

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 'lens' 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. These have included focused work on testing a vaccinations for people with LD.

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. We are working to enable LDPB meetings in person, restrictions allowing, but January 2022.

Achieving Better Outcomes: a programme of work has launched with regards to focussing on strengths-based approaches to all aspects of care and support. This includes analysis and review of the commissioning arrangements for supported living, analysis of the service's overall caseload and complexities therein, the nature of care and support, employment opportunities for service-users and how new ways of working can effect financial savings. This programme continues with current focus on reviewing the supported living settings via MioCare and ensuring that service user' outcomes are achieved, whilst ensuring that purchasing and care planning arrangements are not duplicated.

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 a increasing promotion of the groups that are available for people to join. OPAL have supported uptake of vaccinations and testing through their self-advocate group discussions and have helped co-produce the vaccination pathway for people with LD, as well as linking in with pharmacies to support with reasonable adjustments.

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. There is on-going work with community champions and self-advocates, including a video created to raise awareness of Covid vaccinations and share personal experiences – this video has been shared via social media platforms.

Easy read information is now available on community group websites regarding the types of advocacy that are available to people. Easy read leaflets regarding vaccinations have been produced and shared, and a vaccination pathway poster as been co-produced with self-advocates.

LD Friends awareness sessions were evolved during the pandemic for different settings; i.e pharmacies in regards to lateral flow testing

Now that places are opening back up, LD sessions will continue within the local community. OPAL are offering an alternative day service which offer individuals the opportunity to learn important life skills; be involved in podcasts and fun projects and provide a sense of belonging to the local community. The aim is to work with local groups including food banks etc and support people towards being work ready.

Advocate sessions were held raising awareness of Covid and vaccinations with a key theme of co-production.

OPAL's women's group has been running virtually throughout the pandemic but it has been recognised this was the only contact for some individuals each week so we are moving to meeting up in the local community. We want to encourage people to meet up in a safe way. Through Community Champion work, anchor groups have carried out awareness sessions in relation to myth busting, vaccinations and Covid pass letters. Anchors have worked with other groups to look at accessibility for PWLD in accessing Covid vaccination sites.

We have seen that some families are still not wanting their family member socialising in group activities due to Covid, therefore they are still staying at home.

OPAL self-advocates group discussed Covid vaccinations and getting tested. Co-designed co-production presentation and vaccination pathway/journey poster

LD friends linking with pharmacies to support people with learning disabilities/autism with testing. Council communication team have been offering support to enable people with LD/autism to get tested. Organisations using social media to share content and raise awareness

OPAL link their work with the LD partnership board, one of OPAL's self-advocates attends the meetings to give a voice for PWLD.

Community champions on-going work with self-advocates. Video created with self-advocates to raise awareness of Covid vaccinations and their personal experiences. Video shared via social media platforms.

Community anchors promote the Covid pass letter – have carried out an awareness session on how to apply for your letter. Anchor's also offer to support people with getting their letters. OPAL's advocacy service also promotes this.

Easy read information available on community group websites regarding types of advocacy. Easy read leaflets regarding vaccinations were produced and shared. Easy read vaccination pathway poster co-produced with self-advocates

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 continues and we are examining how the current framework will operate beyond 2020, identifying cohorts of people who may need housing.

Within the Achieving Better Outcomes programme of work, the supported living review is linking into the bespoke commissioning aspects of the strategy, helping to inform what is needed locally for our service users.

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 shut down temporarily 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.

The pen picture template has been adapted as part of an internal process review to improve the efficiency of the accommodation panel – in order to ensure safety and appropriate support is delivered. The Oldham Purchasing System is in development as part of the Supported Living and Accommodation review.

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.

Oldham received regional funding to develop the role of Exemplar LD Nurses who have been working with practices to firstly update LD registers bringing together information from PARIS, Mosaic and EMIS and secondly to support G.P's to increase the number of people who have an Annual Health Check. This has helped to develop positive working relationships between the LD Team and Primary Care. The Exemplar Nurses ensure reasonable adjustments are recorded and processes to book appointments are in place to enable the number of AHCs are maximised by each practice. 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.

An LD Health Group was set up and is attended fortnightly by Pennine, Commissioning, Primary Care and VCSE sectors to look at LD data relating to flu / Covid vaccinations and annual health checks. This enabled the group to identify practices who needed support and would be contacted by the LD Link Nurses to offer home visits to patients with more

complex needs. The data from this group has been valuable and led to setting up an LD Covid Vaccination Clinic which will be replicated for boosters.

The draft standards for LD health checks have 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.

We have received funding from Public Health to develop the role of a Physical Health Trainer who will be based with OPAL. The trainer's role is to improve mental health for people with a learning disability through engaging in exercise that they enjoy. The trainer will set goals and help build confidence, give nutritional advice, support in activities and develop group sessions to give people an opportunity to make new friends. We are hoping the trainer will start in December 2021.

We are in the process of developing an LD dashboard that covers many health aspects of people on LD registers. This will enable us to identify gaps early and address accordingly.

We have started work to increase the number of eligible people on LD registers for cancer screening. We are working with NHSI, Public Health and locality teams to identify issues and action plan to resolve. OPAL are holding sessions to get views of people who use the service to identify any barriers.

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.

Health response to Covid

Annual Health Checks

- Oldham is currently achieving 63% against the 67% target. Work to improve uptake includes implementing remote LD health checks where possible and supporting practices through the Exemplar Nurses. We are in the process of developing access to technology through training and equipment to ensure inclusivity to online health service

A Learning Disability Champion role has been developed by Keyring who can work with patients on the LD register who are struggling to get to vaccination centres. The Champion can offer advice on vaccinations and escort to appointments. Information on the role has been sent to practices and how to refer.

We have been working with OPAL to develop the role of an LD Health Champion for Flu and Covid. The Champion is a person with a LD who will attend meetings in Health and Social Care as well as in the LD community to explain the benefits of vaccination and to discuss any fears people may have.

Testing

Currently it is not a mandated requirement for staff working in supported living to have the covid vaccine, however, as this potentially changes to align with the requirements for people working in and visiting residential care settings, there are very real risks to safe staffing levels in the sector.

Commissioning and Public Health colleagues continue to work with the provider sector to support education, training and up to date information re. the vaccine.

LD Mortality Reviews (LeDeR)

There is a 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.. 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. This will form the next stage of the supported living review: a profiling process has been completed enabling analysis and understanding of the gaps in provision currently apparent. There are overlaps with the need for support and accommodation for clients with mild to moderate LD, and those requiring support around mental health, drug and alcohol use, risk of exploitation and abuse. We are working closely with strategic safeguarding colleagues to review this specific cohort within the wider review of accommodation for adults with LD and/or autism.

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 2021. To date there are 11 tenants now living here with a planned admission mid-November. Once this person has transitioned safely, subsequent moves will be able to happen at pace with a view to full occupancy by financial year end.

Further to the moves into Holly Bank and the review of supported living, an exercise has been completed to progress internal moves within the MioCare provisions. This is enabling clients to achieve best outcomes for independent living, whilst then creating options for clients with greater complexity to move into more suitable settings, including those leaving secure hospital settings and/ or moving back to Oldham from out of borough placements.

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.

The multi-agency Transitions policy is in draft, and the virtual Hub is about to launch. This will embed joint working principles across health, social care and education, and will enable robust planning and projection of a young person's journey through to adulthood from the age of 14 years. 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 is now live within the Local Offer webpages of the Oldham Council website, with a quarterly refresh of details.

In summer 2021 a practitioner and provider workshop was facilitated to enable case practitioners (for example, social workers, LD nurses, SEND officers) to meet with the various supported employment/ internship providers. The supported employment service via Pure Innovations went live in September 2020, with initial placements now leading to paid employment. The workers are embedded in the LD service, attend the weekly team meetings and have close links with the service to ensure that clients are being encouraged to consider employment and then able to access appropriate support to achieve this outcome.

Work is ongoing to embed supported employment, internship and apprenticeship programmes in services and conversations with young people and their families, thus leading to meaningful employment options, and a reduced reliance on statutory services where appropriate.

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
 - 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.

There is an ongoing workplan in place including Covid impacts, and work has been progressing at pace with the 'Achieving Better Outcomes' project – working to improve processes, better outcomes for clients, and improved efficiencies both for activity and finance.

Despite the challenges across the sector with regards to recruitment and retention, the integrated services maintains good performance relating to sickness absence, staffing, career progression, limited turnover of staff, and a stable management team.

9. Early support for children and young people**

The LD Head of Service and managers contribute to various subgroups of the SEND Partnership Boards and related work. A multi-agency Transitions/Preparing for Adulthood policy has been drafted and the operational Transitions Hub is due to go live in the next month. After several months of design and testing, Adults and Children's education, health

and social care are working together to ensure that plans and tracking are provided for all relevant young people from the age of 14 years. This process will combine the ability to ensure those clients requiring care and support post 18 via Care Act/ CHC eligibility will have the appropriate support and accommodation in place ready for turning 18, with an ability to project the financial implications for Local Authority, Education and CCG. Additionally, it means we will have robust processes to safeguard clients and minimise risks.

There is a dedicated Children and Young People's Complex Case Forum in place, which links across to the adult's forum where necessary, with common representation across both.

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. This continues with specific focus on Autistic Adults, and those clients with mental health issues, linking to the employment workstream.

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. This investment requirement remains outstanding however there are on-going discussions to progress this within the CCG. 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).
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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. The service is due to link with the new GM CJS lead to enhance our alignment with GM-wide initiatives.

Conclusion and next steps

The GM LD and Autism strategies are currently undergoing review in line with the recently published all age National Autism Strategy, and to refresh having been in place for 3 years. To support this for the LD strategy, localities have been asked to confirm the 3 main areas for key focus in the coming year. The 10 workstreams will remain, with relevant activity and drive, but localities have been asked to indicate which areas for them require more focus/ where there have been more challenges or more detailed work is required. Oldham have indicated that our particular priority areas are Children/Young People, Employment and Homes for People.

Whilst progress has been made in each of these areas, it is apparent that more focus across the partnerships in Oldham is needed to improve the outcomes in these workstreams. There are interdependencies in these three areas particularly, with close links into the Preparing for Adulthood agenda across health, social care and education, so it makes sense to focus on them jointly.
