

## BETTER CARE FUND SCHEME FOR PEOPLE WITH LEARNING DISABILITIES UPDATE

<b>Committee name</b>	Families, Health and Wellbeing Select Committee
<b>Officer reporting</b>	Kate Kelly-Talbot - Social Care and Health, LBH Jane Hainstock – Commissioning, NWLCCG
<b>Papers with report</b>	<b>Appendix 1</b> – Improving integrated care and support for people with learning disabilities governance summary.
<b>Ward</b>	All

### SUMMARY

1. As part of its monitoring function the Committee has asked to receive an update on the delivery of the Better Care Fund (BCF) scheme entitled Integrated Care and Support for People with Learning Disabilities and Autism. The BCF is a national initiative intended to deliver integration between health and social care to improve outcomes for residents. Essentially it is the mechanism for delivering aspects of the agreed Joint Health and Wellbeing Strategy that require integration between health and social care and/or close working between the Council and the NHS on a '*place-based*' level, which for Hillingdon means the geographical footprint of the borough. It is a means by which the Government has sought to implement the integration duty under the 2014 Care Act since its commencement in 2015/16.

2. The Council and health partners have sought to avoid separating the BCF from the broader transformation agenda in Hillingdon. The update in this report therefore reflects progress in delivering the component of the Mental Health, Learning Disabilities and Autism Workstream identified in the draft Joint Health and Wellbeing Strategy (JHWS). Supporting the independence of adults with learning disabilities is included within the scope of this workstream. The Committee may be aware that the draft JHWS is currently out to consultation.

3. The main focus of this report is on adults with learning disabilities because the Committee has recently considered reports about support for autistic people and also children and young people with Special Educational Needs and Disabilities (SEND).

4. The report is structured as follows:

- Strategic context
- Achievements and Challenges
- 2021/22 Priorities and Update

## RECOMMENDATIONS

That the Committee:

1. Notes the work being undertaken by the Council and partners to support people with learning disabilities and their families; and
2. Question officers and partners on the content of the report.

## SUPPORTING INFORMATION

### Strategic Context

#### Learning Disability Defined

5. A learning disability is a significantly reduced ability to understand new or complex information and learn new skills and a reduced ability to cope independently which started before adulthood, with a lasting effect on development. That means that people with learning disabilities often may find it harder to manage basic everyday skills, and rely upon support for many tasks, including communicating, managing money or looking after themselves.

6. A learning disability is different to a learning difficulty because the latter does not affect intellectual functioning whereas the former does. Examples of learning difficulties would include dyslexia and Hyper-activity, Attention Deficit Hyperactivity Disorder (ADHD).

#### Population of Adults with Learning Disabilities

7. Information from the Projecting Adult Needs and Service Information (PANSI) developed by the Institute of Public Care and Oxford Brookes University suggests that there were 5,588 people aged 18 and above living in Hillingdon in 2020 who had a learning disability and projected that this would increase by 5.8% to 5,914 by 2030. PANSI projections also suggest the number of people with a moderate to severe learning disability and therefore likely to be accessing statutory services will increase by 5% from 1,198 in 2020 to 1,258 in 2030. The Committee is reminded that access to financial support from the Council is subject to assessed needs meeting the National Eligibility Criteria and the outcome of a financial assessment. This does not apply regarding access to health services.

8. The total number of adults with a learning disability on Hillingdon GP registers is **1,158**. The Committee may wish to note that there are residents of Hillingdon with learning disabilities who are registered with GPs in other areas. This means that they will not be reflected on NHS reports for Hillingdon as the sample base for these is typically based on GP registration.

#### Numbers of People Supported

9. The Council's Learning Disabilities Team is responsible for assessing and reviewing the needs of people with learning disabilities who meet (or may meet) the National Eligibility Criteria for financial support in meeting their assessed social care needs by the Council. The Community Team for People with Learning Disabilities provided by the Central and North West London NHS

Foundation Trust (CNWL) deliver specialist support in meeting the health needs of people with learning disabilities who are at risk of developing a mental health condition or behaviours described as challenging. 'Specialist support' would include psychiatry, psychology, speech and language therapy and community nurse support.

10. As at 30 September 2021 there were 641 people with a learning disability primary support reason aged 18 and above being supported by the Council and table 1 provides a breakdown of support provision. This compares to 630 on the 31<sup>st</sup> March 2021 and 661 on the 31<sup>st</sup> March 2020.

<b>Table 1: People with Learning Disabilities Breakdown of Council Support Provided 30/09/21</b>			
<b>Service Type</b>	<b>18-64</b>	<b>65+</b>	<b>Grand Total</b>
Residential Care Home	108	20	128
Nursing Care Home	1	3	4
Supported Living	179	38	217
Adult Care Scheme	11	3	14
Home Care	40	6	46
Outreach	64	6	70
Day Care	83	1	84
Direct Payments	76	1	77
Education placement	1	0	1
<b>Grand Total</b>	<b>563</b>	<b>78</b>	<b>641</b>

Source: Protocol 30/09/21

11. As at 30<sup>th</sup> September 2021 the CNWL team was supporting 272 people. This is an increase on 2020/21 when 245 people were supported but is equal to the 2019/20 position.

## **Achievements and Challenges**

12. **Achievements:** Some of the key achievements in last 18 months include:

- *Contact calls:* All people supported by the Council and their families received weekly support calls from the Social Care Team and the Health Team during the lock down. This was in addition to calls from the Covid Hub.
- *Vaccination:* As at 6<sup>th</sup> October 2021 94.1% of people with learning disabilities registered with Hillingdon GPs had received both doses of the Covid vaccine. This meant that Hillingdon's performance was the highest in North West London (NWL) and resulted from close working between the social care team, the GP Confederation (The Confederation) and the Primary Care Networks (PCNs).
- Of the 89 residents in care homes 93% had had their first vaccine dose by the 29<sup>th</sup> September 2021 and 92% had also had their second dose.

### **Primary Care Networks Explained**

PCNs are collaborations of GP practices serving a total population of between 30 and 50,000 people.

Each PCN has a clinical director and must agree a collective system of governance, including identification of the lead practice for accepting funding.

Practices within a PCN must collectively decide which one will lead on enhanced services, such as extended opening or support for care homes.

The PCN workforce will include a pharmacist and social prescribing link workers in addition to a clinical director.

- *Learning Disabilities Liaison Nurse:* Hillingdon Hospitals recruited to this new post to support people with a learning disability and their families throughout their hospital journey and increase awareness amongst hospital staff.
- *Complex Care Panels:* Weekly multi-agency complex case discussions continue to be held to mitigate risks and avoid inappropriate hospital admissions. Where hospital admissions have taken place, it is with a clear rationale and supported with discharge plans.
- *Clinical leads in primary care:* Specialist learning disability clinical leads have been allocated to each PCN to ensure better understanding of needs and how to address them.
- *Challenging behaviour triggers:* Training delivered by the Council's Positive Behaviour Support Team (PBST) has improved recognition of the linkages between physical health needs and challenging behaviours in the Social Care referral, assessment and review process.
- *Care homes:* Hillingdon's 12 care homes for people with learning disabilities remain open and have managed the needs of complex residents admirably during the period of the pandemic as well as providing assurance to families. Several homes have had to manage outbreaks over the last 18 months. At the start of the pandemic CNWL staff gave advice and support on infection prevention and control (IPC) measures. Support included undertaking IPC audits. This role has now been undertaken by the Care Home Matrons within the Care Home Support Service.

### **Care Home Support Service Expanded**

This multi-disciplinary service comprising of GP's, nurses and therapists, provides daily calls to care homes for older people and weekly calls to care homes for people with learning disabilities and/or mental health needs. The team also supports the four extra care housing schemes.

Working closely with the Council's Quality Assurance Team the intention is to provide clinical advice and support to care homes to avoid unnecessary demand on the London Ambulance Service (LAS) and avoidable attendances at A & E.

13. **Challenges:** Examples of the challenges faced by people with learning disabilities, their Carers and families and the health and care system include:

- *People with learning disabilities:* Isolation during lockdown, the closure of community services and disruption to established routines have presented particular challenges to people with learning disability, many of whom would not have been able to understand the reasons for the changes to their daily activities.
- *Carers:* Managing the issues referred to above have added additional strain on Carers, for whom the lock down period meant scope for them to take a break from caring was limited. Many Carers have also been reluctant for both themselves and the people they are caring for to re-engage with the community as Covid restrictions are lifted through concerns about infection. The Committee will be aware that Carers Trust Hillingdon will be monitoring the longer-term impact of the pandemic on Carers and particularly on their mental and physical wellbeing and issues will be fed into the Carers Strategy Group and escalated as necessary. Cllr Haggar is a member of the Carers Strategy Group in her capacity as Carers' Champion.
- *Care homes:* From the 11<sup>th</sup> November 2021 staff who have not received both jabs of the Covid vaccine will not legally be able to continue to work in a care home environment. All of the care homes concerned have strategies in place and the Council's Quality Assurance Team will continue to monitor the situation and provide support.
- *Broader regulated care market:* Care providers are facing increased costs and staff shortages. The impact of the likely extension in 2022 of mandatory Covid vaccination to all care workers delivering activities regulated by the Care Quality Commission (CQC) will require close monitoring. The Council's Quality Assurance Team, which is funded through the BCF, is already contacting providers to gauge potential impact should this be mandated.
- CQC registered providers have received financial assistance with meeting infection control and testing related costs through the Government's Infection Control and Testing Fund. Hillingdon has been allocated £6.6m between May 2020 and September 2021. Unfortunately, inflexible criteria have meant that providers have not always been able to spend their grant allocation. The fund has been extended until 31<sup>st</sup> March 2022 and the grant conditions are awaited to see whether these have been made more flexible in response to representations from providers.

## 2021/22 Priorities and Progress Update

14. The statutory Joint Health and Wellbeing Strategy, 2022 - 2026 that is currently the subject of a consultation exercise, identifies *Improving mental health, learning disability and autism services through prevention and self-management* as one of its priorities. This section highlights the key deliverables for 2021/22, some of which pre-date the onset of the Covid-19 pandemic.

15. The Committee may wish to note that responsibility for monitoring the delivery of the priorities necessary to ensure the independence and wellbeing of people with learning disabilities, people with mental health needs and autistic people sits with the Mental Health, Learning Disabilities and Autism Transformation Board. The Board oversees delivery of the mental health, learning

disabilities and autism workstream and the senior responsible officer for it is CNWL's Director for Hillingdon and Mental Health Services. **Appendix 1** summarises the governance arrangements for this workstream and how this fits into the broader structure for monitoring delivery of the priorities within the Joint Health and Wellbeing Strategy.

**16. Support Covid-19 vaccination of people with learning disabilities and/or autism:** The Confederation recognised that there could be many challenges in supporting people with learning disabilities to get vaccinated and these included:

- Location of the vaccination hubs being unfamiliar
- Lack of understanding of the vaccination procedure
- Vaccination hub is a noisy environment
- Needle phobia
- Communication issues

**17.** Very close working between The Confederation, CNWL and the Council has resulted in a range of adjustments and a personalised approach being put in place that have contributed to the high vaccination rate mentioned earlier in this report and these include:

- Vaccinators identified by CNWL and the Council were trained by the Community Nurses within CTPLD to specifically support people with learning disabilities.
- A quiet area was established within the vaccination hub.
- A purple sticker system on the vaccination card was introduced that highlighted the need for the person to be fast tracked to the quiet area to limit the stress of the vaccination process.
- Early or last appointments in the day were given to avoid crowd and noise levels.
- Double appointment slots were given to allow the process to go at a pace that the person with learning disabilities was comfortable with.
- Utilisation of the children's immunisation team, Hillingdon Autistic Care and Support (HACS) and the Council's social care team to be physically present at the vaccination hub. This was specifically to provide support to individuals who knew the people from these teams and was intended to provide reassurance.
- Communication adjustments were implemented including development of pictorial information, use of role play or medical dolls to demonstrate the vaccination procedure.
- Home visits were undertaken as familiar environments can be helpful.
- Needle phobia has been addressed through information about what to expect prior to the appointment and offering the use of numbing cream. Where this has not worked a best interest decision to offer mild sedation undertaken in conjunction with families and the GP has proven to be beneficial.

18. It is intended that boosters will be offered to people with learning disabilities from mid-November onwards, as this will align with when the six month point following the second dose is likely to be reached.

19. ***Deliver new care and wellbeing service contracts for people with learning disabilities and/or autism who are in a supported living setting:*** A Social Care priority over the last five years has been to stabilise the care market for people with learning disabilities and/or autistic people to ensure the availability of realistic alternatives to institutional care such as long stay hospital or care home provision. During 2019 a tender was undertaken that brought together five contracts affecting 103 people in 10 supported living schemes into two contracts with two separate providers. The aim was to create a scale of business necessary to ensure the financial viability and sustainability of the providers. Full implementation of the tender was delayed as a result of the pandemic and this finally completed in Q2 with the transfer of Swan House. The two providers are Comfort Care Services and Certitude London.

20. ***Deliver annual health checks for people with learning disabilities and autistic people:*** During an annual health check for people with learning disabilities and/or autism a doctor or nurse will:

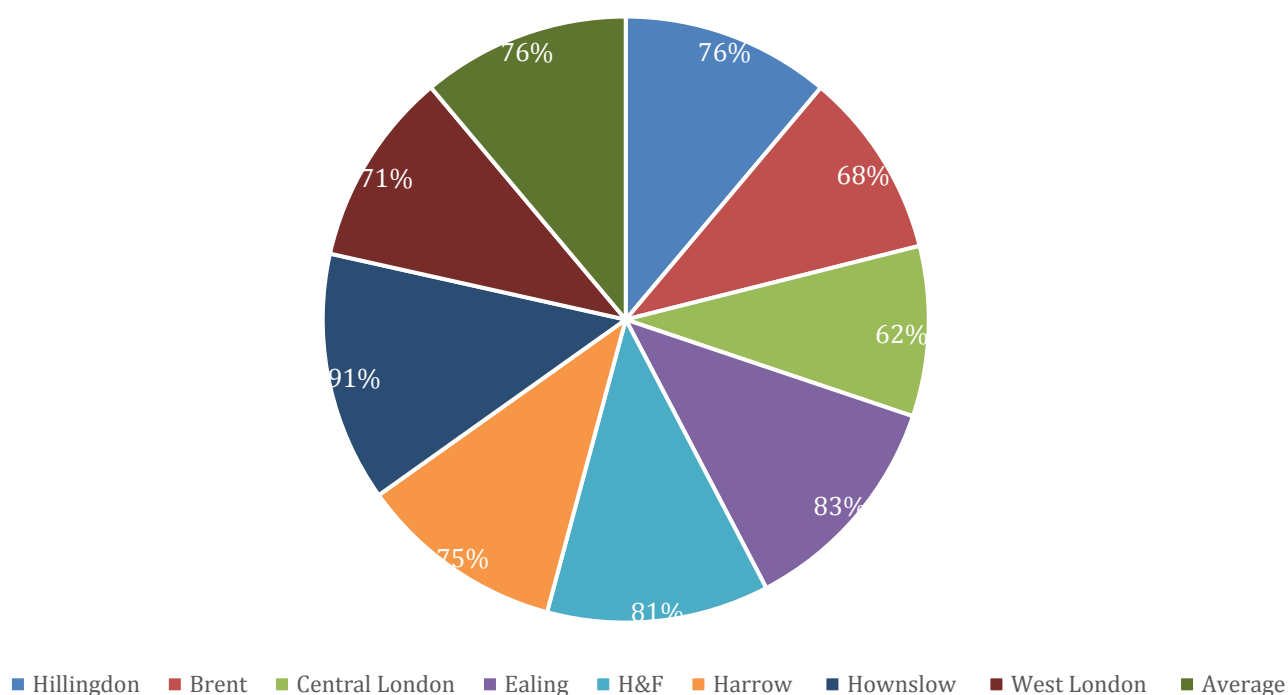
- Do a physical check-up, including weight, heart rate and blood pressure
- Ask whether the person is staying well and whether they need help with this.
- Ask about conditions that are more common with people who have a learning disability, such as epilepsy, constipation or problems swallowing and also issues with eyesight and hearing.
- Talk about medicines to make sure that the right ones are being taken.
- Ensure that vaccinations are up to date.
- Check whether there are any other health problems such as asthma or diabetes.
- Check the support being received by the person's family or Carer.
- Give the person and/or their Carers a personalised care plan that can be monitored and shared with other key individuals to help support the individual's health and wellbeing.

## **Performance**

❖ **Annual health checks:** The NHS Long Term Plan (NHSE 2019) sets an ambition that by 2023/24, at least 75% of people aged 14 or over with a learning disability will have had an annual health check. Hillingdon has seen a steady improvement over the last three years. Chart 1 below shows that in 2020/21 76% was achieved, which reflected the NWL average. This compares to a performance of 52% in 2019/20 and 51% in 2018/19. Performance in both years was below the NWL average.



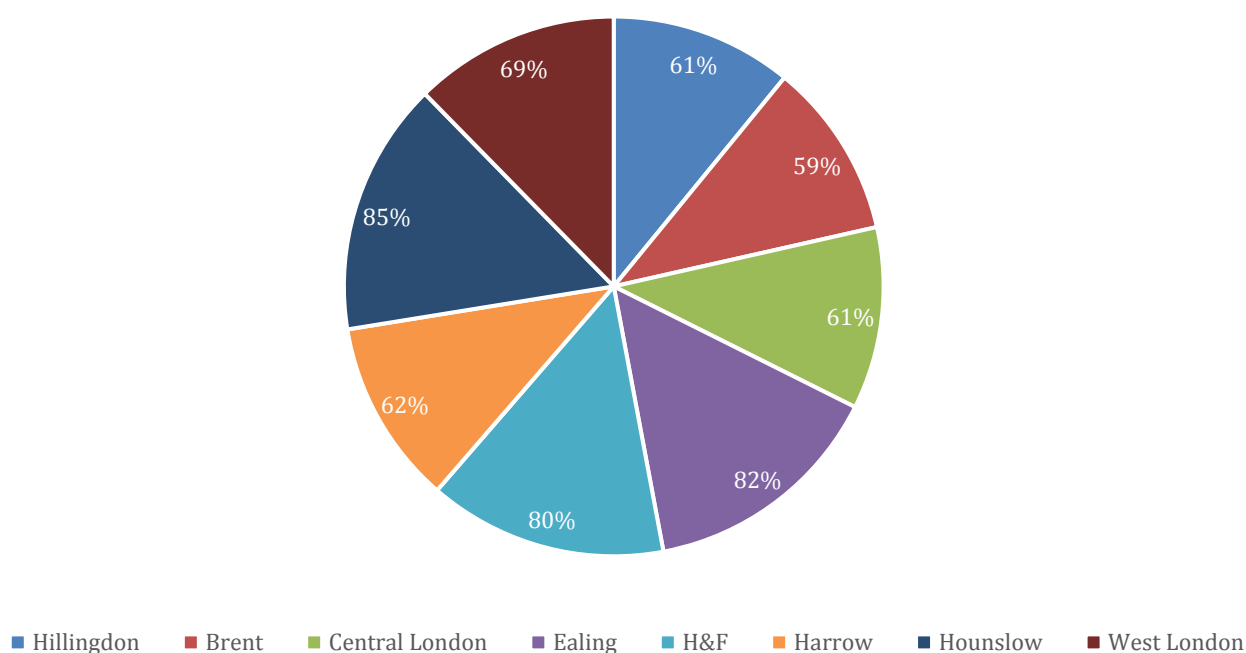
Chart 1: 2020/21 Annual Health Checks Performance Compared



- ❖ **Health action plans:** Health action plans (HAP) are intended as a key outcome of the annual health check and summarise health needs and how they will be met. The measure is the proportion of people aged 14 or over with a learning disability who have had an annual health check with an up to date HAP. Chart 2 below shows that in 2020/21 Hillingdon's performance was 61%, which was the sixth highest in NWL. An issue for Hillingdon has been that some GPs have not been using the correct template and that therefore their data has not been collected. Work with GPs means that 2021/22 performance should see an improvement.



Chart 2: Health Action Plan Performance 2020/21



**21. Deliver action plans from reviews completed between health and social care under the Learning Disabilities Mortality Review Programme:** The Learning Disabilities Mortality Review (LeDeR) programme was established in May 2015 to support local areas across England to review the deaths of people with a learning disability to learn from those deaths and to put that learning into practice. In June 2021 Integrated Care Systems assumed responsibility for ensuring that reviews are completed in their area and that all organisations within their area learn from reviews to prevent people with learning disabilities dying too soon. Diagnosed autistic people without a co-existing learning disability aged 18 and above have now been brought within the scope of death reviews.

### **Performance**

❖ There were 14 deaths of people with learning disabilities in 2020/21 compared with 17 in 2019/20 and 2018/19. Any avoidable death is one too many, but improvements referred to paragraph 12 arising from the outcome of LeDeR reviews should assist in the earlier identification of signs of deterioration in care settings and contribute to bringing the numbers in Hillingdon down to as close to zero as possible.

**22. Development of an integration model between health and social care that will secure improved outcomes for people with learning disabilities and/or autistic people:** As referred to you in paragraph 9, the assessment and review of the needs of people with learning disabilities is undertaken by the Council and specialist health input is provided by a CNWL team. Before the pandemic these teams were co-located at the Civic Centre but are now located in different buildings. The Council's Positive Behaviour Support Team (see below) is also available to give advice about behaviours that challenge and strategies for managing them and is located at the Civic Centre. Although the three teams work closely together, they operate as distinct teams and

better outcomes for people with learning disabilities and/or autism could be achieved by closer integration. Options for integrating the teams are therefore under discussion between the Council, the CCG and CNWL and the goal is for a decision to be made in Q3 for implementation in 2022/23.

### **Positive Behaviour Support Explained**

Positive Behaviour Support (PBS) a person centred framework for providing long-term support to people with a learning disability and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge.

Behaviour that challenges usually happens for a reason and maybe the person's only way of communicating an unmet need. PBS helps with understanding the reason(s) for the behaviour the individuals needs can be better managed to enhance their quality of life and reduce the likelihood that the behaviour will recur.

Behaviours that challenge can include tantrums, hitting or kicking other people, throwing things or self-harming. Behaviour is challenging if it is harmful to the person and others around them and if it stops them achieving things in their daily life, such as making friends or going out into the community.

23. The Committee may wish to note that the Council's social work team provides case management support on behalf of the CCG to people who have a diagnosis of a learning disability and/or autism who are in an inpatient hospital setting as well as those who could be at risk of inpatient admission unless support is commissioned to meet their assessed needs. The service is also provided on the CCG's behalf to people with a learning disability diagnosis who have been assessed as being eligible for NHS Continuing Healthcare Funding and also to those entitled to aftercare services under section 117 of the Mental Health Act, 1983 and are jointly funded between the Council and the CCG. These arrangements are reflected in the agreement established between the Council and the CCG under section 75 of the NHS Act, 2006 that gives legal effect to aspects of the BCF plan that require delegation of functions and/or transfer of funds between the two organisations.

### **Additional Performance Measures**

24. The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability. There are two additional ASCOF measures that are specific to the wellbeing of people with learning disabilities and these are shown below with the 2019/20 outturn. The 2020/21 comparative data is due to be published in October 2021 and results will be made known to the Committee once available:

- ❖ ***Paid employment:*** This measures the proportion of adults with a primary support reason of learning disability support who are receiving long-term support from the Council who are recorded as being in paid employment. Hillingdon's score in 2019/20 was 2.6% which made us the fourth lowest performer in NWL. The average London region value was 7% and that for England was 5.6%. The NWL average was 7.8%. The impact of Covid-19 on Hillingdon's labour market means that improving performance in this area is likely to be a considerable challenge.

- ❖ **Living in own home or with family:** This measure seeks to identify the proportion of working age adults with a primary support reason of learning disability support who are receiving long-term support from the Council, who are recorded as living in their own home or with their family as a long-term arrangement. Hillingdon's score in 2019/20 was 80.2%, which made us the second highest performing Council in NWL. The Committee may wish to note that the Council has invested significantly in delivering a supported living programme and continues to work with the independent sector to ensure suitable provision to meet current and future need. The average London region value was 76.2% and that for England was 77.3%. The NWL average was 74.2%.
- ❖ **Supported in care homes:** An objective is to support people with learning disabilities in the community and not in a care home setting. Comparative data through the Short and Long-term (SALT) returns for 2019/20 show that at 18% Hillingdon had the fourth lowest number of adults with a learning disability primary support reason living in residential and nursing home care in NWL.
- ❖ **Long stay hospitals:** The Committee may be aware of the drive through the Transforming Care Programme initiative to move people out of long stay hospital. Hillingdon currently has 8 people in long stay hospitals and 3 of these were admitted during 2020/21. Admissions were as a result of a legal process to ensure access to treatment and plans are in place to facilitate discharge at the earliest opportunity. Data showing how Hillingdon's inpatient numbers compare with the rest of NWL is not currently available.

25. For the Committee's information, the CCG has established a '*Dynamic Support Register*', which is intended to identify people with a learning disability, autism or both who display (or are at risk of developing) behaviour that challenges or mental health conditions and who were most likely to be at risk of a hospital admission. Everyone on the register is entitled to a care and treatment plan, which is then reviewed. Review meetings are chaired alternately by CNWL, Social Care Learning Disabilities Team and PBS Team. The reviews help to improve the quality of care people receive in hospital by asking key questions and making recommendations that lead to improvements in safety, care and treatment. They reduce the amount of time people spend in hospital and bring professionals together to help to sort out any problems which can keep people in hospital longer than necessary. They do this by helping to improve current and future care planning, including plans for leaving hospital.

## Financial Implications

26. There are no direct financial implications arising of this report.

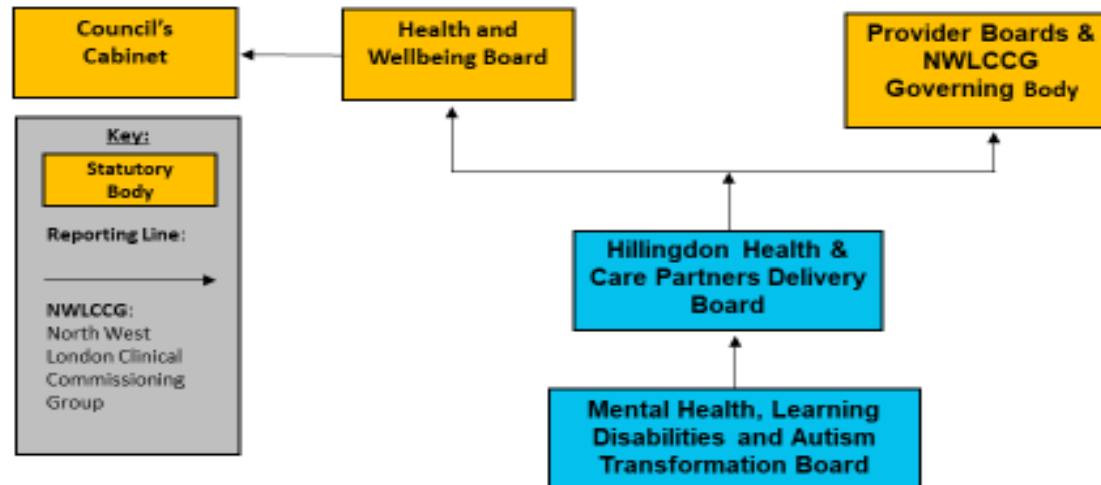
## Legal Implications

27. There are no legal implications arising from this report.

## BACKGROUND PAPERS

[NHS Long Term Plan](#)

## Improving Integrated Care and Support for People with Learning Disabilities Oversight Summary



## Integrating Care and Support for People with Learning Disabilities and Autistic People Governance Arrangements Summary