ensuring that people with a learning disability are 'able to live safe, healthy and independent lives' and that commissioning organisations 'secure better services, quality of life and value for money' across the sector. This will happen through achieving a wide range of individual outcomes around increased opportunities for work, training and positive daytime activity; improved access to healthcare and healthy living; wider access to opportunities for social inclusion and social value for all and implementation of new service models, better building designs and use of technology to deliver better quality at a reduced cost.
29. The strategy will act as a long-term evidential framework for the ongoing delivery of the social aspirations and health improvement of people with learning disabilities, as set out by the government in Valuing People (2001) and then reiterated through key policy documents and legislation such as including Mental Capacity Act (2005); Our Health, Our Care, Our Say (DH 2006); Death by Indifference (Mencap 2007); 'Valuing People Now' (DH 2009); Disability and Equality Act (2010); Care Act (2014) and Transforming Care (DH 2015).
30. The recommendations in this report will ensure that all commissioned activity for and with adults with learning disabilities is aligned to the health and wellbeing blueprint for adult social care (Adult Wellbeing Plan 2017-2020), supporting the intention that 'Herefordshire residents [*including those with a learning disability*] are resilient, lead fulfilling lives, are emotionally and physically healthy and feel safe and secure'.
31. The recommendations in this report will support the NHS's long-term commitment to service improvement in both primary and acute health services in order to reduce health inequalities and improve patient experience for people with learning disabilities. Further to this, they will support the post-Winterbourne commitment to continue the necessary local commissioning and workforce changes required to reduce the use of out-of-area locked-hospital beds.
32. The council is committed to providing a healthy and safe environment for all individuals impacted by the council's funded activities. Therefore the council endeavours to ensure

that the work it and their partners undertake improves and not adversely affects the health, safety or welfare of members of the public, especially vulnerable young persons and adults. Therefore council partners are expected to work to the same health, safety and welfare standards and codes of practice as the council, as far as is reasonably practicable. This requirement will be included in the final contracted terms and conditions where services are commissioned under contract from external providers.

33. Under the Children Act 1989, the Children (Leaving Care) Act 2000 and the Children and Social Work Act 2017, the local council has a duty to provide support and services to young people, including those with a learning disability, who have been in their care for a period of at least 13 weeks since the age of 14 to support their transition out of care. These young people are entitled to a Personal Advisor and should have a Needs Assessment before they turn 18. This assessment should inform the young person's Pathway Plan which should be reviewed regularly until they turn 25. It is good practice for the Pathway Plan to reflect and incorporate any other education, health or care plan the young person has. The council also has a duty to act as corporate parents to this group of young people, which means it must act in the best interests of this group 'as if they were their own children'.

## **Equality duty**

34. An equality impact assessment of the Learning Disability Strategy has been completed and is attached within the appendices of this report.
35. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to:

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act. Current and planned services for adults with learning disabilities help to make this a reality by:
  - i. improving wider community understanding of the needs and capabilities of adults with learning disabilities;
  - ii. improving social value by promoting people with learning disability's visible access to roles such as paid employment and to activities linked to civil participation;
  - iii. promoting self-advocacy and citizen advocacy to support people with learning disabilities to recognise victimisation or discrimination; supporting them to be able to speak out to prevent it and by ensuring there are 'safe spaces' where people with learning disabilities can access skilled support.
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it. Current and planned services for adults with learning disabilities help to make this a reality by:
  - i. ensuring that adults with learning disabilities have equal access to housing and employment opportunities;

- ii. making 'reasonable adjustments' to public services such as primary healthcare to ensure that people with learning disabilities are not excluded from them;
    - iii. promoting a high expectation of good health for people with learning disabilities through routine access to health screening programmes; early regular cognitive function tests for dementia; an agreed standard of annual health check and effective health action plans.
  - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. Current and planned services for adults with learning disabilities help to make this a reality by:
    - i. encouraging use of universal services (leisure facilities, hobby clubs, sports etc.) alongside specialist learning disability services in order to support integration and to increase the perceived social value of people with learning disabilities;
    - ii. promoting diverse and integrated communities by ensuring there are multiple opportunities for people with learning disabilities to be supported in ways that allow them to choose ordinary places to live and work and to have ordinary lives that include loving relationships.
36. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.
37. Where services for people with learning disabilities are delivered via contracts and service level agreements with the independent, private and third sector, the council's providers will be made aware of their contractual requirements in regards to equality legislation.

## Resource implications

- 38. The council and CCG currently spend a combined £30.7 million a year directly on health and social care services for adults with learning disabilities in Herefordshire. This equates to £7.4 million by the CCG and £24.3 million by the council.
- 39. There is no specific savings target for learning disability activity within the council's efficiency plans but learning disability-related expenditure is included within the overall short-term target. However, it is now generally recognised that any reduction in the overall spend of learning disability service will result from a sustained medium-term programme of service redesign and modernisation.
- 40. The Learning Disability Strategy sets out a framework for improving the efficiency of residential care and supported living models to improve outcomes whilst reducing costs; reducing dependence on social care by creating training and paid work opportunities and, over the long-term, growing the opportunities that enable people with learning disabilities to use universal services as a greater part of their daily lives.

## Legal implications

41. The report outlines the Learning Disability Strategy before it is presented to Cabinet for approval. The strategy enables the council to meet its legal obligations under the Care Act 2014 in respect of adults and the Children and Families Act 2014 in respect of children, together with the Mental Capacity Act 2005.
42. Section 2 Health Act 2009 imposes a duty on councils to have regard to the NHS Constitution in performing their health service functions. The NHS Constitution establishes the principles and values of the NHS in England.
43. The council must have regard to the NHS Constitution in the event that it acts as lead commissioner for any NHS service. As part of the preparation for the more collaborative shared commissioning process set out in the Learning Disability Strategy, there was a review of council / CCG learning disability contracting and commissioning responsibilities that resulted in the contract and associated funding for community learning disability health services, provided by 2gether NHS Foundation Trust, returning to the CCG. At this time there are no pooled budgets for learning disability services and commissioning activity is only aligned rather than joint.

## Risk management

Risk / opportunity	Mitigation
Performance management could be focused on process measures that are not reflective of the wellbeing and experience impact of services for people with learning disabilities in Herefordshire.	The council, using the new strategy, seeks to focus its attention on matters of direct relevance to people with learning disabilities living in Herefordshire and ensure performance measures reflect these.
There could be no shared planning or joined-up thinking in place for the long-term commissioning of health and social care services and resources for the wider learning disability community, leading to a lack of improvement, poorer life outcomes and a less coherent and efficient market.	The council adopts and implements this strategy as a long-term commissioning and planning framework to support an effective, efficient and high quality service sector delivering excellent life outcomes for all people with learning disabilities in the county.
Progress toward the delivery of the health and wellbeing blueprint and enabling successful outcomes for this group may be compromised due to the absence of a Learning Disability Strategy.	The council can show the significant amount of work in progress to improve directly and indirectly commissioned services that will be supported by the implementation of a comprehensive coproduced Learning Disability Strategy.
Delivery of the strategy will involve additional capital / revenue resources, changes to service provision and changes in the market, e.g. new providers entering the market and	The council and CCG will continue to commit ongoing commissioning and project management resources to oversee the implementation of the Learning Disability Strategy, ensuring that activity matches resource availability and that there is

existing providers leaving the market.	appropriate planning and engagement in place to manage individual service and market-wide change.
--	---

## Consultees

- 44. The Learning Disability Strategy has been in development since 2014 and the local aspirations set out in the document are based on a series of engagement events facilitated by the council during 2015 and 2016.
- 45. Using the outcomes from these earlier engagement sessions, commissioners are formally engaging once again with people with learning disabilities, family carers, health and social care professionals, the Herefordshire Learning Disability Partnership Board and with learning disability service providers operating in Herefordshire to further develop and validate the outcomes framework for the four themes that underpin the strategy. Given the particular facilitation requirements of direct and meaningful discussion / coproduction with people with learning disabilities, the engagement process will be ongoing throughout April and May 2018.
- 46. On 27 March 2018 the council's adult wellbeing scrutiny committee engaged in an overview of health and social care activity in relation to people with learning disabilities living in Herefordshire, supported by commissioners, practitioners and senior officers from the council, CCG and 2gether NHS Foundation Trust. This included looking at recent population data, demographic trends, health and social care expenditure, current pressures and the proposed commissioning activity to address them, including the development of the long term Learning Disability Strategy. The committee formally noted the service overview and that further information on the implementation of the joint learning disability strategy be awaited.
- 47. Further engagement will take place for all relevant individual commissioning actions as the strategy is implemented and will be augmented through the changing role of the Learning Disability Partnership Board. The attached engagement record (appendix four) shows who has been involved in the development of the strategy with the outcomes of that engagement to date, followed by the programme of further engagement on the early and intermediate strategic outcomes, facilitated in face-to-face sessions and an Easy Read questionnaire by Making It Real with people with learning disabilities across the county during April and May 2018.
- 48. The Herefordshire Health and Wellbeing Board members have been briefed on the content and aims of the strategy. The relevant learning disability strategic work-streams, i.e., end-of-life care and dementia, are aligned to the aims and objectives of the Health and Wellbeing Strategy.

## Appendices

Appendix 1: Herefordshire Learning Disability Strategy

Appendix 2: Learning Disability Needs Analysis Summary 2018

Appendix 3: Equality Impact Assessment

Appendix 4: Engagement Plan

## Appendix 5: Presentation slides

### **Background papers**

None identified.