

Meeting:	Adults and wellbeing scrutiny committee
Meeting date:	Tuesday 27 March 2018
Title of report:	Learning Disability Joint Service Overview
Report by:	Director for Adults and Wellbeing

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

To review the services commissioned by the council and the clinical commissioning group for adults with learning disabilities in Herefordshire.

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

Recommendation(s)

That:

- (a) the committee determine any recommendations it wishes to make to health or social care commissioners in order to secure improved performance; and**
- (b) any areas for further scrutiny be identified for inclusion in the committee's work programme.**

Further information on the subject of this report is available from
Adam Russell, Senior Commissioning Officer, Adults and Wellbeing.

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Alternative options

None. It is open to the committee to review the report and determine whether it wishes to make any recommendations.

Key considerations

1. The aim of this report and attached appendices is to give a broad overview of the adult learning disability community and the current issues it faces, whilst introducing the development of a new health and wellbeing learning disability strategy for adults to give a new framework for services over the next few years.
2. Herefordshire has an estimated population of approximately 3,500 people (2.32% of county population) that fall within the broadest UK 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 pre-natal or in childhood before the age of 18 years, i.e. neurodevelopmental.
3. Learning disability, 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 some who may require 24 hours support with all areas of their health and wellbeing.
4. Using current NHS England (NHSE) data and comparing it with population estimates drawn from learning disability-specific population projections compiled by the Institute of Public Care (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. However, there is currently nothing other than an anecdotal indication as to whether those recorded on GP LD registers correspond to those known to the local authority, and vice versa, resulting in possible ambiguity in the data.
5. 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%).
6. 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 data from 2015-16:

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- 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.
 - b. Health inequality. People with learning disabilities are 26 times more likely to have epilepsy, 8 times more likely to have severe mental illness and 5 times more likely to have dementia. They are also 3 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 well below that of the non-learning disabled population nationally and locally.
 - 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.
7. The council and the Clinical Commissioning Group (CCG) currently individually commission a number of different services for people with learning disabilities.
- a. The CCG is the lead commissioner for 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 is the lead commissioner for services such as residential care homes; supported living provision; day opportunities and employment; and domiciliary care. These services are commissioned from specialist providers within the voluntary, private/independent and not-for-profit sectors.
8. The council and the CCG additionally 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.
9. Finally, the council has 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. A growing number of people with learning disabilities directly 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 and other occupations that reduce people's needs to depend on traditional services are keenly aspired to.
10. Since 2001 the government has issued guidance and policy to health and social care organisations on creating real changes in the lives of people with learning disabilities

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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 is working with the clinical commissioning group and partners across the learning disability community in the county to co-produce a comprehensive outcome-focused Health and Wellbeing Strategy for Adults with a Learning Disability. Currently in draft form, the governance timetable for the strategy will see it presented to Herefordshire Council's cabinet on 10 May 2018 and to the CCG's board on 22 May 2018 and if agreed, begin delivery in accordance with the draft 2018/19 implementation plan contained within the strategy itself.
12. The aim of the 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 Community Learning Disability Service provided by the ²Gether NHS Foundation Trust, in tandem with the council's Preparing for Adulthood Protocol, this strategy also includes the needs of young people between the ages of 14 to 18, 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.
13. 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 1*), 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.

Collation of like-for-like benchmarking data to compare the cost effectiveness of learning disability services nationally and across comparable local authorities.

14. In summary, the 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 aims of the council and the clinical commissioning group;
 - b. Set out the inputs and actions required and by whom in order to achieve the desired outcomes;
 - c. Act as a long-term framework for the ongoing implementation of the changes first set out in Valuing People 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

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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.
15. A number of actions are already underway or planned:
- a. A review of specialist health services delivered through the Community Learning Disability Team provided by 2Gether Foundation NHS Trust and now commissioned by the clinical commissioning group.
 - b. A review of the role of the Learning Disability Partnership Board to align it as a sub-group of the Health and Wellbeing Board and to lead on ongoing engagement with the learning disability community regarding meeting the outcomes laid out in the strategy.
 - c. The development of a comprehensive learning disability needs analysis (Appendix 1) that will be reviewed and update biannually in order to support commissioning decisions across the sector.
 - d. Development of a comprehensive learning disability market condition report that contains an assessment of provider resilience and market capability; details of current provider ecology (who does what, where and for whom at what cost?); gaps in provision; sub-regional price benchmarks etc. in order to support and improve commissioning decisions across the sector
 - e. Members of the adults and wellbeing scrutiny committee have had the opportunity to visit a service for adults with profound and complex learning disabilities. This service will be subject to reprocurement in the near future and this creates an opportunity for possible change or improvement in the way services are provided to this group of people.
 - f. Herefordshire Clinical Commissioning Group and 2Gether NHS Foundation Trust will be attending the adults and wellbeing scrutiny committee meeting relevant to this report and presenting information as appended.

Community impact

16. In accordance with the council's code of corporate governance the council must ensure that it has an effective performance management system that facilitates effective and efficient delivery of planned services. Effective financial management, risk management and internal control are important components of this performance management system. The council is committed to promoting a positive working culture that accepts, and encourages constructive challenge, and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development, and review.
17. The committee's considerations should have regard to what matters to residents of Herefordshire. In doing so, the committee will wish to go beyond the pure data on process

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performance in order to consider the impact on the wellbeing of people with learning disabilities in Herefordshire and their experience of commissioned services in line with the corporate priorities and the adults wellbeing plan.

Equality duty

18. 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;
 - improving wider community understanding of the needs and capabilities of adults with learning disabilities;
 - 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;
 - 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;
 - ensuring that for adults with learning disabilities have equal access to housing and employment opportunities;
 - making 'reasonable adjustments' to public services such as primary healthcare to ensure that people with learning disabilities are not excluded from them.
 - 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;
 - 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;

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- 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, ordinary places to work and to have ordinary lives that include loving relationships.

19. 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.
20. Where services for people with learning disabilities are delivered via contracts and service level agreements with the independent, private third sector, the council's providers will be made aware of their contractual requirements in regards to equality legislation.

Resource implications

21. There are no direct resource implications arising from this report. The resource implications of any recommendations made by the committee will inform the commissioner's responses to those recommendations.

Legal implications

22. The council is under a legal duty to provide an overview and scrutiny function in accordance with Section 9 of the Local Government Act 2000.
23. The remit of scrutiny committees is set out in part 3 Section 4 of the constitution. Paragraph 2.6.7 provides that scrutiny committees have the power to scrutinise the services provided by organisations outside the council e.g. NHS services, under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
24. Scrutiny functions are outlined in Section 4 paragraph 3.4.1 of the constitution, including at paragraph 3.4.2(g) the power to review and scrutinise any matter relating to the planning, provision and operation of the health service in its area and make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised or to be consulted by a relevant NHS body or health service provider in accordance with the Regulations (2013/218) as amended. In this regard health service includes services designed to secure improvement —
 - (i) in the physical and mental health of the people of England, and
 - (ii) in the prevention, diagnosis and treatment of physical and mental illness
25. There are no specific legal implications arising directly from the report.

Risk management

There is a reputational risk to the council if the scrutiny function does not operate effectively.

Risk / opportunity	Mitigation
Performance management could be	The committee seeks to focus its attention

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focused on process measures that are not reflective of the wellbeing and experience impact of services for people with learning disabilities in Herefordshire.

on matters of direct relevance to people with learning disabilities living in Herefordshire and ensure performance measures reflect these.

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 committee notes the significant amount of work in progress and the current co-production of a comprehensive learning disability strategy to inform future commissioning decisions.

Consultees

26. Whilst there are no direct consultees for the performance data used for this overview report, the same data is being used for the Health and Wellbeing Learning Disability Strategy currently under development and to inform the local joint strategic needs analysis Understanding Herefordshire. As part of this, commissioners are formally engaging with people with learning disabilities, family carers, health and social care professionals and with service providers operating in Herefordshire to develop the outcomes framework underpinning the strategy. This engagement will continue for all relevant commissioning actions as the strategy is implemented and will be augmented through the changing role of the Learning Disability Partnership Board.

Appendices

Appendix 1: Learning Disability Needs Analysis (LDNA) summary 2018

Appendix 2: Learning disability services overview presentation

Background papers

None identified.