

# Draft Learning Disability Strategy

2021-2026



South West London  
Clinical Commissioning Group



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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 (2021-2026) sets out the vision for Sutton, bringing together people with learning disabilities, families and carers, key partners across health, social care, voluntary sector and community services alongside other key stakeholders. We want residents to be safe, and 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 (2021-2026) 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 includes people with a learning disability aged 14 years and older that live in Sutton or for whom Sutton Council are responsible for. Sometimes Sutton Council has responsibility for someone's health and social care services even if they live outside of Sutton. The strategy does include 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').

## 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.

## 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 0.44% of people in England have a learning disability. In Sutton, the rate is slightly higher, with 0.5% 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.

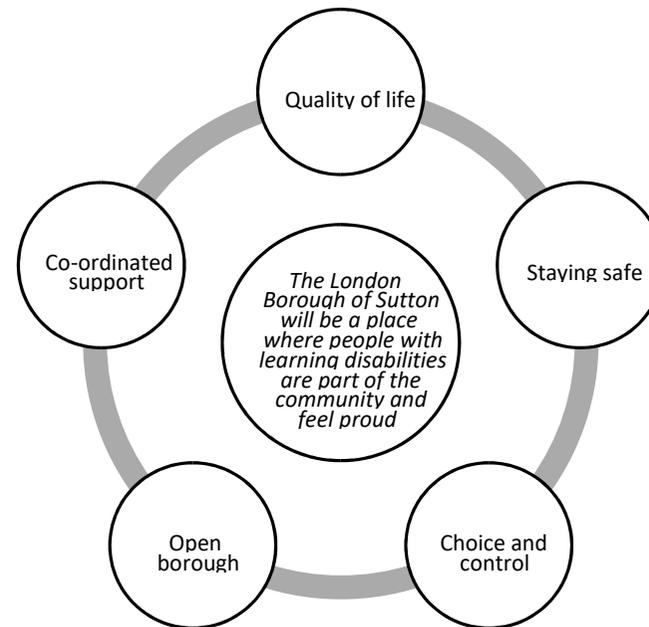
We know that people with a learning disability may be more likely to have a mental health condition. Due to COVID-19 we are finding that we have an increasing number of young people and adults with a learning disability who also require mental health services. This is because for many, they have seen 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 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.

## 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. It also requires all partners to work together in the same direction of travel and work to the same principles and vision:

- **Quality of life** – As a borough, we are all responsible for ensuring people with learning disabilities have the same quality of life as their peers. This means having a community that involves and treats everyone with dignity and respect, and with a focus on the individual and their hopes and aspirations.
- **Staying safe** – We need a borough that enables people with learning disabilities to stay safe and to be safeguarded from harm. However, this is not about restricting people, but about supporting and encouraging people to take positive risks and try new and exciting things.
- **Choice and control** – A borough that supports individuals and their families to make their own decisions; where an individual may lack capacity, the decision must be made in their best interests, involving them as much as possible and those who know them well.
- **An open borough** - All mainstream places and services in the borough need to be accessible, and reasonable adjustments are made where necessary. For where there is a particular need, people with learning disabilities must be able to access specialist multi-disciplinary community-based health and social care expertise as appropriate.
- **Co-ordinated support** – As well as all support being accessible, we need to ensure that there is a clear model of support and a pathway through which people with learning disabilities and their families can confidently navigate independently.



## Progress

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

- Reduced the number of patients in specialist hospitals under the Transforming Care Programme, particularly long-stay patients
- Reduced the numbers of patients with a learning disability placed in specialist learning disability hospitals or mental health units
- Learning disability liaison nurses available in hospitals
- 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, which enables 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
- Recommissioning of services including advocacy
- All social care assessments for people with a learning disability and their carers are up to date

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

## 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 gaps or required changes to services
- feedback from our own staff and external organisations, such as community groups, advocacy organisations, the police service and local businesses
- new national and local policies
- recommendations taken from safeguarding incidents
- services and support that has worked well and we want to expand 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 priority areas of person-centred care have been identified as increasing access to universal services and the provision of individualised services which are outcomes-based. Working in partnership with our stakeholders, we will continue to co-produce different service offers, including:

### 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 universal 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 and do not feel ignored and 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. In addition, people with a learning disability aren't always living in the least restrictive setting possible. We have too many people placed in residential care homes, often miles away from their family and friends, who could live locally in alternative accommodation, if it was available.

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 want residents to 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
- 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 number 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 breakdown and/or to avoid in delays in hospital discharges due to lack of suitable accommodation)
- Increase the uptake of homeownership (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

## What will good look like?

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

“I like to visit family, 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
- There are less 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 will be commissioned to provide a greater lever of choice
- A greater number of people with learning disabilities will be supported to access assistive technology and digital solutions that will 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 the opportunity to have purpose and meaning to their day. 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. They will develop friendship, connections and relationships. They will feel a sense of belonging and will be active during the day, whether it is through paid employment, volunteering, training at school or college or structured activities. People from all backgrounds and cultures will have equal access to all these opportunities. People with learning disabilities will have real choice and control over their lives. Assistive technology will be fully utilised to increase people’s independence. Improved life skills and short-term support will be available to reduce dependency and the need for long-term support.

The support and service network being developed will include individualised provision 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.

Where specialist building-based services are necessary due to people's support needs, then every effort will be made to ensure that people living with physical/learning disabilities, complex needs, or profound multiple learning disabilities (PMLD) get every possible opportunity to integrate within the community and access universal services. In addition, our community-based buildings achieve their full potential.

### What we will do

- Review the day opportunities provision in Sutton, implementing learning from some of the innovations developed during the COVID-19 pandemic
- Review of the Inclusion Centre with the aim of increasing its usage for adults with complex needs and realising the centre's potential
- Ensure that we have a robust pathway for young people approaching adulthood with a new policy framework
- Increase employment opportunities including internships
- 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
- Increase the number of Changing Places facilities available across Sutton

### 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
- Increased usage of the Inclusion Centre and range of people accessing it
- A new policy for Approaching Adulthood (transition) and new governance
- The Adult Social Care Outcomes Framework will show that the percentage of adults with a learning disability aged 18-64 in paid employment has increased (up from 11% in 2019 to 20% in 2026)
- Implementation of a Training and Development Strategy
- Increased usage and quality of personal assistant provision that meet individual needs
- Increased uptake of direct payments which are more flexibly used by individuals
- A greater number of respite facilities, including Shared Lives placements, will be available locally where possible (or nearby if not)
- There will be a greater number of Changing Places type facilities that are easily accessible and located where most needed

### 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, have access to good healthcare and challenge health inequalities. People 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. We want to ensure all the staff have the right skills and training so they can support people. We know that too often people with learning disabilities do not receive enough support at the time of crisis; we want to avoid this and any unnecessary emergency hospital admissions. We also want to ensure people return to their home as soon as possible following any hospital admission and avoid future re-admissions. We want people not to attend the Accident and Emergency Department unless really necessary and make better use of community services to avoid attendance, and for those around them to flag up any emerging physical health or mental health earlier so that support can be provided earlier. We need to ensure that people from all backgrounds are treated fairly in our local community health services.

## What we will do

- Increase the number of people on GP registers who have their annual health checks
- Reduce the number of people on anti-psychotics
- Increase the number of people who have health action plans
- Increase the number of people with a hospital passport (in case of hospital admissions)
- Decrease the numbers of people with a learning disability attending Accident and Emergency (when it may not be necessary to do so)
- 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
- Standardise equity of access to care and equality of outcomes across Primary Care Networks (PCN) populations
- Ensure that where possible we share training opportunities and work to attract specialist staff into our teams where there are gaps
- Ensure that service user, carer and family feedback and views are reflected in the design of future learning disability services
- Develop a clear pathway for people to access appropriate health services
- Ensure that future learning disability health service provision is integrated across voluntary, primary, community social care and acute services
- Work with social care to look at the feasibility of an hospital admission avoidance team (outreach)
- Work with mental health services to improve the access for people with a learning disability

## 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
- Few people are prescribed anti-psychotics
- A higher proportion of people will have had a health check

- A higher proportion of people will have a health action plan
- A greater number of people will have hospital passports or a combined document
- A decrease in the numbers of people with a learning disability attending Accident and Emergency (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 then there are clear reasons for the admission and the outcomes that need to be achieved during the admission
- The average length of an in-patient stay in specialist hospitals will be shorter
- The average lifespan for people with learning disabilities will increase year-on-year so that it is closer to the average for the whole population by 2026
- A greater awareness about COVID-19 and other Public Health initiatives in the learning disability community
- Engagement and co-production strategies are built into any service re-designs or new services developed
- Equitable outcomes for all across the Primary Care Networks (PCN)
- An annual workforce development strategy\plan\training for health and social care staff
- Specialist staffing gaps decreased – epilepsy nurses available, Positive Behavioural Support staff, dieticians
- A single point of access to services implemented
- Development of a hospital admission avoidance team (outreach) which reduces admissions
- More people with a learning disability access mainstream mental health services

## Next steps

We have undertaken a lot of engagement in the development of this draft strategy to ensure we include what is important to the people of Sutton. This draft Strategy will go out to public consultation to ensure everyone that wants a say gets the opportunity to. We are happy to hear your feedback either in support of the current priorities, or to let us know if you think there are different areas we should include.

After the consultation has taken place, we will review the feedback and amend the Strategy as necessary. After any amendments are incorporated, the final Strategy will be published. We will then develop a delivery plan (updated annually) which sets out in more detail the tasks that need to be undertaken. This will include timeframes, resources needed and what steps we need to take to complete the task.

The delivery plan will be overseen by the Learning Disability Programme Board which will report annually on progress to the Sutton Health and Wellbeing Board and to the CCG as agreed. The Council's Strategic Director of People and the CCG's Deputy Locality Director will be jointly responsible for leading on arrangements to deliver the Strategy.