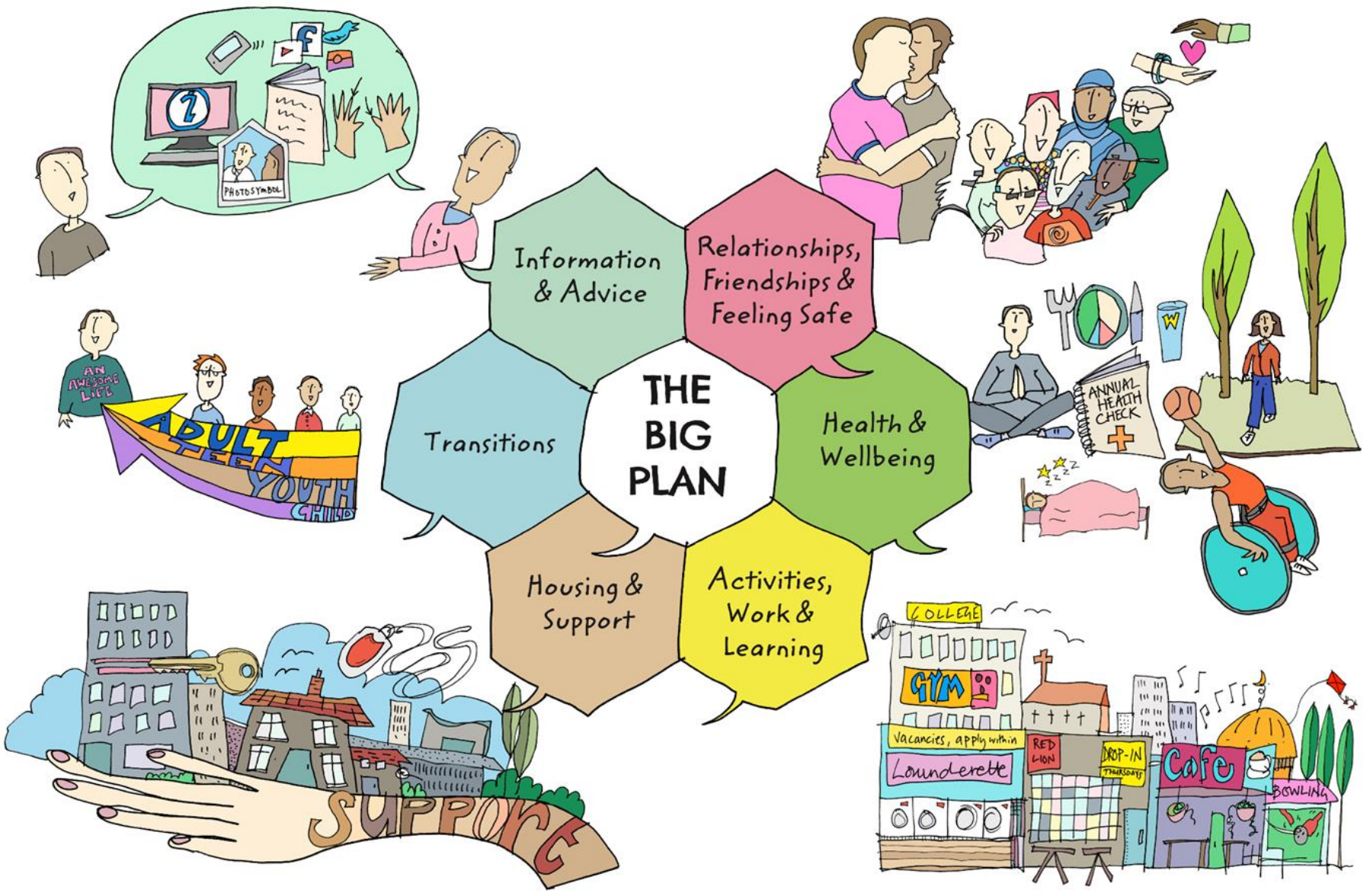


# Brighton and Hove Adult Learning Disability Strategy The Big Plan 2021-2026





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## Introduction

Welcome to the Brighton and Hove co-produced citywide strategy for Adults with Learning Disabilities which has been developed to enhance the outcomes of adults with learning disabilities across the city. Although the Local Authority (LA) is the lead for the Strategy, its success will be undoubtedly lie in in the effectiveness of the partnerships between all stakeholders.

This strategy is for people over the age of 18 who have a learning disability. A learning disability is defined by the Department of Health as a “significant 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”. Many people with a learning disability will need support to live as independently as possible. This strategy focuses on all adults with a learning disability in the city, considering the diversity of need from those adults with a mild learning disability to those with multiple complex needs.

This strategy does not include autistic adults who don't have a learning disability The Sussex CCG learning disability and autism strategy however does include the needs of autistic adults.

The strategy sets out the 6 key priorities and outlines the partnership between the Local Authority (LA), the Clinical Commissioning Group (CCG), adults with learning disabilities and their families, our key partner agencies and other services in Health and Social Care, including the voluntary and community sector. The new strategy will be steered by the Adult Learning Disability Partnership Board (LDPB), whose membership includes the Assistant Director SEN Health and Disability, Heads of Service for the Specialist Community Disability Service (14-24 and 25+ pods) and the adult learning disability Commissioner. Progress against actions specific to transitions will also be monitored by the SEND Partnership Board. The LDPB is chaired by Brighton and Hove Speak Out and their Link Group. Membership of the LDPB is listed in the appendices.

There will be 6 workstreams, one for each priority area, with an identified lead individual for each. The workstreams will drive forward the key actions, the leads for each priority area will report back twice a year to the LDPB on their progress and on any issues effecting delivery, with an annual overarching report being produced for both the LDPB and Health and Wellbeing Board (HWB). The purpose of the Board is to provide leadership to the health and local authority functions relating to health & wellbeing in Brighton & Hove and is responsible for the co-ordinated delivery of services across adult social care, public health, and health and wellbeing of children and young peoples' services.

It is recognised that there will be a significant commitment and resource required to carry out the priorities that have been identified. Additional information on how this will be met can be seen in appendix 5. The workstreams will also need to take into account the impact and learning as a result of the Covid 19 pandemic, which can be seen in appendix 6.

It is vital that the strategy is meaningful, accessible, engaging and achievable. The LA has worked very closely with Speak Out, the Carers Centre, Amaze and the Parent Carer Council (PACC) to engage a wide range of stakeholders in the

development of the strategy to ensure that the key priorities reflect the needs of adults with learning disabilities, their families and the learning disability community.

To support the communication of the strategy to adults with learning disabilities there will be an accessible version of the strategy available in easy read. The strategy will be reviewed after 12 months alongside the SEND Strategy to explore opportunities of joining the 2 strategies for a whole life pathway approach. The SEND strategy and Learning Disability Strategy transitions workstreams will work closely together via the leads, where there are related priorities.

The strategy also links with the Sussex Clinical Commissioning Learning Disability and Autism strategy which covers other areas of need such as neurodevelopmental conditions for those without a learning disability.

We very much hope that you find our strategy ambitious and aspirational, and that it reflects our core aim to achieve the best outcomes for adults with learning disabilities in the city.

**Rob Persey - Executive Director, Health & Adult Social Care**

**Deb Austin - Executive Director Families, Children & Learning**

**Georgina Clarke-Green - Assistant Director, Health, SEN & Disability, Families, Children and Learning**

**Emma Lopez & Sarah Pickard - Brighton and Hove Speak Out**

**Sarah Robson - Associate Director Children, Learning Disabilities and Maternity Commissioning, Sussex Clinical Commissioning Group**

## **Co-producing the Strategy**

**The Strategy has been Co-produced with:**

- Adults with Learning Disabilities
- Members of the Learning Disability Partnership Board

- Families/ Carers
- The Local Authority
- The Clinical Commissioning Group
- Sussex Partnership Foundation Trust
- Provider Services

### **Process of Engagement and Consultation:**

A review of the previous Adult Learning Disability Strategy was undertaken to review its success which was presented to the LDPB. The learning from this review was that the new strategy needs to have SMART objectives (specific, measurable, achievable, realistic and timely), workstreams to take forward actions and that there is clear accountability in which to monitor progress.

An on-line consultation with providers and professionals was carried out by commissioning team at the end of 2019.

Speak Out, Carer's Centre, PACC and Amaze have carried out a range of engagement and consultations since the last Learning Disability strategy with adults with learning disabilities and their families, this included a reflection on what had been achieved, not achieved and learnt from the previous strategy.

The engagement/consultation was carried out via a range of forums:

- One to one interviews
- Surveys, both online and in paper form
- Regular Drop ins and pop up drop ins in community spaces
- Phone an on-line support
- Themed advocacy groups
- Focus Groups
- Reviews of engagement intelligence
- Engagement with Experts by Experience
- Peer Support networks

Six co-production online events were held in July 2020, facilitated by the Commissioning team to which a wide range of attendees were invited including carers, families, providers and professionals. The 6 events were designed to co-produce the actions required for the six identified priorities:

- Activities, Work and Learning
- Advice and Information
- Health & Wellbeing
- Housing & Support
- Friendships, Relationships and Feeling Safe
- Transitions for Young People and for Older People

The Trust for Developing Communities (TDC) carried out nine focused 1:1 interviews with adults with Learning Disability and their families from Black, Asian, and other ethnically and culturally diverse backgrounds and interviews with senior representatives from three voluntary sector providers of services for adults with learning disabilities in the city. None of the three organisations provide culturally or ethnically diverse focused or specialist services but all were well established in the city and well regarded for the services they provided.

A draft strategy was shared with the Learning Disability Partnership Board on 25<sup>th</sup> January 2021. The draft strategy went out for a further final consultation in April 2021.

The final strategy was presented at the Councils Health and Wellbeing Board on 27<sup>th</sup> July 2021.

There will be a review of the strategy after one year to review its aims and outcomes in the light of Covid 19 and to consider its alignment with the SEND Strategy.

## **What Adults with Learning Disabilities tell us:**

Adults with learning disabilities tell us they want:

- To be respected and listened to
- To have support to talk about mental health, and to access services
- To develop and maintain friendships, and support to talk about relationships, sexuality and personal safety

- Information and support to access activities in the community, including work and volunteering opportunities
- Support to stay physically healthy
- To develop their independence and life skills
- Support to access the internet and technology
- Support with life changes/ transitions
- Choice about where to live and who with
- Have good, reliable and consistent staff support
- Have enough staff support to help to be independent

## **What families and advocates for adults with learning disabilities tell us:**

Families and advocate tell us that their key priorities are:

- Employment, Education, Training and Volunteering opportunities
- Access to financial and benefit support
- Improved access and support from wellbeing and mental health services
- Improved relationships with GP services and access to quality healthcare
- Information on services, what's available and how to access them
- Increased availability of easy read documents
- Availability of a range of activities and support to access them
- Training for staff to be able to communicate with people with learning disabilities and Autism and awareness of disabilities
- More information on planning for transitions, support and housing options
- Consistent support of a good standard
- Greater support for parents with a learning disability

## **What those from Black, Asian, and other ethnically and culturally diverse backgrounds tell us:**

Feedback from the focused interviews carried out by the Trust for Developing Communities included a range of views and considerations of which the broad themes are highlighted below. The feedback should be considered within the context of the consultation being with a very small cohort of individuals and their families, and providers.



- There was a belief among most of the respondents that in society there is a lack of understanding of the overall needs of people with learning disabilities.
- There was a low awareness of the range of services available to learning-disabled adults.
- There was a mixed response to the extent to which the respondents stated they were using the learning-disabled specific services.
- When asked 'Should services be made available that specifically reflects the needs of people from an ethnic or culturally diverse backgrounds?' there was difficulty with a definitive answer due to a range of reasons.
- A point made by two or three respondents was the perception that the services available were primarily targeted at those with mild to moderate learning disabilities.
- One or two respondents with more complex needs felt there were few if any suitable services that offered opportunities for interesting or engaging activities or broad social engagement.
- There were concerns raised over the transition to adult services.
- For some parents there was concern for when their child became an adult and no longer had routine support from social services.
- There was roughly a 50:50 split between those who had minimal socially active lives outside their immediate circle of family or friends, and those who routinely use one or range of a provider services offering social activities and wellbeing support.
- Those who tended not to socialise much outside immediate family and friends gave a range of reasons, which included:
  - Confidence levels
  - Fearful of experiencing discriminatory attitudes or hostile behaviour
  - Preference and strong attachment to focusing on immediate family
  - Some restrictions and barriers placed on individuals by family members
  - Receives guidance/support from a social prescribing service/mentor
  - Unsure of what services were safe and available to them
  - Lack of services that reflect their (complex) needs
- There was an acknowledgement of the importance of health and social wellbeing, ensuring access to leisure, good accommodation, opportunities for

employment, and to pursue interests as all essential considerations in meeting their needs.

- Some parents expressed a concern that race and ethnicity could compound the problems and discrimination experienced.
- It did not appear to be the case that respondents were seeking ethnically and culturally specific social engagement and activities. Instead, being amongst people they considered to be more like them and accepting of their learning disability appeared to be more important.
- There was a view that culturally and ethnically sensitive factors should be assessed when services are being planned and considered.
- Consideration should be given to how methods of marketing, promotion and communicating to these groups can be improved and made more effective.
- This includes working with a range of providers throughout the city who share the same aim of seeking to attract to their services learning disabled adults from ethnically and culturally diverse backgrounds.
- A more gradual, on-going, socially engaging approach could yield improved outcomes from engagement as opposed to a singular consultation process.
- Consideration should be given to cultural factors and sensitivities of people from ethnically diverse backgrounds when planning services and how to raise awareness and prevent barriers to accessing and understanding of the range of services that exist to support adults with learning disabilities, such as:
  - Information on services available
  - Access to ethnically and culturally sensitive support
  - Access to information and support in different languages

## Local Context

There are a number of key partners who support adults with learning disabilities in the city:

Who They Are:	What They Do:
<b>Specialist Community Learning Disability Team</b>	The SCDS team is a multi-disciplinary team made of Social Workers, Care Managers and Clinical staff, comprising of 3 pods: 0-13yrs, 14-25yrs and 25+.

<p><b>(SCDS)</b></p>	<p>The social work/care management team provide a range of social work services to adults with disabilities and support them to make choices, increase their opportunities, and get help from services and the local communities.</p> <p>SCDS sits within the Families, Children and Learning Directorate (FCL) of the Council. Overall statutory responsibility, however, remains with the Director of Health and Adult Social Care within Health and Adult Social Care (HASC).</p>
<p><b>Sussex Partnership Foundation NHS Trust</b></p> <p><b>(SPFT)</b></p>	<p>This is the specialist health team for adults with Learning Disabilities integrated within SCDS (see above) to ensure a joined-up health and social care approach.</p> <p>The team supports people with a learning disability who in addition have mental health needs, complex physical health needs and difficulties with behaviour who can't use mainstream services even with reasonable adjustments to maximise their quality of life and prevent deterioration of physical or psychological health.</p> <p>The presence of Autism Spectrum Disorder has to be in addition to Learning Disability in order to access the team's involvement.</p> <p>The team includes specialist learning disability professionals from:</p> <ul style="list-style-type: none"> <li>• Learning Disability Nursing</li> <li>• Speech and Language Therapy</li> <li>• Physiotherapy</li> <li>• Occupational Therapy</li> <li>• Psychology</li> <li>• Psychiatry</li> </ul>
<p><b>Sussex Clinical Commissioning Group</b></p> <p><b>(CCG)</b></p>	<p>Sussex NHS Commissioners works in partnership with Sussex Local Authorities and Sussex Partnership NHS Foundation Trust to enable people with learning disabilities or autism to be able to live in the community, with the right support, and close to home.</p> <p>The CCGs are currently developing their Learning Disability and Autism Strategy, which will detail how the CCGs in Sussex will deliver the NHS Long-Term Plan priorities (LTP).</p> <p>The priorities broadly group into three themes:</p> <ul style="list-style-type: none"> <li>• Addressing health inequalities</li> <li>• All age neurodevelopmental pathways</li> </ul>

	<ul style="list-style-type: none"> <li>• Reducing the use of inpatient beds</li> </ul>
<p><b>Advocacy and Third Sector Partners</b></p>	<p>The role of advocacy services in the city is vital to supporting adults with learning disabilities and their families to have a voice and be heard and is integral to ensuring that we continue to deliver services that meet people’s needs.</p> <p>Supporting this work are our local partners Speak Out, Amaze, PaCC and the Carers Centre who all play a key role. Speak Out along with their service user link group organise and chair our local Learning Disability Partnership Board and along with the Carers Centre and PaCC/Amaze are commissioned to undertake engagement to support the development of services.</p>
<p><b>Providers</b></p>	<p>The city benefits from a diverse range of learning disability providers (non-profit, third sector and private) that play an invaluable role in delivering services.</p> <p>The commissioned services in the city include:</p> <ul style="list-style-type: none"> <li>• Residential</li> <li>• Supported Living</li> <li>• Respite</li> <li>• Shared Lives</li> <li>• Community Support</li> <li>• Day Services</li> </ul> <p>The Council also has an in-house provision of Residential Care, Supported Living, Shared Lives, Community Support and a Respite service and a Supported Employment Team.</p>

# Profile of Needs

## Learning Disabilities JSNA 2020

Based on national prevalence rates, it is estimated that there are around 5,000 working age adults with a learning disability living in Brighton and Hove in 2020. Of these, 23% are thought to have a moderate or severe learning disability, and hence are likely to be in receipt of services.

It is estimated that there is a total of 5,861 adults (aged 18+) with a learning disability living in Brighton & Hove.

The most common age band for all adults with a learning disability is 25-34 years - 22% of people are in this age band.

This information on population estimates comes from PANSL.

In Brighton and Hove in 2020, it's predicted that for the population aged 18-64 years there are:

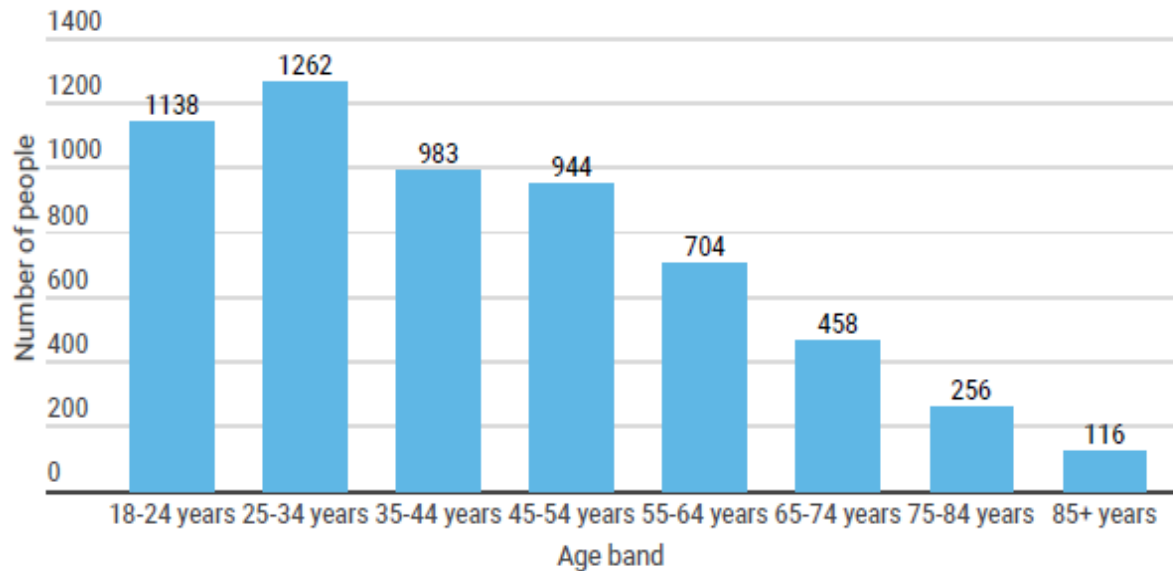
**5,031**

people with a learning disability

**1,259**

people with a moderate or severe learning disability

Predicted number of people with a learning disability living in Brighton & Hove in 2020



Based on national prevalence rates and local population projections, it is estimated that there will be 5,254 working age people with a learning disability living in Brighton and Hove in 2035. This is an increase of 4% of the population size in 2020. It is estimated there will be a total of 6,414 adults (aged 18+ years) living with a learning disability in 2035.

The biggest increase is predicted for those aged 65-74 years, with a further 180 people estimated to have a learning disability comparatively to 2020. Followed by those aged 18-24 years with a further 117 people.

The information on population estimates comes from PANSI.

For the adults 18+ years old population in Brighton & Hove, it is predicted that by the year 2035 there will be :

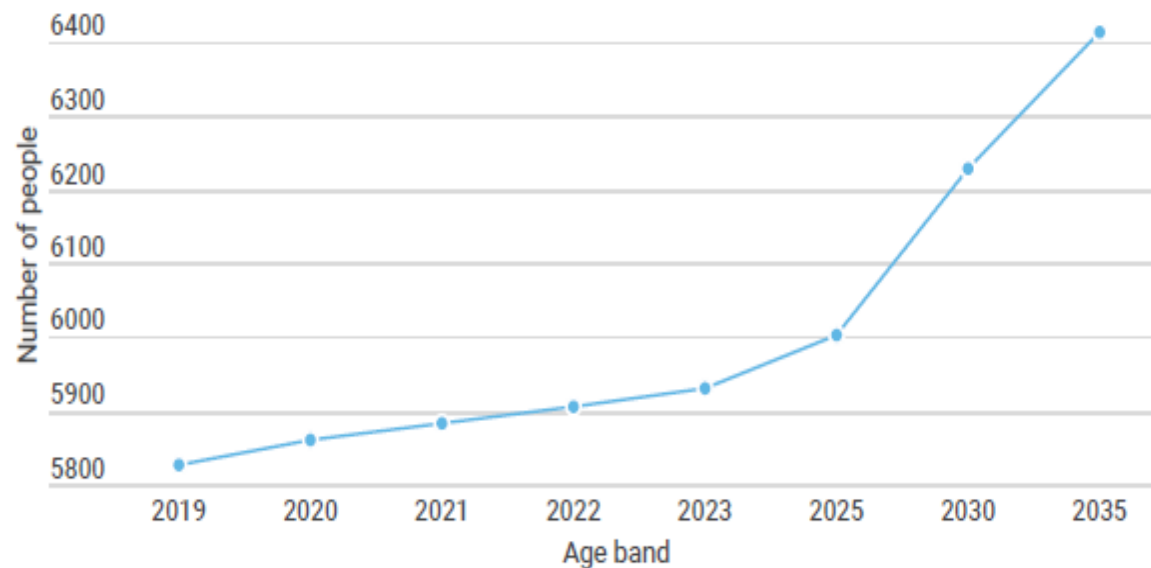
**6,414**

people with a learning disability

**1,362**

people with a moderate or severe learning disability

Number of adults aged 18+ years projected to have a learning disability in Brighton & Hove, 2019-2035



Of adults in Brighton & Hove who have a learning disability:


 **8.8%**  
of supported working age adults are in paid employment

 **21%**

 **36%**  
are having a GP health check


Of adults accessing learning disability support from the council:

 **3.4 per 10,000**  
adults with a learning disability received long-term support from the council

 **820**  
are getting long-term support from local authorities


 **87%**  
are aged 18-64


 **13%**  
are aged 65 and over

 **21%**  
of supported adults are receiving direct payments

 **81%**  
live in stable and appropriate accommodation

In 2018/19, in Brighton & Hove:

 **0.4%**  
of registered GP patients had a learning disability, as recorded on practice disease registers (QOF prevalence)

 **61%**  
of adults who are on the GP learning disability register received long-term support from the council

The Adult Social Care Survey asks those receiving adult social care services how satisfied or dissatisfied they are with indicators of quality of life, such as personal cleanliness and safety. These answers are then combined to give an overall score of social care related quality of life. In 2018/19, Brighton and Hove scored 18.8 points out of a possible 24 for this measure, which is slightly lower than the national average of 19.1.

The information is taken from ASCOF data.

### Of those receiving adult social care services, in Brighton & Hove:



40%

of those aged 18-64 years have as much social contact as they would like



51%

of those aged 65+ years have as much social contact as they would like



76%

of people who use services feel they have control over their daily life



62%

of people who use services are extremely or very satisfied with their care and support



64%

of people who use services feel safe



71%

of people find it easy to find information about support



## People accessing Community Learning Disability Team (CLDT) in Brighton & Hove



237

people open to CLDT Brighton & Hove team at November 2020



93%

of these had an allocated 'Lead Practitioner' for their episode of care



57%

were 'male'



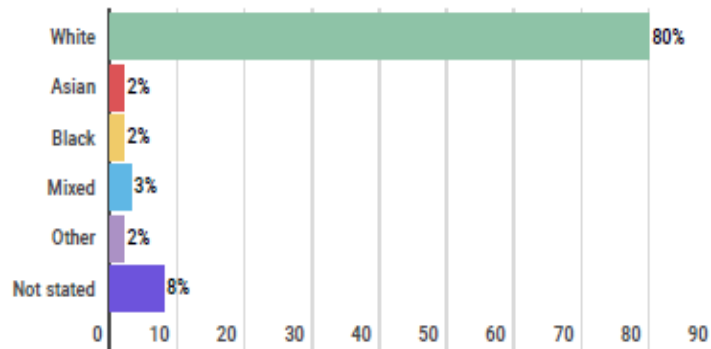
43%

were 'female'

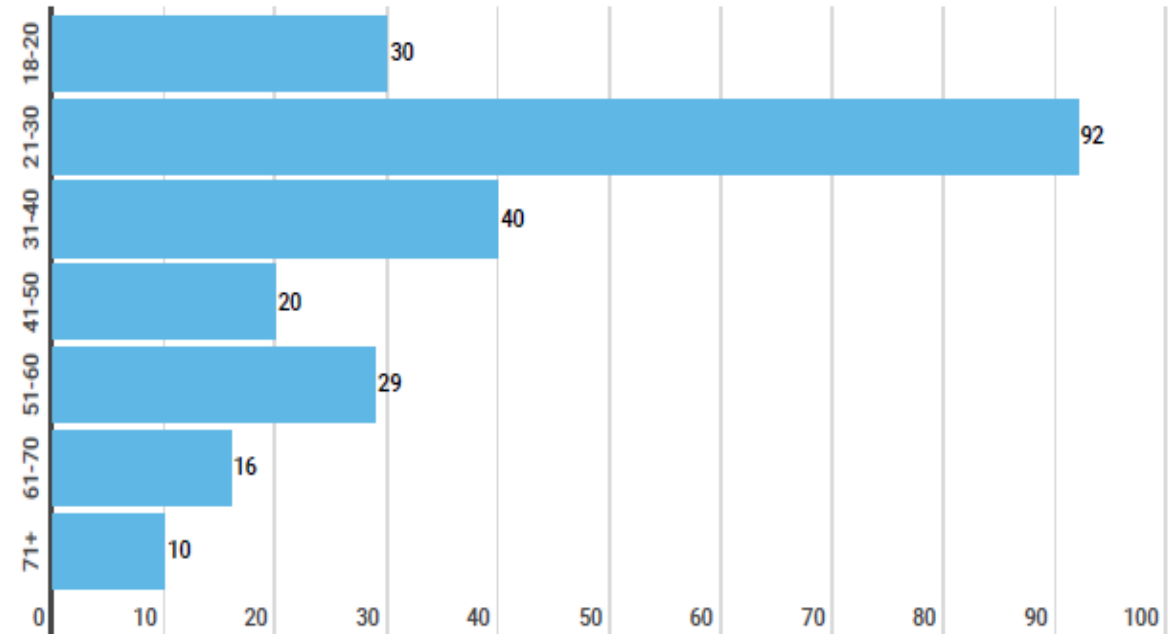


92%

did not specify their sexuality, of those who did, 4% reported being 'Heterosexual and 4% were 'Not known'.





## People accessing Community Learning Disability Team (CLDT) in Brighton & Hove - Age at Referral





Working age (18-64) service users who received long-term support during the year with a primary support reason of learning disability support in paid employment

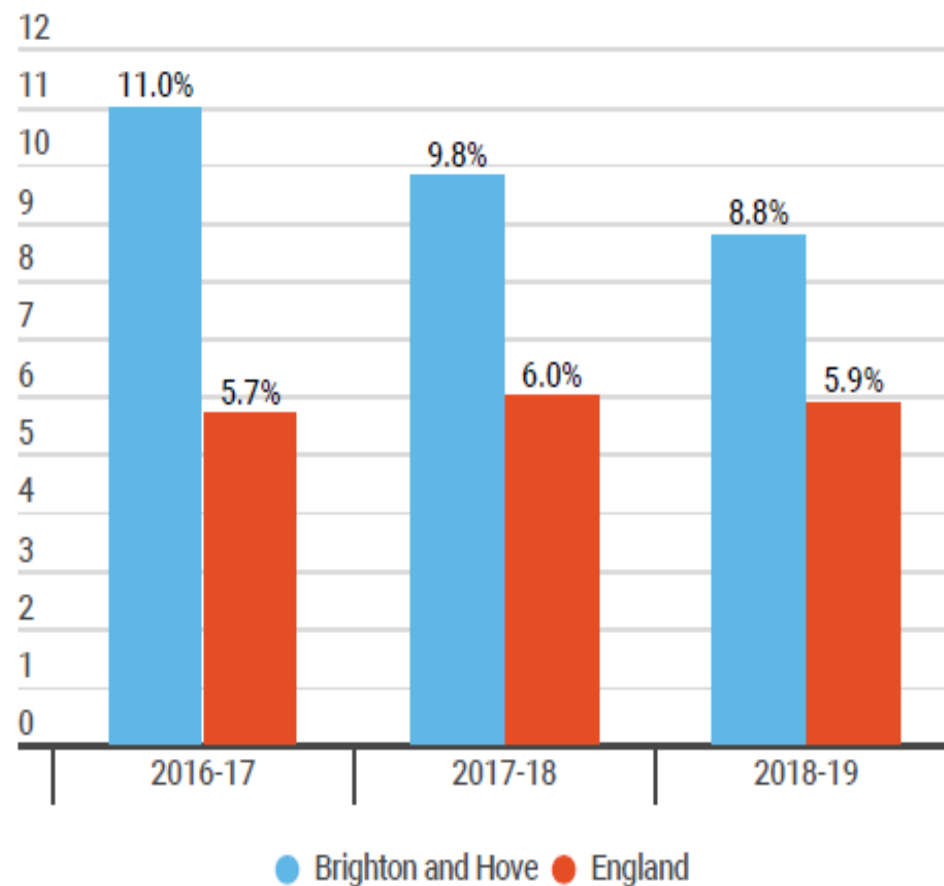
 **8.8%**  
In paid employment in 2018/19, above the national average of 5.9%

 **64.6%**  
Gap in the employment rate between those with a learning disability and the overall employment rate

 **38th**  
Brighton and Hove is ranked 38<sup>th</sup> highest out of 152 Local Authorities.

 **9.8%**  
of males were in paid employment, above the national average of 6.4% for males.

 **7.2%**  
of females were in paid employment, above the national average of 5.2% for females.



Working age (18-64) service users who received long-term support during the year with a primary support reason of learning disability support living on their own or with their family



81.8%

living on their own or with their family in 2018/19, above the national average of 77.4%



55th

Brighton and Hove is ranked 55<sup>th</sup> highest out of 152 Local Authorities.



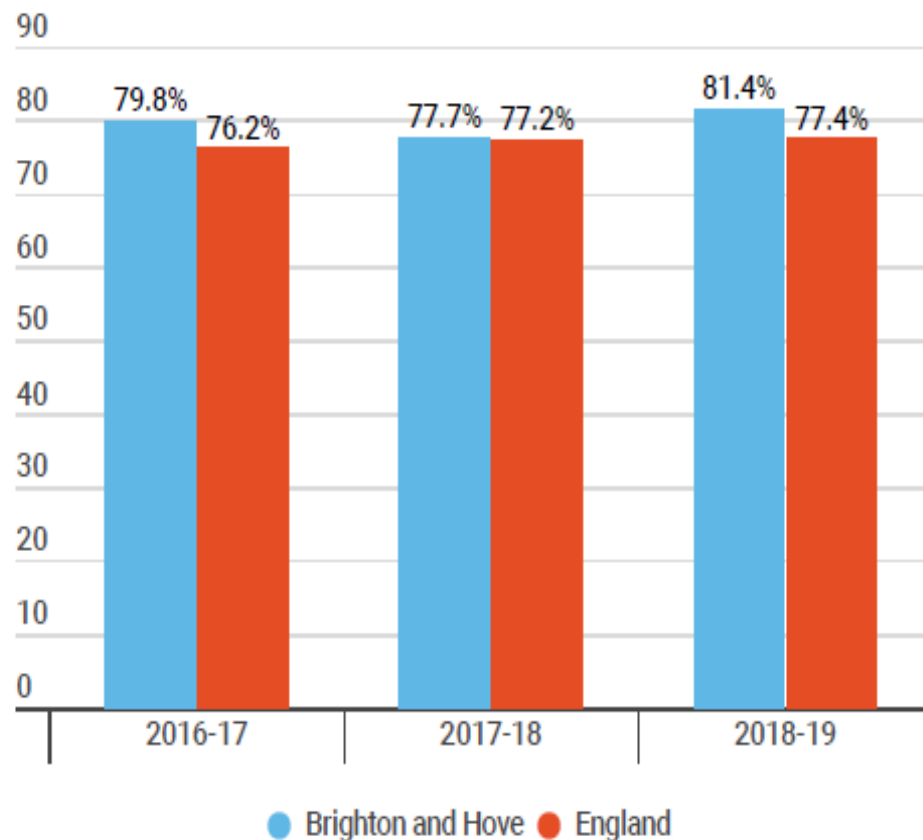
82.5%

of males are living on their own or with their family, above the national average of 77.1%



79.6%

of females are living on their own or with their family, above the national average of 78% for females.



# The Big Plan's Six Priorities



# Priority 1: Relationships, Friendship and Feeling Safe (RFF)

**Vision:** That adults with learning disabilities are empowered to develop and maintain relationships and friendships and are supported to understand how to keep themselves safe.

## What are the aims

- There are a broad range of activities/groups available to support people to develop and maintain relationships and friendships
- Opportunities are available to learn, talk about and explore intimate relationships including sexual and gender identity and keeping safety
- An increased awareness of the needs of adults with learning disabilities within the community and the promotion of inclusion

Action	Relationships, Friendships and Feeling Safe Strategic Actions - Workstream 1 WE WILL/ENSURE
RFF 1	There are a range of accessible opportunities for adults with learning disabilities to; meet socially, develop friendships, date, build relationships, including opportunities for those who identify as LGBTQ, that is supported by existing resources, social prescribing, self -advocacy and flexible staffing arrangements.
RFF 2	There is support and accessible information for adults with learning disabilities to enable them to learn and talk about intimate relationships including sexuality, gender identity and including those with lived experience.

RFF 3	Ensure services to support sexual health are available and accessible to adults with learning disabilities
RFF 4	Work with adults with learning disabilities and other stakeholders to understand, map out and develop support around gender identity, including support for those with learning disabilities and autism.
RFF 5	That training and information is easily available to providers and family carers on personal relationships and sexuality, including the provision of a Personal Relationships and Sexuality policy/guidance.
RFF 6	Develop and promote accessible information and opportunities to explore what being safe means and on how to keep safe on-line.
REF 7	Develop safer communities to support adults with learning disabilities to feel and be safe and address key issues, for example hate crime.
RFF 8	People are able to maintain relationships and/friendships through life transitions and outside of their home.
RFF 9	Develop an advantage/bonus card in the city for adults with learning disabilities to support community access and engagement.
RFF 10	Develop support and information around safety on public transport, to enable people to access the community and increase their travel skills.

# Priority 2: Health and Wellbeing (HW)

**Vision:** Adults with a learning disability live longer and have healthier and happier lives.

**What are the aims**

- Preventing premature mortality of people with a learning disability
- Annual Health Checks are offered to all people with a learning disability
- Focus is maintained on enabling people to live healthy lifestyles, and make healthy choices
- Reasonable Adjustments are always made to ensure healthcare provision is inclusive and accessible.
- Information on services that support health and wellbeing is available, clear and accessible
- People with long term conditions and their families and carers are supported to manage their health.

Action	Health and Wellbeing Strategic Actions - Workstream 2 WE WILL/ ENSURE
HW 1	Health services provide information about their service and health and wellbeing resources in an accessible way that supports the Accessible Information Standard
HW 2	People with a Learning Disability, Families and Providers have access to information about health and wellbeing services, and accessible health and wellbeing resources.
HW 3	There are a range of activities and initiatives in the city that help to support both physical and mental health that are accessible to adults with a learning disability.

HW 4	Explore how existing community resources and social prescribing can be better utilised to support good health and wellbeing of people with a learning disability.
HW 5	Focus on the promotion of “good health and wellbeing” and “prevention”, particularly in relation to mental health to support a move away from crisis intervention across both social care and primary care.
HW 6	Work with the Clinical Commissioning Group and Primary Care to ensure the needs of people with a learning disability are recognised within the Mental Health Strategy, prevention and primary care workstreams.
HW 7	Ensure there is good clear information regarding pathways into primary and secondary mental health services and how to get help, that are accessible and inclusive to people with a learning disability.
HW 8	Better transition through mental health services for young people into adulthood.
HW 9	Increase the numbers of people with a learning disability age 14+ on the GP Learning Disability Register; in receipt of an Annual Health Check; and a Health Action Plan and that Providers are aware of their responsibility to ensure Health Action Plan actions are implemented.
HW 10	Ensure people with a learning disability have a My Care Passport that is regularly updated
HW 11	Joint work between Primary Care and Providers to roll out Restore/Restore 2 mini to recognise early warning signs of deterioration of health
HW 12	Primary care make reasonable adjustments to that meet the needs of people with learning disabilities e.g. accessible appointments.
HW 13	To review and ensure actions from the LeDeR Annual reports are implemented to reduce the risk of premature death of people with a learning disability. (See HW14 Bowel screening and improving access to specialist respiratory care).
HW 14	Ensure Screening and Vaccination Programme: invitations, pathways, and information are targeted, accessible and inclusive of people with a learning disability with a specific priority for bowel screening in line with learning from LeDeR.



HW 15	A training strategy is in place to raise awareness of the health and wellbeing needs of adults with learning disabilities across all stakeholders.
HW 16	Ensure there is good clear information regarding pathways for drug and alcohol support, that are accessible and inclusive to people with a learning disability.
HW 17	Work with the leads for priority 1 where actions/priorities overlap.
HW 18	Work with CCG to align with and support the Sussex Learning Disability and Autism Strategy which focuses on 3 overarching themes; reducing health inequalities, the number of people who are mental health inpatients and an all age neurodevelopmental pathway.

# Priority 3: Activities, Work & Learning (AWL)

**Vision:** That adults with learning disabilities have access to a range of activities, work and learning opportunities in the city with the appropriate level of support they need.

**What are the aims**

- There are a broad range of activities and learning opportunities available
- More adults with learning disabilities will be in paid employment, apprenticeships and volunteering
- Activities, work and learning opportunities will promote inclusion and peer support

Action	Activities, Work and Learning Strategic Actions- Work stream 3 WE WILL/ENSURE
AWL 1	There is a range of meaningful activities available across the week and during holidays including leisure, arts, drama, music, wellbeing, and social activities, with a variety of delivery methods prioritising face to face but also including on-line.
AWL 2	Increase the learning and skills development opportunities available to support employability and life skills. To include a focus on the provision of ongoing learning post aged 16 and 25 and ensuring that Education Health and Care Plans (EHCP's) reflect and support this. (Link to SEND Strategy AO2 page 12)
AWL 3	Promote and develop work-based learning programmes, vocational training, employment, work experience, apprenticeships and volunteering opportunities in the city.

AWL 4	Increase the availability of accessible and affordable travel options in the city to enable people to access activities, work and learning and to develop travel skills (Link with RFF8).
AWL 5	Increase peer support opportunities to increase individuals' skills, independence and confidence.
AWL 6	Increase digital access and development of digital skills for adults with learning disabilities.
AWL 7	Develop a central accessible information point to promote information on activities available and accessibility of venues, building upon existing information/communication platforms.
AWL 8	Develop a range of commissioning solutions to support the delivery of this priority and priority 4, including exploring new innovative commissioning models.

# Priority 4: Housing and Support (HS)

**Vision:** Adults with learning disabilities live in good quality accommodation that encourages independence with appropriate support to achieve this with choice of where and whom to live with.

**What are the aims**

- Information and advice on housing and support is consistent, available, clear and accessible
- The Housing and Support options available are of a quality standard, are flexible and are developed to meet people’s individual needs
- Fewer people live outside of the city or in hospital placements
- Housing and support provision enables inclusion and supports choice and control, and quality of life

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Action	<b>Housing and Support Strategic Actions – Workstream 4</b> <b>WE WILL/ENSURE</b>
HS 1	Develop relationships and pathways with housing partners including the Council’s Housing Teams, to broaden the scope of housing options available in the city for people with learning disabilities, including continuing the collaborative work of the Sussex Learning Disability and Autism Board.
HS 2	Commission housing options / specified support to meet the needs of Adults with Learning Disabilities, ensuring this includes the needs of those coming through transitions, those with multiple complex needs, carers, mother and baby placements, and those in need of emergency accommodation.

HS 3	Commissioning frameworks support asset based, outcome focused, personalised care and support and embed Active Support, Positive Behaviour Support (PBS), the Inclusive Communication and Building the Right Support.
HS 4	Establish an Adult Learning Disability brokerage function within the Council to support the provision of housing and support options that meet people's needs, that is supported by strategic commissioning of services based upon future and current needs and exploring new/alternative commissioning options.
HS 5	Ensure there is good clear information regarding housing and support options for people with learning disabilities, their families and providers that is accessible and inclusive to people with a learning disability
HS 6	Ensure that this information includes the cultural needs and sensitivities of Black, Asian, and other ethnically and culturally diverse communities.
HS 7	Secure grant funding which supports accessible housing development and crisis support.
HS 8	Review the short break and respite policy for young people and adults with the aim of ensuring a range of opportunities that meet people's needs. (Link to SEND Strategy SEND Pathways Action 10, page 11)
HS 9	Continue to support people to move on through services to better meet their needs, encouraging independence with the appropriate levels of support and to bring people back from out of area.
HS 10	Increased understanding of those working in mainstream housing and support services of supporting adults with learning disabilities.
HS 11	Continue to develop the Positive Behaviour Support Network.
HS 12	The workforce receives good quality support and training.
HS 13	Providers recruit staff with the right values.

# Priority 5: Transitions (T)

**Vision:** That moves between services or changes in provision, across all ages, are smooth, seamless and supportive

**What are the aims:**

- Transition planning is proactive and starts early to enable sufficient preparation
- Planning is inclusive and holistic, involving the person and all other stakeholders
- Information, advice and support around transitions and services is consistent, available, clear and accessible
- A range of support options are available to those going through transitions that supports maintaining choice, independence and quality of life
- Information and/or training is available on life impacting health transitions such as the menopause and dementia

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<b>Action</b>	<b>Transitions Strategic Actions - Workstream 5 WE WILL/ ENSURE</b>
T1	Work with the SEND Partnership Board to implement “Transitions and Preparing for the Future” priorities in the SEND Strategy (TPF) that relate to young people with learning disabilities.
T2	Work with the SEND Partnership Board to ensure a holistic approach to Education Health and Care Plans (EHCP’s), that includes planning for adulthood and the ending of education, and development of skills teaching and social networks.
T3	Ensure a collaborative multi- agency approach to planning for transitions that starts early, is person centred and has clear pathways and uses communication strategies such as life stories.

T4	Increase the recognition and support for young carers and involve them in transition planning.
T5	Ensure clear pathways are in place to support good transition for young people from children's health and social care services to adult health and social care services.
T6	Ensure that information and training on transitions and transition pathways through to adult services is available and accessible to young people with learning disabilities, their families and providers and those from Black, Asian, and other ethnically and culturally diverse backgrounds.
T7	Ensure that information and training on transitions through to adulthood includes information on changes in physical health and support needs.
T8	Support parents and adults with a learning disability who have caring roles to have plans in place to respond to any changes in needs of the people they care for.
T9	Support adults with learning disabilities to maintain choice and independent through times of changing needs and/or circumstances. For example; supporting sustainability of living at home with family/carers, changes in health and/or mobility, advance care planning.

# Priority 6: Information and Advice (IA)

**Vision:** That adults with learning disabilities and their carers have access and know where to go for advice and information on services in the city.

**What are the aims**

- Information and advice will be in an accessible format
- Information and advice will be consistent and easily available
- Information and advice enables inclusion

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Action	Information and Advice Strategic Actions - Workstream 6 WE WILL/ ENSURE
IA 1	Develop appropriate platform/s for the sharing of accessible information and advice, including the continued development of the Council learning disability webpage.
IA 2	Ensure advice and guidance is available to adults with a learning disability and their carers to ensure they are supported to access and use information to make decisions which support self-advocacy, ensuring this includes the cultural needs and sensitivities of those from Black, Asian, and other ethnically and culturally diverse backgrounds, and those adults with a mild learning disability who may not be in receipt of statutory services.
IA 3	Undertake actions and initiatives to raise awareness and increase the number of services users from Black, Asian, and other ethnically and culturally diverse backgrounds accessing services.



IA 4	Support Providers to have the skills, knowledge, tools and time to develop easy read (ER) information.
IA 5	Promote and embed the Accessible Information Standard across services and providers.
IA 6	Address the digital inequality for adults with learning disabilities including accessibility of IT resources, training in IT skills, development of more accessible IT information platforms such as Apps and Videos.
IA 7	Develop and promote training for staff in mainstream services on communicating with people with learning disabilities and/or autism.
IA 8	Continue to expand the “What’s Out There Fair” annual event to promote and provide information and resources to encourage engagement in activities available across the city and maintaining healthy lifestyles.
IA 9	Ensure there is good clear information and advice for adults with learning disabilities and families with housing information, forms and on-line applications.
IA 10	Continue to engage and promote the work undertaken through the Partnership Board, Provider Forum and Positive Behaviour Support Network.
IA 12	Work together with adults with learning disabilities and other stakeholders to develop fully inclusive communication resources that support the delivery of all the priorities in the strategy, that develops Brighton as a “Inclusive Communication City” and champion the new “Communication Access Symbol”.

## Appendix 1: Governance – How we will ensure the Strategy is delivered



Each workstream will consist of a range of stakeholders from across the learning disability community and will have an identified lead.

The Workstreams will report directly to the Adult Learning Disability Partnership board (PDPB) (and SEND Partnership where appropriate) on a twice-yearly basis and an annual report will be produced for the LDPB and HWB.

## **Appendix 2: Links to other Strategies and Plans**

BHCC Corporate Plan 2020-2023

BHCC SEND Strategy

BHCC Health and Wellbeing Strategy

BHCC Commissioning Strategy

BHCC Carers Strategy

CCG Mental Health Strategy

Sussex CCG Learning Disability and Autism Strategy

NHS Long term plan

## **Appendix 3: Learning Disability Partnership Board Membership**

**Chair:** Speak Out and a member of the Speak Out Link Group

Amaze

Parent Carer Council

Carers Centre

Public Health BHCC

Healthwatch

Employability Team

Department of Work and Pensions

Brighton & Hove Clinical Commissioning Group

Assistant Director for Health, SEN and Disability

Head of Service 25+ and Specialist Clinical Services

Head of Service 0-24 Specialist Community Disability Service

Adult Learning Disability Commissioning Manager

Adult learning Disability Commissioning Support Officer

Learning Disability Health Facilitator

Commissioning Manager (Engagement Lead)

Community Health Trainer, Healthy Lifestyles

Active for Life Sport & Physical Activity Worker

## **Appendix 4: SEND Partnership Board Members**

**Joint Chairs:** Executive Assistant Director Health, SEN & Disability, Commissioning Manager, Clinical Commissioning Group

Parent Carer Council

AMAZE Charity that gives information, advice and support to families of children and young people with special educational needs and disabilities (SEND) in Brighton & Hove

Community Works

Head of Service-Early Years Youth & Family Support

Head of Brighton and Hove Inclusion Support Services

Head of Service 0-24 Specialist Community Disability Service

Head of Service 25+ and Specialist Clinical Services

Service Manager – Policy & Business Support

Head of SEN Statutory Service

Head of School Organisation

Designated Medical Officer

Executive Head, East Hub

Executive Head, West Hub

Executive Head, Central Hub

Headteacher, Hove Park School

SENCO, Blatchington Mill School

SENCO, Longhill School

Performance Manager, Performance and Safeguarding Service

Project Co-ordinator, Health, SEN & Disability, and Health

## Appendix 5: Funding and Risk Assessment

There are a substantial number of priorities identified within the Adult Learning Disability Strategy, some of the key activities to deliver these focus on:

- increased partnership working across all stakeholders
- increased co-production with adults with learning disabilities and their families
- improving accessibility of processes and pathways
- improving accessibility of information
- developing existing resources
- ensuring good quality provision

Much of this key activity work will not require significant additional funding but will need a different approach to the way we work together to achieve the priorities and objectives we have set ourselves.

It is acknowledged nationally and locally that the public sector is under financial strain, which has been further exacerbated by Covid-19. The LA and partners will need to reflect upon how we use the current allocated funding for services and provision, using a flexible approach to respond to the different priorities identified by the strategy.

Decisions will need to be taken collectively as to how the funding should be allocated in future. This is so that we can be assured the city has enough provision and the right services for adults with learning disabilities.

Where there is an identified need for some additional funding, a business case with supporting evidence will need to be submitted to the relevant organisation.

Risk assessment:

Each priority will have an associated risk register. The register will identify the risks that may prevent the delivery of a priority, and the impact on the learning disability community if the priority and its objective is not achieved.

A list of SMART actions to resolve / mitigate the risk will be monitored through the workstream leads and the LDPB Partnership Board.

The risk register will be presented alongside the progress report by the workstream leads at the Learning Disability Partnership Board.

## Appendix 6: Covid 19

It is important to recognise the impact of Covid 19 within this strategy. When the Covid 19 pandemic hit in March 2020 it was clear that there was a significant impact on adults with learning disabilities, their families, providers and partners across the learning disability community.

A report by Speak out stated; “It has highlighted pre-existing inequalities in access to services, support and community. The societal, economic and health barriers faced by people with learning disabilities have been magnified by the pandemic”.

The report highlighted key areas of significance including; access to information including easy read, digital access, the importance of activities and social inclusion, support with health conditions and mental health, and the rebuilding of confidence, skills and independence.

Speak Out report that people’s focus at this time is on their support/friendship network and the isolation that has led to worsening mental health. These were problem areas pre Covid, people are telling us that this is the issue that is affecting them most significantly. People with learning disabilities fight much harder to form friendships. They are faced with numerous barriers to forming and maintaining a peer group. An emphasis on connection, being part of things, finding likeminded people and peer support is essential at this time and well into the foreseeable future. People are scared they will be forgotten as Covid restrictions continue as social restrictions have contributed to a feeling of being invisible.

There have been positives from the current challenges, particularly in relation to the increase in digital accessibility.

***‘We just clicked. It was like they’d always been there. I know if something is bad with my mental health that they understand. I know my friends are there. I couldn’t have done this’***

*(B met two friends through Speak Out online drop ins. They use WhatsApp and messenger to support each other)*

The Carers Centre carried out a digital engagement survey and a Covid-19 challenges survey which highlighted that:

- Not everyone is digitally confident or even has a viable way of connecting
- Numbers who wish to continue engaging digitally are significantly lower than those who wish to return to physical meet ups
- Covid-19 threw up a number of immediate issues such as obtaining food and medicine, not being able to visit GP/dentist, carers actually being vulnerable and having to shield while the person they care for (one example with ASD) was able to go out to shops for food but could not cope with changes to shopping routines, layouts, shortages etc.
- Hospital visits were often cancelled or had confusing messaging about carers being able to accompany their dependent
- Many people’s home environment became very stressful as services were reduced or stopped altogether
- That people “got on with it” and “did their best”

With some of the main issues through lockdown being, the change to established routine, lack of respite, lack of space for outdoor exercise and knowing where to access support.

Feedback from Amaze has been on the impact of Covid 19 on young people of reduced access to apprenticeships, training and jobs, waiting time for referrals and interventions, access to online resources, limited capacity for parent to support at home, lack of access to support agencies and groups and difficulties/challenges of going out.

***“I’d been making lots of excuses not to go out. But my Mum helped me by talking things through, saying I’d probably feel better once I’d started going out again. She travelled on the bus with me to start with, until I felt confident about travelling on my own again. I’m really happy to see my friends again after all this time.”*** (A young person who was becoming agoraphobic & not feeling able to attend support sessions even outdoors.

We must recognise the impact of the Covid 19 pandemic in the ambitions and priorities within this strategy. In relation to:

- Increased risks and complexity of delivering activities, learning and work opportunities for adults with learning disabilities both now in in the future and to work collaboratively with all partners to seek ways to address these areas.
- How this has highlighted the need for adults with learning disabilities to have access to accessible information including easy read, online information including video resources alongside the support to learn new digital skills. To work collaboratively to address this for the future.
- A significant increase in social isolation, increase in feelings of anxiety and reduced confidence of going back into the community, an increased risk of abuse. At times a lack of understanding from members of the public of the needs of adults with learning disabilities in terms of difficulties with social distancing, wearing mask, increase in risks of abuse and to work collaboratively with all partners to seek ways to address these areas and to continue to seek ways to address and change this.
- On the health and wellbeing of adults with learning disabilities and their families on their health and wellbeing in terms of; reduced access to the community, increase in anxiety and mental health through the impact of shielding, increased isolation, difficulties in understanding social distancing rules, increased pressure from providing higher levels of support at home, an increased impact of physical health through reduced activities, online instead of face to face support and more limited access to health services.
- On the housing and support arrangements for providers and families including communal living and challenges of sharing of space, meeting different social and health needs, having access to outside space, the decreased availability of being able to work in partnership with others and of housing capacity through the breakdown of some of these arrangements.



- On the ability to undertake and progress transition planning and moves, the importance of having the right communication tools in place including on-line digital access, the importance of friendship groups, and the increased pressure on families supporting both younger and older adults at home.

Whilst we must have a strategy that is underpinned by ambition, commitment and support, with a structure that enables progress to be monitored and achieved, it must be acknowledged that there will be an increased pressure on limited resources due to the Covid 19 pandemic that may present a significant risk for agencies in being able to implement the strategies priorities. The roll out of the national vaccination programme will be key to reducing this risk and enabling adults with learning disabilities, their families, support staff and services, to return to normal. It must also be acknowledged that there will be anxieties for some individuals in receiving the vaccine and that this will bring up issues of mental capacity and the need to undertake best interest decisions for individuals, on a case by case basis.

It is not yet known what the long-term effects of the pandemic will be, but it is likely that there will be both societal and legal impacts as a result. It is the role of all of us to be aware of any resulting impacts and to ensure that adults with learning disabilities and their families are not adversely affected by any these and that the strategy continues to evolves to reflect ongoing changes/impacts.

## Appendix 7: Glossary of Terms

<b>LD</b>	Learning Disability
<b>LDPB</b>	Learning Disability Partnership Board
<b>HWB</b>	Health and Wellbeing Board
<b>SEND</b>	Special Educational Needs and or Disabilities
<b>FCL</b>	Families Children and Learning
<b>HASC</b>	Health & Adult Social Care
<b>SCDS</b>	Specialist Community Disability Service
<b>LA</b>	Local Authority
<b>CCG</b>	Clinical Commissioning Group
<b>SPFT</b>	Sussex Partnership Foundation Trust
<b>PACC</b>	Parent Carers' Council
<b>GP</b>	General Practitioner
<b>QMT</b>	Quality Monitoring Team
<b>NDTi</b>	National Development Team for Inclusion
<b>LDPF</b>	Learning Disability Provider Forum
<b>PBSN</b>	Positive Behaviour Support Network
<b>PBS</b>	Positive Behaviour Support
<b>EHCP</b>	Education, Health and Care Plan
<b>CQC</b>	Care Quality Commission
<b>NHS</b>	National Health Service
<b>LGBTQ</b>	Lesbian, Gay, Bisexual, Transgender, Questioning
<b>AHC</b>	Annual Health Check
<b>ER</b>	Easy Read
<b>IT</b>	Information Technology