

Report to Health Scrutiny Committee

Greater Manchester Learning Disability Strategy Update

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Purpose of the Report

This briefing is being brought to the Health Scrutiny Committee to provide an update on the implementation of the Greater Manchester Learning Disability (GMLD) Strategy.

Executive Summary

The briefing sets out some of the challenges and successes in implementing the strategy, particularly in light of the Covid 19 situation. In summary these are:

- Work continuing in undertaking a review of accommodation for people with LD
- Implementing alternative methods of working to support people e.g, day service using creative models of delivery
- That work has been able to continue, albeit with a Covid 'lense' and in particular, there have been some successes in the health theme in supporting annual health checks.
- That many of the individuals with LD have found the disruption difficult to deal with, however it is noted that there has been good resilience within the cohort with people coping with the help of the support they are receiving.

Recommendations

That the Health Scrutiny Committee note the contents of this briefing.

Greater Manchester Learning Disability Strategy Update

1 Background

- 1.1 The GMLD strategy has been in place now for over a year and there are 10 themes as set out in section 2. Since the Covid pandemic, this has been added as a theme as it cross cuts all themes within the strategy. Reports are submitted to GM bi-monthly for scrutiny and challenge.

2 Current Position

- 2.1 This briefing outlines an update on the 11 work stream areas that have been identified both at GM level and locally in the LD strategy. The update for each work stream includes a summary of the progress to date including an update on Covid impact and any measures that have been put in place.

- Strategic leadership
- Advocacy
- Belonging
- Bespoke commissioning
- Good health**
- Homes for people**
- Employment**
- Workforce
- Early support for children and young people**
- Criminal justice**
- Covid 19

This content of this report has been supported by the work stream leads for each of the priority areas.

** Denotes where the working group is a joint subgroup of the Greater Manchester Autism Strategy.

3 Key Issues for Health Scrutiny to Discuss

- 3.1 Members are asked to review the information in this briefing and consider any issues that are of concern or commendation. In light of the current situation regarding Covid 19, consideration should be given to the support provided to people with LD at this time and for the next 12 months.

4. **Updates by Theme**

1. Strategic leadership

The GM LD strategy now forms a key part of the local LD Partnership Board (LDPB) agenda and leads have been identified for each of the delivery areas with a view to each providing a clear work plan of work stream objectives and time frames.

The strategy forms part of the integrated LD team business plan and an audit of compliance has been completed by auditors from the Council and Pennine Care NHS Foundation Trust (PCFT). Oldham has a nominated and named lead to coordinate the implementation of the plan and the CCG and OMBC are working together to ensure delivery.

Work has continued closely with colleagues across GM and the North West to support individuals, their families and carers through the Covid19 pandemic. Updates on LD have been discussed through Health and Social Care Bronze, Silver and Gold system command meetings under Covid19.

There has been a strengthened focus on partnership working during lockdown – with colleagues across primary care, in particular. LDPB meetings have resumed virtually and we are working on ensuring those meetings are as inclusive as possible by exploring opportunities with IT to include parents, carers and individuals.

2. Advocacy and 3. Belonging

Skills development training has been carried out for MioCare, Key Ring, Future Directions and OPAL Advocacy. A speakeasy was held in October last year with a focus on employment and Get Oldham Working were present to hear views about what was important to them in a Supported Employment Service.

Learning from Stockport Advocacy is being considered, including options for LD friend initiatives – however it is recognised that there are challenges in terms of staff time commitment required.

OPAL is in the process of obtaining feedback on how they found accessing the services and work has been undertaken to update the local offer page for advocacy, with a focus on easy read versions and being clear about who can refer, who can access and what specific advocacy support is available. In addition, OPAL have linked in with Action Together to support social media campaigns, with aim of recruiting more self-advocates as well as increasing promotion of the groups that are available for people to join.

With regard to the impact of Covid on individuals and their families and carers, carers have reported that they have experienced problems that have been caused by changes to routine for people with autism. Similarly, it has been noted that it has been difficult to get people involved in new activities to keep them busy during lockdown. Change of routine is difficult and some people are missing family/friends/usual routines. People have found government guidance confusing.

Advocacy services have continued to be delivered albeit in a different way. Providers are keeping in touch and holding conversations with people via telephone or using video conferencing

4. Bespoke commissioning

There has been work undertaken to improve the housing and care process with meetings undertaken with providers and potential landlords to examine supported living opportunities. Work to shape the future of supported living in Oldham has begun and we are examining how the current framework will operate beyond 2020, identifying cohorts of people who may need housing.

Work on the Extending and Embedding a Personalised, Preventative Approach to Commissioning (EEPPAC) programme has been refocused during lockdown where day services for people with learning disabilities have shut down for the safety of clients. We have worked with those services to examine how we can best support them to reopen. Best practice models have been adopted and amended from local partners in order to do this

Dynamic Multi-Disciplinary Team (MDT) meetings are used for specific cases when escalation – admission avoidance protocol. This framework has been used to respond when need to deescalate and prevent hospital admission. This is monitored through Complex Case Forum and Accommodation panel.

5. Good Health**

Implementation of the health theme has seen the most progress, not least because the Covid crisis has put people with learning disabilities in the spotlight as being amongst some of the most vulnerable cohort. Therefore this theme has a detailed breakdown of Covid related activities in relation to people with learning disabilities.

Initial work has been undertaken with BI to look at how information from Paris, EMIS and Mosaic can be brought together to ensure all practices have a register that is developed for people known to all health and social care services. In addition, the LD Team have met with the Oldham Carer's Service and Primary Care lead to improve the carer's register, knowledge of primary care staff and develop a checklist for surgeries to proactively identify and support carers.

The draft standards for GPs has been completed and circulated. The intention during 2020/21 was to undertake further investigations with practices that are underperforming – this would be undertaken by an LD link nurse and a contract officer. The number of service users who have had an annual health check (AHC) is now added to the KPIs for social care LD services.

Amongst the recent successes in recent months, a review of hospital passport process has identified that issues around utilisation by front line staff – the hospital Lead Nurse for LD will be working to improve this. A pharmacist has worked with four GP practices to identify patients who are prescribed anti-psychotic medication with the aim of reducing/stopping the medication.

Shielding

- Early in lockdown it was identified that there was some confusion about shielding for people with LD. A protocol for Oldham GPs was developed that outlined requirements for:
 - Highest risk people with LD and/or autism who need to shield
 - At risk/Vulnerable people with LD and/or autism who need additional support
- All practices within Oldham CCG received guidance from the Primary Care Team on 27/3/20 on how to identify, from their registered patient list, those patients who had the clinical conditions as set out in the [NHS England](#) guidance dated 22/03/2020 defined as at the highest risk of severe morbidity and mortality from coronavirus.

Annual Health Checks

- Oldham is currently achieving 57% against the 75% target. It is expected this will decrease due to Covid. Work to improve uptake includes implementing remote LD health checks where possible and supporting practices. We are in the process of developing access to technology through training and equipment to ensure inclusivity to online health service
- GM guidance has been shared with preferred model including both virtual and face to face options. Oldham is looking to progress with the model shared by GM due to the following benefits:
 - This would save GP time and enable more AHCs to be completed
 - Face to face required only if necessary
 - Reduced stress of going into a surgery
 - Reduced the need for people to use public transport
 - Enable people with complex needs and their carers to receive an AHC who previously may not have been able to go into the surgery
 - Increased likelihood of greater uptake if people receive AHCs from their own home in a comfortable environment

Oldham has been successful in a bid to be an 'Annual Health Check Exemplar'. Our proposal is to develop an Outreach Community LD RGN who will work with practices to ensure the registers are up to date, reasonable adjustments are recorded and processes to book appointments are in place to ensure the number of AHC are maximised by each practice.

The Outreach Worker will work in the community performing AHC with patients who are unable to come into a practice and develop surgeries in community settings as well as promote AHC through local LD community groups. The job specification has been co-produced with people with lived experience and is currently in the recruitment process.

Testing

The LD Covid-19 testing plan has been worked up reviewing the following cohorts of people:

- Testing for people living alone with low needs not accessing services but registered as a patient with an LD with their GP
- Testing for people living with family with low needs not accessing services but registered as a patient with an LD with their GP
- Testing for people who are registered with the LA who are not receiving services
- Testing for people who receive services from the LA but live at home with family
- Testing for people in supporting accommodation or who have a PA
- Testing for people with complex needs either at home or in supported living

Covid testing, including daily monitoring checks and Covid swabbing approaches, have focussed on supported living settings in the first instance. We are working with colleagues in Public Health and with specific providers to develop a person centred approach to the most appropriate way of testing and consent to testing, which includes our response to Track and Trace for those settings. The focus is on supported living for adults with LD and/or autism and how we support tenants and those supporting them at home with oversight and monitoring of oxygen levels.

From recent LD Mortality Reviews (LeDeR) and themes from LeDeR in general relates to pneumonia as a leading cause of death in adults with LD, but the rapid reviews have also shown significant concerns relating to silent hypoxia (no obvious concerns of the usual indicators, e.g. breathlessness, cough, blue skin tone, increased confusion etc). In these instances people have gone to bed appearing well, and died in the night. More work is required to understand the impact of Covid19 on deaths in our LD and autism population which will be picked up through LeDeR and the ADASS work on rapid reviews

LD Mortality Reviews (LeDeR)

There is currently a backlog of LD mortality reviews and this is likely to increase as a result of Covid19. This is due to a number of Covid-related deaths of people with LD, but also because of the practical issues that impede the reviews.

- The KPIs for LeDeR reviews are as follows:
 - For the CCG to have an identified lead
 - For the CCG to provide an annual report (complete and presented to LDPB in November)
 - For reviews to be completed within 6 months of being reported
 - For the learning from the reviews to be distributed and embedded into practice.
- The plan to address the backlog is to recruit to a full time fixed-term post with the CCG that will be dedicated to undertaking the reviews as well as embedding the learning from the reviews.

6. Homes for people**

Linking with the Bespoke Commissioning theme, the accommodation strategy for LD feeds into the commissioning of the supported living framework. Further work will be undertaken to identify available funding for the options following identification of need. Additional focus has been given on better understanding of what is meant when providing 'bespoke' accommodation, for example, the extent to which this includes adaptations for people to stay at home. Or, identifying people who have similar needs in order to explore options to build property that meets collective need.

A number of factors are being considered with regards to this theme:

- Ensuring the best provision at a reasonable cost. This will require joint working with housing, benefits team and council to ensure the best and most cost effective provision.
- Reviewing processes for accessing supported housing through adult social care to provide advice and support for people with mild to moderate LD.
- A review of housing capacity and need will be undertaken as part of the supported living review. This will include establishing what housing stock is currently available and fit for purpose.

Holly Bank opened its doors on the 17th March and 5 people moved in and have settled extremely well even in these unprecedented times. Following a brief pause in people moving in, we are now supporting tenants to move into the Holly Bank supported living residence for Phase 2. A process of matching and progressing to tenancy is ongoing at the moment. This process is supporting people from Oldham currently living out of borough, and in some instances out of GM, to return to Oldham. It is also enabling a 'domino effect'

of creating vacancies in other supported living settings which gives far more flexibility and options for people needing supported living accommodation.

7. Employment**

Planning was taking place in March to relaunch the Working Well programme, including Early Help support to people in employment with working conditions and being able to stay in employment.

Initial conversations on the approach to transitions in Oldham have commenced with a view to joint working principles specific to CHC framework application and processes. The intention is to mirror such principles within social care and education.

Immediately prior to lockdown, all supported employment schemes and services into an Oldham had been captured into a specific directory, with the intention to link to the Local Offer website and share more widely. Alongside this work, we are looking to launch webpage to enable people to access information and refer in for supported employment options. The directory has been finalised and is now linked through to the Local Offer website and is being reviewed every 3 months.

Pure Innovations Supported Employment Service was due to commence on the 1st April. This was postponed owing to Covid, but commenced from 1st August: multiple referrals received, and placements have commenced. Across the wider scheme there is already a job placement as a result of the service. Similarly, the Making Every Adult Matter (MEAM) programme is funding 10 people with disabilities. They have been recruited and matched with potential employers.

8. Workforce

An audit has been undertaken and the outcomes have been agreed with LDPB to implement the recommendations. The following training programmes have been undertaken:

- Autism Training for the Council is being reviewed and updated as part of the training and education sub group of Autism Way Forward Partnership Board.
- Specific Autism training for social care practitioners in design at present in line with the national framework
- Training in Mental Capacity Act and Court of Protection (Deprivation of Liberty) has been delivered and this has become part of a rolling process on development.
- Oldham has undertaken a Joint LD Review which has identified recommendations based on the following areas
 - Transitioning GM LD Strategy into local plans and reporting to stakeholders
 - Governance and decision making

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- Commissioning arrangements
 - Workforce strategy and development
 - Systems, policies and procedures

With regard to the Integrated LD team, work towards the single referral point is progressing and an integrated referral pathway is now in place and referrals from both health and social care discussed in a weekly Multi-disciplinary meeting. Similarly, complex referrals are discussed by the MDT enabling actions to be generated in a timely way, most effective use of resources and shared risk management. The process is working well and enables joint responses and work whilst maintaining clear roles and responsibilities in the team.

The Integrated LD and Autism service are embedding a combination of the iTHRIVE model of care, social prescribing and strengths based assessment and care planning, within the recovery plan towards the next stage of integration. Despite being in the initial stage of this process, we are already seeing a more integrated and efficient approach to screening and case allocation across health and social care, which puts the person and their priority needs and risks at the heart of decision making and response.

9. Early support for children and young people**

Head of Service for Children with Disabilities Service is now in post and will have a crucial role in driving forward this work stream. Similarly, the newly appointed SEND AD will be linked in to this work stream area .

The Mental Health Plan for Oldham is all-age and includes CAMHS (CYP Mental Health teams). In Oldham there is now an all-age liaison MH team in Royal Oldham hospital, and we are referring to the GM Rapid Response team for CYP when required.

Social Prescribing design session took place in February pre-lockdown with co-production & design from young people involved in Barrier Breakers and some of our customers. Regular meetings with Barrier Breakers group is now in place each month – themed each month in line with the 10 work streams of the strategy.

There is a need to extend CAMHS services in Oldham that requires additional investment to extend a comprehensive service offer to 18 years by 20/21, as set out in The Five Years Forward View for Mental Health. The current commissioned service, offers comprehensive support up to 16 years, after which young people use a number of different services:

- A small transitions team is commissioned with PCFT to provide short term MH support
- LANC UK, is currently commissioned on a case basis to provide diagnosis for ADHD and ASD conditions.
- Young people can access adult mental health services, if there is a commissioned service/the service is contracted to provide services from 16 years.

It is recognised that there is a gap in commissioned services for young people between the ages of 16-18 years:

- Young people with emotional behavior disorder
- Young people with learning disabilities/ADHD/ASD conditions and additional mental health issues

10. Criminal justice**

Training plans have been developed across a range of areas:

- Clinical psychologists delivering training on CJS, risk formulation and positive risk training to the Integrated LD Team
- LD Awareness Training to GMP in Oldham
- LD Awareness Training to Mentally Vulnerable Offenders Panel (MVOP).

There is an LD representative on the MVOP. It has been identified that further work needs to take place to ensure direct referrals to the community team are being made. Furthermore, there is an identified gap on the therapeutic offer in respect of sex offender treatment. There are insufficient practitioners within the Oldham system to deliver adapted sex offender treatment in the community, if required. The team will continue to offer more intensive support to people at risk of entering the CJS just as they would pre-covid and these clients are discussed at regular MDTs and the CCF.