

Learning Disability Strategy

2022-2027

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Foreword

We work hard in Sutton to support people with a learning disability, their families and carers. We know there is more to do though, while continuing to deliver services in very challenging times. The views of our residents are important, and we must continue to review the services we deliver to meet the high expectations of our communities. This Learning Disability Strategy aims to set out what we believe the key priority areas are, based on local engagement.

We want everyone within our communities to thrive. We want to ensure that people move through children's services into adulthood seamlessly, encouraging and offering opportunities for employment. We want to ensure that there are suitable services and accommodation available locally, including for those with the most complex needs. This is alongside delivering the best health care possible, with services that can adapt to meet a range of needs. We also want to ensure that we can quickly implement improvements when required.

Our Learning Disability Strategy (2022-2027) sets out the vision for Sutton, bringing together people with a learning disability, families and carers, key partners across health, social care, education, voluntary sector and community services alongside other key stakeholders. We want residents to be safe, to live longer, healthier, happier and fulfilling lives. We have real ambitions for Sutton, and we want you to be part of it.



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Introduction

The Learning Disability Strategy sets out the plans for the next five years (2022-2027) for the London Borough of Sutton and NHS South West London Clinical Commissioning Group (CCG). It also builds on the work of the previous strategy.

For a number of years people with a learning disability have suffered inequalities, particularly those with complex needs and from diverse ethnic backgrounds. Valuing People and Valuing People Now set to redress some of those inequalities by highlighting the difficulties people with a learning disability experience in accessing personalised care and support that would allow them to exercise choice and control over their own lives. Although these documents were written some time ago now, much of what they highlight is still relevant.

The Six Lives Report and Death by Indifference also highlighted the need for change, ensuring we work together to identify issues, and that staff are adequately trained to meet individual needs. A lot of changes have taken place since these reports were published, for example specialist learning disability nurses being available in most hospitals. Safeguarding procedures have been strengthened and LeDeR reviews (Learning Disability Mortality Review) are undertaken. Under the Transforming Care Programme (triggered by abuse at Winterbourne View) we now see less people going into specialist hospitals, or if they are admitted they have far shorter stays than previously.

We have come far, but we know we can do more for our community. This strategy aims to set in motion those improvements and build upon the work already undertaken.

Who does the strategy include?

The strategy takes account of the needs of people with a learning disability aged 14 years and older that live in Sutton or for whom Sutton Council / South West London CCG are responsible. Sometimes Sutton Council has responsibility for someone's health and social care services even if they live outside of Sutton. The strategy also includes people with a learning disability who might also have other conditions such as autism, a mental or physical health condition or who have other needs (sometimes we describe this as having 'complex needs').

Families and Carers

Families and carers are intrinsic to the support given to family members and the wider learning disability community. It is clear that statutory services would struggle without their support. The resilience shown has always been outstanding, but it has never been clearer than during the COVID pandemic. Throughout this strategy there are references to families and carers; it is acknowledged they are vital to the success of the delivery of this strategy whether it be giving feedback, co-production or supporting their loved one to navigate new ways that services are delivered. We acknowledge everything you do and hope that you support us to continue improving outcomes for our learning disability community.

Definition of a learning disability

There are many different definitions of a learning disability and for the purposes of the strategy we will use the following definition:

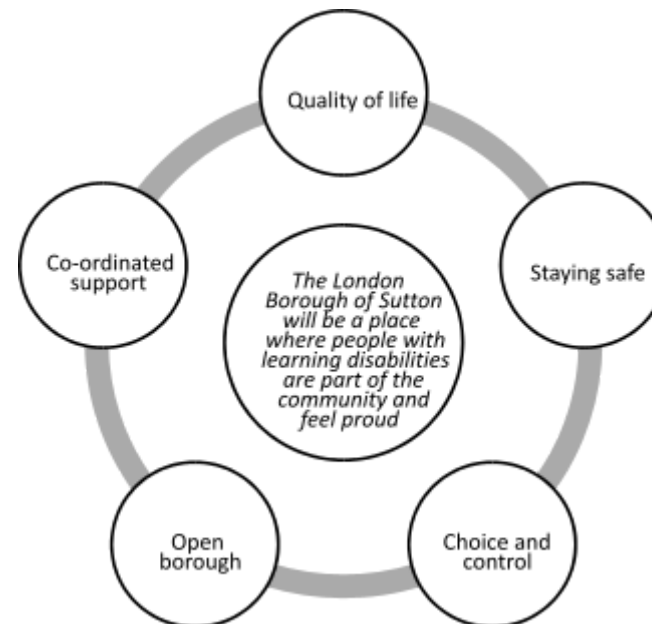
- a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with;
- a reduced ability to cope independently (impaired social functioning);
- which started before adulthood, with a lasting effect on development

This definition has been taken from Valuing People. Most health, social care and community services also have eligibility criteria that may differ from this definition.

Vision and principles

Our vision and principles are important and help remind us of what is important when thinking about what we are trying to achieve. Having shared principles and vision also ensures all partners are working together in the same direction. Our shared principles for this strategy are:

- **Quality of life** – Ensuring people with learning disabilities have the same quality of life as their peers, treating everyone with dignity and respect, and focusing on the individual and their hopes and aspirations.
- **Staying safe** – Enabling people with learning disabilities to stay safe and to be safeguarded from harm, including while supporting them to take positive and measured risks.
- **Choice and control** – Supporting individuals and their families to make their own decisions (where an individual may lack capacity, this means making the decision in their best interests, involving them and those who know them well as much as possible).
- **An open borough** - Ensuring all mainstream places and services in the borough are as accessible as possible (with reasonable adjustments made where necessary), while ensuring people with learning disabilities can also access specialist multi-disciplinary services as appropriate.
- **Co-ordinated support** - Ensuring that there is a clear model of support and a pathway through which people with learning disabilities and their families are able to confidently navigate independently.



Progress

Since the last strategy we have been working hard to continuously improve the support and services we offer people with a learning disability. Some of the areas we have progressed are detailed below:

- Reduced the overall number of inpatients in specialist hospitals, particularly long-stay patients (Transforming Care Programme)
- Reduced the numbers of patients with a learning disability going into specialist hospitals or mental health units
- Learning disability liaison nurse available within the local hospital
- A General Practitioner (GP) appointed to lead on learning disabilities and champion the needs of those with a learning disability
- Increased the number of patients with a learning disability recorded on the learning disability register from 994 (in 2019) to 1040 (in 2020) which ensures a continued focus on addressing health inequalities and allows us to better plan for our local residents
- Increased the numbers of LeDeR (Learning Disability mortality reviews) undertaken and used the learning from these to improve practice
- Recommissioned some specialist services including advocacy services, ensuring the needs of our service users are always at the forefront of our plans.
- Increased the number of adults with a learning disability in employment opportunities (including volunteering, internships, apprenticeships and paid employment)
- Increased the proportion of adults with a learning disability who live in their own home or with their family to 77.8%, which is higher than the London average.
- Developed and enhanced system-wide partnership working during the COVID-19 pandemic (for example, the Care Home Support Team provided public health and prevention activities and support to care homes).

There is always more to do and we are keen to rapidly progress delivering on the priorities outlined in this strategy.

Challenges

We plan in advance where possible, but sometimes unexpected developments can impact when or how we deliver a priority. COVID-19 is a good example of where we have had to significantly change service delivery and focus on other priorities. This has meant that delivery on previous priorities has been delayed. Other challenges that can impact the delivery of priorities include:

- national emergencies or extreme weather conditions
- available and appropriately skilled staff and other resources (there aren't always enough trained staff in certain specialist areas)
- the capacity of partner organisations
- the availability of funding
- finding suitable land or buildings

Increased demand

We are seeing a continued increase in demand for services and support. There are more people needing services: with better healthcare, more children are surviving with severe and complex needs and moving through transition into adulthood. Also, in general people with a learning disability are living for longer into older age and may have additional health needs as they age.

It is estimated that 0.5% of people in England have a learning disability. In Sutton, the rate is slightly higher, with 0.6% of residents having a learning disability. It is forecasted that Sutton will see an additional 46 people each year for the next 10 years, so around an extra 460 over 10 years. Of these around 90 will have a moderate to severe learning disability and will receive services. This is around a 17% increase on current numbers and again above the national average which is around 10% up until the year 2030. These projections show there is a need locally to increase service provision and ensure we plan well in advance, so we are ready.

We know that people with a learning disability may be more likely to have a mental health condition. Due to COVID-19 we are finding that we have an increasing number of young people and adults with a learning disability who also require mental health support services. This is because for many, they have seen a significant change to their routine over the last year, such as not going into school or college and disruption to weekly activities. Some people have also felt more isolated and haven't been able to see friends and family as often as they would usually have. Often these contacts with people give a person informal support and give positive benefits to their mental health. Additionally, many parents and carers have also found the change in routine difficult, and additional caring responsibilities may mean that they are unable to attend work or their daily activities as they usually would. This combination of factors has led to a decline in people's mental health in the community and an increase in

hospital admissions. With COVID restrictions eased, it is hoped that people can return to their daily routines and the positive benefits of social interactions.

Funding availability is not always aligned with the additional services, support and resources needed to effectively support individuals. We continuously strive to ensure we are both achieving value for money with services and delivering quality outcomes to individuals.

Priorities

How we decide our priorities

A combination of factors has determined our local priorities, including:

- feedback and engagement with people with a learning disability, parents, carers and local residents that have identified what is working well and how services and support can be improved
- feedback from our own staff and external organisations, including health and social care professionals, advocacy professionals, schools, and other local service providers and organisations
- new national and local policies
- recommendations taken from safeguarding incidents
- services and support that has worked well and we want to develop further
- available funding and resources, including the availability of specialist staff

We have grouped the resulting priorities into four key areas:

Priority One: Person-centred care

Priority Two: Living in a place called home

Priority Three: Receiving the right support and being part of the community

Priority Four: Health and healthcare

Priority 1: Person-centred care

“I am able to tell people what I like and what I want to do”

Our commitment

We have moved some way from larger and more traditional models of service over the last few years, developing smaller, person-centred services that are better integrated within the community. More people are commissioning their own services through individual budgets and personal health budgets, exercising choice and control over their lives.

We also commission universal services which everyone can use but continue to develop specialist learning disability services where these are not suitable. When developing services, we co-produce them by consulting with stakeholders in the service design. We regularly review our services to keep them up to date, ensure they meet quality standards and provide value for money.

The overall priority areas for person-centred care are to increase access to universal services wherever possible, as well as providing individualised services which are outcomes-based.

What we will do

- Integrate outcome-based indicators in health and social care contracts
- Review and redesign how services for people with learning disabilities are commissioned and delivered across health and social care to provide a consistent offer
- Identify how universal services can better meet the needs of people with a learning disability and ensure training is available to support this

What will good look like?

“I am a valued citizen with a contribution to make”

“I have the same opportunities as everyone else. I do not feel ignored and I feel safe”

“I am able to make the same choices as everyone else”

How can we measure progress?

- Contracts and service specifications will deliver person-centred outcomes
- There will be an increased use of universal services by people with a learning disability
- There will be year-on-year increases in adult social care satisfaction rates among adults with learning disabilities
- All commissioning decisions will be informed by an Equalities Impact and Needs Analysis to ensure that services are equitable

Priority 2: Living in a place called home

“I am part of my community; I feel safe in my environment, wherever that is.”

Our commitment

The numbers of people with a learning disability locally are increasing, with an associated rise in demand for suitable accommodation and services. We need to ensure that this is considered when planning for the future. Since the previous (2017-21) strategy was developed, positive progress has been made and the proportion of people with learning disabilities living in their own home or with family (as opposed to residential care) has significantly increased. However, we need to maintain a clear focus and momentum in this area to ensure that positive progress continues.

In particular, we will continue to review all ‘out of borough placements’ (ie. people who are living outside of the area, and sometimes far away from their family and friends). The aim of this is to support people to remain in-borough and only place people in accommodation that is outside of the area if this meets their needs or this is what the person has requested.

We recognise that for some people, a residential care home is the right setting and they would like to continue living in that setting. We will always take into account the individual’s choices and preferences when working with them to identify the best place to live.

People with learning disabilities have told us that they want to live independently with support when they need it, including evenings and weekends. Also, they have told us that they want to live near shops, where they can access public transport and other community facilities, and where they can easily visit their families and friends.

We will provide a wide range of housing options which offer choice, control, and flexibility and promote independence, including mainstream housing. People with learning disabilities who would like to live in a family setting will have more opportunity to do so through an expanded Shared Lives scheme. People will also be supported to plan for the future, which is especially important where support is currently being provided by older carers. We will also ensure residents know what is available to them locally, so it is easier to make informed choices.

What we will do

- Develop a Housing and Accommodation Strategy with a wider range of accommodation available
- Improve information and advice which is easily available regarding local housing options
- Ensure any new builds or buildings that are adapted to form living accommodation consider the needs of the client who will live there (such as low stimulation environments and interior design cues to reduce anxiety and confusion for people with a learning disability living with a dementia-related condition)
- Incorporate the infrastructure required for technology when designing accommodation (additional power outlets, access to high-speed internet, and tablet docking ports where appropriate) and work with housing and support providers in the community to ensure that people with a learning disability have equitable access to Wi-fi
- Ensure that young people with learning disabilities can move into adult living with a clear plan and support to enable independent living (including consideration of co-living with friendship groups)
- Reduce the number of people who are living in residential/nursing care (unless they want to)
- Review out-of-borough placements and identify those that may wish to return once suitable accommodation is available
- Reduce the number of people placed outside of the area unless this is what the person has requested
- Increase the quantity of specialist accommodation for people with complex needs (shared and individual accommodation) to better support them to stay in the community
- Identify opportunities to develop Safe Haven schemes (accommodation available if a community placement breaks down and/or to avoid delays in hospital discharges due to lack of suitable accommodation)
- Increase the uptake of home-ownership (where possible, including retaining family homes and provision of support)
- Increase core and cluster sheltered housing provision for older people with learning disabilities, who are living with increasing levels of frailty and/or dementia
- Continue to enhance support for carers of people with a learning disability, including: offering carer's assessments as appropriate, providing carers with opportunities to network with other carers, and improving access to information on key issues and support pathways.

What will good look like?

“I have a choice about where I live and who I live with”

“I like to visit family and friends, going to their homes, going out for meals and walks”

“I have a good support plan which I have developed”

How can we measure progress?

- The development of a Housing and Accommodation Strategy
- Provision of information and advice locally
- The Adult Social Care Outcomes Framework will evidence that a greater number of people are living in their own home/tenancy and there is a great range of suitable accommodation available
- A reduction of the number of people in residential/nursing care
- Fewer people living out of area
- An increase in the numbers of people with a learning disability that have access to wi-fi in their own homes
- A greater number of providers commissioned, to provide a greater lever of choice
- A greater number of people with learning disabilities being supported to access assistive technology and digital solutions to allow them to communicate their views and choices

Priority 3: Receiving the right support and being part of the community

“I have choice about what I would like to do”

Our commitment

To achieve our vision, we need to ensure that people with learning disabilities have real choice and control over their lives. They will be active members of their community, doing ordinary things that are uniquely right for them, and with support that meets their individual requirements. All people with learning disabilities should have the opportunity to develop friendships, connections and relationships, to feel a sense of belonging and to be active during the day, whether this is through paid employment, volunteering, training at school or college or

structured activities. We will also continue to work to ensure that people from all backgrounds and cultures have equal access to these opportunities, taking account of 'intersectional' needs.

We will aim to support people as early as possible, in order to prevent issues escalating and reduce the need for longer term or more intensive interventions. This includes ensuring that residents know what is available to them in the community, so it is easier for them to make informed choices. In addition, we will explore new technological developments and innovations in service delivery, which may be able to support people to be more independent; in particular, assistive technology will be utilised where appropriate, to increase people's independence.

We will support the development and commissioning of person-centred support for people with higher support needs, so that they are able to access universal opportunities as much as possible. People with learning disabilities will be supported to access a mix of collective and individualised activities, although commissioners recognise the value people attach to retaining dedicated spaces for social support and social interaction with their peers.

As set out earlier, this strategy considers the needs of people with a learning disability aged 14+, in order to take account of what is important to young people as they move into adulthood to inform future shaping, commissioning and delivery of services. It is particularly important to consider the 'transition' period (ie. the broad period during which a young person may transition from using Children's to Adult services), which can be an important and sometimes challenging time for young people with a learning disability. We will work with key partners - in particular, schools and education services - to support this area of work, to ensure that a holistic approach is taken to moving from Children's to Adults services as seamlessly as possible. Education is a key element for young people and adults' development, and is an area highlighted within Care, Education and Treatment Reviews (CETRs) for those particularly at risk of hospital admission or needing extra support in the community.

What we will do

- Review the day opportunities provision in Sutton, implementing learning from some of the innovations developed during the COVID-19 pandemic
- Continue to improve pathways for young people approaching adulthood with a new policy framework
- Increase employment opportunities including internships, and consider job coaches and mentors; look at the feasibility of broadening existing schemes and supporting them to become paid employment
- Implement a Training and Development Strategy that will support staff to deliver seamless person-centred support

- Review the local personal assistant market to better understand how this could be developed and supported to deliver what is needed
- Enable choice through direct payments and the ability to use these flexibly for a range of services
- Increase respite provision (including for those with complex and/or profound and multiple needs)
- Increase the number of Changing Places toilet facilities available across Sutton
- Continue to ensure that SEND\Education services are invited to and involved in CETRAs where appropriate.

What will good look like?

“My care and support are well planned, and I have choice and control about this”

“I have a full day, a job to go to and other meaningful things to do”

“I enjoy going on holiday”

How can we measure progress?

- Increased range and quality of day opportunities available
- A new policy for Approaching Adulthood (transition)
- Increased percentage of adults with learning disabilities in employment opportunities, including volunteering, internships, apprenticeships and paid employment.
- Implementation of a Training and Development Strategy
- Increased usage and quality of personal assistant provision that meet individual needs and is available at times when needed
- Increased uptake of direct payments which are more flexibly used by individuals
- A greater number of respite facilities, including Shared Lives placements, available locally where possible (or nearby if not)
- A greater number of Changing Places type facilities that are easily accessible and located where most needed
- Attendance at\contribution to Annual Review\Personal Education Plan\Child Protection Conferences (where appropriate)

Priority 4: Health and health services

“I am as healthy as I can be, and get all the support I need to stay healthy”

Our commitment

We want people with learning disabilities to be healthy and have access to good healthcare. As a local area system we commit to challenging the health inequalities that people with learning disabilities can face, and ensuring that people from all backgrounds are treated fairly and equally according to their strengths and needs.

People with learning disabilities will be supported to look after their physical health, their mental health and their general wellbeing. We want people to be able to fully access all local community and health services, including by ensuring staff have the right skills and training to support people appropriately.

We will work to ensure that both universal and specialist healthcare is provided at the right time, to improve health and wellbeing outcomes. We also want to ensure people return to their home as soon as possible following any hospital admission and avoid future re-admissions.

To support this, we need to enable people with learning disabilities to access community-based health services earlier, and for those around them to flag up any emerging physical health or mental health issues so that support can be provided as early as possible. This will help to prevent issues escalating, which is better for the individual’s health and wellbeing (whilst also potentially reducing pressure on emergency health services).

What we will do

- Improve access to primary care, community and acute services. For example:
 - Increase the number of people with a health care passport\hospital passport (in case of hospital admission)
 - Standardise equity of access to care and equality of outcomes across Primary Community Network (PCN) populations
 - Continue to develop clear pathways and referral routes for people to access appropriate health services
 - Map services so that all learning disability services and their referral criteria are clearly known to everyone

- Strengthen the process for 'out-of-area' patients with complex health needs moved to Sutton community placements
- Ensure everyone that is eligible for a Personal Health Budget (PHB) is offered one and that they are able to access personalised care and support
- Continue work to identify and tackle health issues earlier, to reduce escalation of issues and avoidable hospital admissions. For example:
 - Undertake quarterly Enhanced Health in Care Homes (EHCH) multi- disciplinary team discussions and weekly calls to learning disability care homes
 - Better identify and manage constipation among people with a learning disability
 - Increase the uptake of the pneumonia vaccination and cancer screening
 - Consider the feasibility of an hospital admission avoidance team (outreach)
 - Continue to learn from Learning Disability Mortality Reviews to make changes to improve services
 - Continue to enhance multi-disciplinary and integrated working across health and social care
- Continue work to reduce and challenge the health inequalities that people with learning disabilities can face nationally. For example:
 - Tackle the over-prescription of anti-psychotics, in line with the STOMP agenda (Stopping Over Medication of People with a learning disability), and continue to review medications on a regular basis.
 - Continue to assess people who experience mental ill health and behaviours that challenge, in a timely way, in partnership with appropriate professionals.
 - Increase the number and quality of annual health checks (AHCs) and health action plans for people with learning disabilities
 - Ensure that there is greater awareness about COVID-19 in the learning disability community, including precautions that can be taken, vaccinations, symptoms to look out for, and how to get help
 - Ensure there is greater awareness that some populations in the community have an increased risk of physical health conditions (ie. diabetes, Vitamin D deficiency) and look at ways that access to support could be improved

What good looks like

“I am a valued citizen with a contribution to make”

“I eat good food and can exercise regularly”

“I feel healthy and safe”

How can we measure progress?

- A greater number of people will be registered with their GP as having a learning disability
- Fewer people are prescribed anti-psychotics (STOMP) and unnecessary medications, and more people access psychology and behaviour support services
- A higher proportion of people will have had a quality annual health check
- A higher proportion of people will have a quality health action plan
- A greater number of people will have a health care\hospital passport or a combined document
- A decrease in the numbers of people with a learning disability attending A&E (when not necessary to do so)
- A lower proportion of people will miss health appointments
- More people will describe their overall experience of their GP as ‘good’
- The number of emergency hospital admissions of people with a learning disability will fall year-on-year
- The number of people admitted to specialist learning disability hospitals and assessment and treatment units, and their length of stay, will fall year-on-year
- Where admissions are unavoidable, there are clear reasons for the admission and the outcomes that need to be achieved during the admission (eg. multi-disciplinary discharge planning meeting is held for admissions longer than one week)
- A greater awareness about COVID-19 and other Public Health initiatives in the learning disability community
- Specialist staffing gaps decreased – ie. epilepsy nurses, Positive Behavioural Support staff, OT, dieticians.
- More people with a learning disability accessing mainstream mental health services, and shorter waiting time for people who have been referred to specialist mental health services.

Next steps

We have undertaken a lot of engagement and consultation in order to develop this strategy to ensure we have included what is important to the people of Sutton. The consultation period confirmed support for the broad priorities in the strategy, and some changes and additions to this version have been made as a result of the constructive feedback received.

However, this is not the end of the conversation; once the strategy is adopted, it will be kept under regular review to ensure that we continue to put the needs of our residents and service users at the forefront of our plans.

We will develop a comprehensive delivery plan which will set out in more detail the tasks that need to be undertaken to deliver the strategy, and this will be updated at least annually. The delivery plan will be overseen through relevant Council and partnership governance. Regular review and monitoring of the strategy will also ensure that any future stakeholder feedback can be taken into account, and changes made to the strategy and delivery plan where appropriate.