



# **Access to Services for People with Learning Disabilities and / or Autism**

## **Adult Services and Health Select Committee**

**Final Report**

**April 2016**

'Disability is a Human Right issue because:

- People with disabilities experience inequalities – for example, when they are denied equal access to health care, employment, education, or political participation because of their disability
- People with disabilities are subject to violations of dignity – for example, when they are subjected to violence, abuse, prejudice, or disrespect because of their disability
- Some people with a disability are denied autonomy – for example, when they are subjected to involuntary sterilisation, or when they are confined in institutions against their will, or when they are regarded as legally incompetent because of their disability'

World Report on Disability (World Health Organization and the World Bank, 2011) as quoted in Health Inequalities and People with Learning Disabilities in the UK (IHaL: 2012)

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Councillor Houghton  
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## **Acknowledgements**

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## **Foreword**

On behalf of the Adult Services and Health Select Committee, I am pleased to present our final report following our review of access to services for people with learning disabilities and / or Autism.

The Committee wanted to see how accessible universal and community services were for people in society that have traditionally faced a number of barriers when accessing key services.

A specific issue that we were already aware needed further work was the uptake of GP-led health checks for people with learning disabilities.

We found that there needed to be greater ownership of the task of both delivering and monitoring health checks for people with learning disabilities.

As you will see from the list of acknowledgements, we also spoke with a wide range of other public services in order to see how they provided services to this client group. We found some good individual examples but we need to see greater consistency across the board, including relevant training.

We felt that site visits and engagement with people using these various services were particularly important in this review as it was essential that their priorities influenced how services are provided.

I am grateful to those Members who were able to undertake visits and meet with people with learning disabilities and Autism.

I would like to thank all those that have contributed to our review, attended Committee meetings, and responded to requests for information.

We hope that this work contributes to improving accessibility for all in our local community.

**Councillor Michael Clark**

**Vice Chair**

## Original Brief

### **Which of our strategic corporate objectives does this topic address?**

The review will contribute towards the following aims of the Health and Wellbeing Strategy 2012-2018:

- Create and develop healthy sustainable places and communities
- Create fair employment and good work for all
- Strengthen the impact of ill-health prevention

### **What are the main issues and overall aim of this review?**

1. To determine issues surrounding the accessibility of the following for people with learning disabilities and / or autism:

- Council and universal community services
- NHS services
- Marketing of these services

The review will consider services for all people with learning disabilities and / or autism, not just those with assessed eligible needs for adult social care.

2. Annual Health Checks

People aged 18 and over who have been assessed as having moderate, severe, and profound learning disabilities, or people with a mild learning disability who have other complex needs, are entitled to be invited for an annual check.

The review will consider the effectiveness/outcomes of the annual health check for people with learning disabilities in Stockton. This will include the robustness of information held by the NHS, and take up of the health checks.

## Executive Summary

- 1.1 This report presents the outcomes of the Adult Services and Health Select Committee's review of access to services for people with learning disabilities and / or Autism. The aim of the review was to examine two main issues: the uptake of GP-led annual healthchecks for people with learning disabilities, and the general accessibility of universal, community services for people with learning disabilities and/or autism.
- 1.2 The Council has a statutory obligation to meet identified need for those clients assessed as being eligible for services in line with the eligibility criteria for adult social care, and this includes adults with learning disabilities and/or autism. This review did not focus on the provision of adult care services, but in the type of services that may be accessed by any member of the community.
- 1.3 A key driver for the review was recognition that people with learning disabilities have significantly poorer health and shorter life expectancies than their non-disabled peers. Annual healthchecks for people with learning disabilities are intended to help address this issue.
- 1.4 There is local variation but overall Stockton's GP Practices do not perform well in ensuring that people with learning disabilities take up the health check compared to regional performance and national targets. The Committee found that there was a need for better performance management and clinical leadership to ensure improvements in this service for local people, and have made a number of recommendations in that regard.
- 1.5 In relation to universal and community services, the Committee found that although it was not possible to accurately measure the take up of services by this client group, Members have considered a number of good practice examples of service delivery across several themes. However, further work has been identified in order to improve consistency and awareness of the needs of these client groups.
- 1.6 Examples were provided of staff that had developed good customer care skills for a varied client group. Members believe however that there was no substitute for formal training provision, and this should be provided to relevant teams.
- 1.7 A number of common themes were identified in relation to how important it was to provide reassurance for people when using community services. This includes increased promotion and effective provision of the Safe Place Scheme (places in the community including shops and key public service hubs that have signed up to give assistance to those who need it), and support to be able to use public transport safely, for example. Improvements to transport provision have previously focussed on physical needs, and there was a recognition that future work needed to focus more on the full spectrum of needs.
- 1.8 Many improvements that could be made for this client group, would also benefit others for example level access for wheelchairs for those that use them, and clearer information and signage when navigating a reception and other public areas. It came across in evidence many times that getting services right for people with learning disabilities and autism meant that we would get it right for all client groups.

1.9 The Committee makes the following recommendations:

#### **GP-led Annual Health Checks for People with Learning Disabilities**

1. The new Hartlepool and Stockton-on-Tees GP Federation should make the uptake of the GP-led Health checks an early focus of its performance improvement activity
2. Practices performing well should share good practice with others in the Borough, and information on the role of Health Facilitators and other sources of support be circulated to all practices and health providers
3.
  - a) Healthcheck uptake should be included in the performance monitoring processes of the Committee, and the Health and Wellbeing Board system;
  - b) the CCG should take steps to address the gap in performance management activity, and
  - c) Practices should be publically identified in relation to their Healthcheck performance
4. Each Practice should have a named clinical lead for Learning Disabilities

#### **Health Care**

5. Further work to improve communication of learning disability status between primary and secondary care should take place

#### **SBC Services**

6. Council commissioners of relevant universal services (for example, but not limited to, Public Health) should engage with providers and establish a position on what is expected for services to people with Learning Disabilities / Autism, including reasonable adjustments.
7. All relevant/frontline Council community based services should undertake autism and learning disability customer awareness training

#### **Community Infrastructure**

8.
  - a) The Council should use its engagement with Public Transport Providers to highlight the needs of those with learning disabilities and/or autism, and this work should include further improvements to accessibility (for example, building on the Fast Pass scheme operated in Yorkshire, and familiarisation visits);
  - b) Committee supports the planned client engagement work by Adult Services to better understand the barriers to independent use of public transport



9. **The support provided by DWP to people with learning disabilities and/or autism in receipt of benefits, including Universal Credit, should be specifically monitored by People Committee as part of its ongoing Welfare Reform Monitoring work**
10. **a) Committee supports and encourages the work to further develop and raise awareness of the Safe Place Scheme, and  
b) Committee supports work to promote the benefits of having an 'alert card' to indicate to services any particular individual needs that people may have**
11. **the Committee supports and encourages the work undertaken by Community Safety and Police to tackle hate crime.**
12. **Awareness should be raised within the Council of the need for appropriate personal care and changing facilities for people with complex needs in order to improve access to more community based activities. This could be through inclusion in specifications for new developments or changes to existing buildings where appropriate and subject to funding availability.**

## Introduction

- 2.1 This report presents the outcomes of the Adult Services and Health Select Committee's review of access to services for people with learning disabilities and / or Autism. This took place during municipal year 2015-16.
- 2.2 The aim of the review was to examine two main issues: the uptake of GP-led annual healthchecks for people with learning disabilities, and the general accessibility of universal, community services for people with learning disabilities and autism.
- 2.3 All public services and employers must make 'reasonable adjustments' to ensure they are accessible to all sections of the community. Failure to make reasonable adjustments will create a barrier to access. Adjustments may include physical alterations but also changes to policies and service delivery.
- 2.4 The Council has a statutory obligation to meet identified need for those clients assessed as being eligible for services in line with the eligibility criteria for adult social care. It should be noted that not all adults with learning disabilities and/or autism who live in the Borough will receive social care support. The review did not focus on the provision of adult care services, but in the type of services that may be accessed by any member of the community.
- 2.5 This review has particularly focussed on the needs of those with learning disabilities and /or autism. It was noticeable that many organisations providing evidence to the Committee referred to 'Learning Difficulties' and 'Learning Disabilities' interchangeably, when there are significant differences between the two.
- 2.6 The term 'learning difficulty' is often used in educational settings and refers to individuals who have specific problems with learning as a result of either medical, emotional or language problems. Children with special educational needs are often described as having a learning difficulty, for example dyspraxia. There is no definitive record of how many people in the UK have learning difficulties; this is largely because most learning difficulties are 'hidden' disabilities, meaning that the condition is not immediately obvious to others, or even to the person themselves. An individual may often have more than one specific learning difficulty.
- 2.7 A learning difficulty does not affect general intelligence, whereas learning disability refers to a significant general impairment in intellectual functioning that is acquired during childhood (Health Inequalities & People with Learning Disabilities in the UK; IHaL 2012). Internationally, three criteria are regarded as being required to be met before a learning disability can be identified or diagnosed; these are intellectual impairment (based on IQ), social or adaptive dysfunction combined with IQ, and early onset.
- 2.8 People with a learning disability may also have autism spectrum disorders, with a higher prevalence amongst those with a more severe disability. The National Autistic Society states that 'estimates of the proportion of people with autism spectrum disorders (ASD) who have a learning disability vary considerably, and it is not possible to give an accurate figure'.

- 2.9 The autistic spectrum is wide; some individuals function independently and only access universal services whilst, at the other end of the spectrum, there are those with profound needs that require very specialist services. Some very able people with ASD may never come to the attention of services as having special needs, because they have learned strategies to overcome any difficulties with communication and social interaction and found fulfilling employment that suits their particular talents. Other people with ASD may be able intellectually, but have need of support from services, because the degree of impairment they have of social interaction hampers their chances of employment and achieving independence.
- 2.10 During the review the Committee held a number of meetings to gather evidence from a wide range of internal and external partners including the police, NHS and public transport providers, and the review has been supported by Adult Services, including Commissioning, STEPs, Care Management, and by Public Health.
- 2.11 Following the abuse uncovered at the Winterbourne View assessment and treatment centre, and a renewed focus on the health inequalities faced by people with learning disabilities, there have been a range of national reviews and initiatives to improve care and health services over recent years. These have been considered by the Committee and are covered in more detail below, as well as the required Self Assessment Frameworks for Health and Social Care.
- 2.12 Feedback was gathered from clients and staff during site visits, and using existing feedback where appropriate (for example from events organised by the Tees Autism Partnership).
- 2.13 Members of the Committee visited the STEPs Office, and Sporting STEPs at Billingham Forum, and Daisy Chain (a local charity for people with autism and their families). Members of the local Our Version Of Events self-advocate group provided their views on the annual healthcheck.
- 2.14 The STEPs service has undertaken focussed engagement work with clients including a consultation with clients about their experience of using Public Transport, and mystery shopping of the Safe Place scheme took place to inform the review.

## Background

- 3.1 In Stockton, the number of people aged 18 and over registered with a GP Practice as having a learning disability in 2013-14 was 674. In 2015 it was projected that 1175 people aged 18-64 had autism spectrum disorders in the Borough.
- 3.2 A key driver for the review was recognition that people with learning disabilities have significantly poorer health than their non-disabled peers.
- 3.3 Although life expectancy for people with learning disabilities is increasing, there is still a shorter life expectancy compared to the wider population. All-cause mortality rates for those with moderate to severe disabilities are three times higher than the general population. These differences are to an extent avoidable and so represent health inequalities (Public Health England). Annual Healthchecks for people with learning disabilities are intended to help address this issue, and uptake in Stockton was known to be poor prior to the Committee's review.
- 3.4 Following the *Death by Indifference* report by Mencap on unequal healthcare and discrimination, the Parliamentary and Health Service Ombudsman, and Local Government Ombudsman, published a report entitled *Six lives: The provision of public services to people with learning disabilities* (2009). This recommended that all NHS and Care organisations should urgently review the effectiveness of their services to people with learning disabilities.
- 3.5 The 2010 progress report sets out the Department of Health's four specific priorities for improving the healthcare of people with learning disabilities
  - a) To ensure early learning from the Learning Disabilities Public Health Observatory (PHO)
  - b) To ensure good progress in the Confidential Inquiry into premature deaths of people with learning disabilities.
  - c) To support improvement in the take-up of annual health checks for people with learning disabilities.
  - d) to promote good practice.
- 3.6 The National Learning Disability Death Review Programme has been instituted to consider individual cases with a view to reduce premature mortality. Locally, cases at South Tees NHS Foundation Trust were reviewed in a pilot study, and the North East and Cumbria as a whole has been selected to pilot national pathways and processes for reporting and reviewing cases.
- 3.7 A recent report by research charity Autistica (2016) states that autistic people die on average eighteen years earlier than the general population, and thirty years younger in the case of people with autism and learning disabilities.
- 3.8 Following the Winterbourne View abuse case, the national Transforming Care programme set out key areas for improvement in how and where people are cared for and live. The Programme is focussed on tackling the issues identified in the follow up

Government Review, relating to services for people with learning disabilities and/or autism who have a mental illness or whose behaviour challenges.

- 3.9 There have been improvements in identifying and carrying out rigorous reviews of clients in long term hospital care, with the focus of clients returning to care in the community and a reduction in numbers of in-patient hospital beds and restrictive behaviours. However, the need for further progress was identified and fast track programmes were introduced by Government.
- 3.10 During the course of the review, work started on the North East Fast Track programme. The programme has been considered by the Health and Wellbeing Board, and the Regional Health Scrutiny Committee which has agreed to monitor the Programme on an ongoing basis. Although the principles of the programme have been welcomed, issues around risk planning and whether funding is transferred to community services have been raised with the Programme Board. The overall impact of a successful Programme would be to increase the number of people living in the community and therefore accessing local services.
- 3.11 It is widely recognised that people with learning disabilities and/or autism also face inequalities in other areas of life. These include employment, physical accessibility of some services, experience of the criminal justice system, the impact of crime including hate crime, and responding to the attitudes and perceptions of the wider community.
- 3.12 There are a number of initiatives in place to improve the overall wellbeing and life chances for this client group, these cover the national initiatives outlined above, and a range of local projects.
- 3.13 Stockton Council hosts a Learning Disability Partnership Board (LDPB) which oversees much of this work. The Partnership Board and its sub-groups have representation from key partners including service users, Adult Services, carers, providers, and NHS. The Board is focussed around implementing the themes of Valuing People Now: this national framework sets out what needs to be done to make the lives of people with learning disabilities better.
- 3.14 There are three subgroups that meet monthly and are co-chaired by someone with a learning disability. They consider the key themes of:
- Carers
  - Your Life Your Choice
  - Good Health and Wellbeing
- 3.15 The Council is also a member of the Inclusion North CIC which provides access to training courses, project support work, and help engaging with the local community.
- 3.16 STEPs Community Bridge Building Service is an example of a service that can be provided to those with eligible needs. Community Bridge Building (CBB) supports people with disabilities who are disadvantaged to access mainstream services to meet their need for social inclusion. This includes one to one initial support to overcome potential barriers (including travel and anxiety).

3.17 The primary benefit of CBB to the individual is social inclusion and independence. The service provides individuals with greater control and choice around everyday life. Community Bridge Building requires a holistic person centred approach; this approach would be met through the seven domains of community bridge building:

- Employment
- Health and Well-being
- Voluntary
- Education
- Faith
- Sport and Leisure
- Arts and Culture

3.18 Within this overall context, the Committee has undertaken the review in order to identify areas for improvement across services provided in Stockton Borough, and to highlight good practice.

## Findings and Recommendations

### Primary Care and GP-led Annual Healthchecks

- 4.1 Poorer health outcomes for people with learning disabilities are in part because they have more difficulty in identifying important symptoms and getting access to appropriate care.
- 4.2 Department of Health has been monitoring healthcare improvements across the country following the Six Lives report. In the Progress Report of July 2013, people and their carers reported that progress had been made on a number of issues including staff attitude and employment of specialist nurses, but the uptake of GP-led healthchecks needed to improve, as did pain recognition and provision of information.
- 4.3 The Committee found that there is good evidence that health checks for people with learning disabilities in primary care settings identify previously unrecognised health problems, some of them associated with life-threatening illnesses (Public Health England).
- 4.4 NHS England commissions a Learning Disability Health Check Scheme from GP Practices. The service is offered to Practices on an annual basis but is not mandatory. The enhanced service is designed to encourage practices to identify all patients aged 14 and over with learning disabilities, maintain a learning disabilities 'health check' register and offer them an annual health check, which should include producing a health action plan.
- 4.5 The register should be based on the Practice's Quality Outcomes Framework (QOF) learning disabilities register, and anyone not on the QOF but known to social care. There should be liaison with local authorities to ensure all eligible people are on the register.
- 4.6 The Committee noted that NHS England did not have access to individual patient data and was therefore unable to respond to the effectiveness of the check-up. Practices should however use a suitably accredited protocol such as the Cardiff Health Check which should include as a minimum:
  - A collaborative review, with the patient and carer (where applicable) of physical and mental health with referral through the usual practice routes if health problems are identified, including health promotion, chronic illness and systems enquiry, and physical examination
  - A review of co-ordination arrangements with secondary care,
  - A review of transition arrangements where appropriate,
  - A discussion of likely reasonable adjustments should secondary care be needed,
  - A review of communication needs, including how the person might communicate pain or distress,
  - A review of family carer needs, and
  - Support for the patient to manage their own health and make decisions about their health and healthcare, including through providing information in a format.

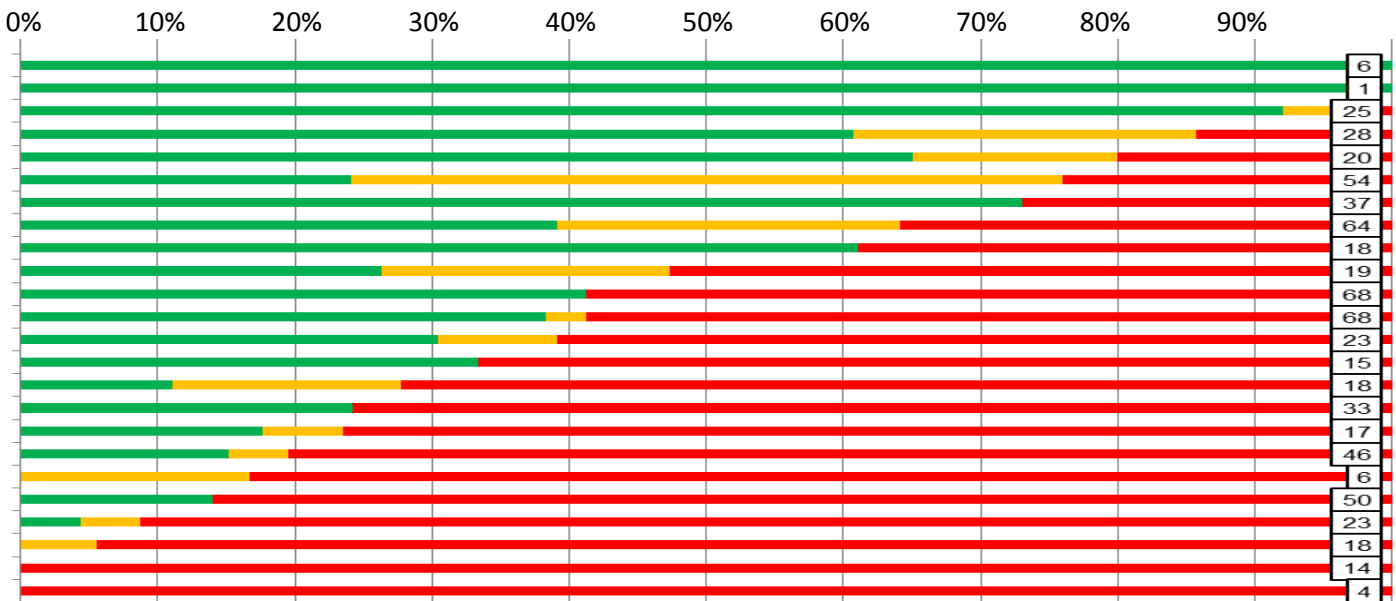
4.7 There is variation on performance in the Borough, but overall Stockton's GP Practices do not perform well in achieving uptake of the healthcheck. 39.6% of those people on the Learning Disability register had a health check in 2013-14 against the national target of 80%.

4.8 A regional comparison for 2013-14 is as follows:

Indicator	Period	England	North East region	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland
Proportion (%) of eligible adults with a learning disability having a GP health check	2013/14	44.2	56.6	51.8	50.6	56.7	42.9	60.4	59.4	69.0	76.1	61.4	45.7	39.6	46.4

4.9 Below is a graph which shows the variation in the number of health checks each practice carried out during the 2014/15 financial year. Each row represents a different practice, the number in the box within each row highlights the number of people recorded as having a learning disability within that practice:

**Assessments recorded in April 2014 – March 2015 (for patients aged 14 and over), per Stockton Practice**



Key: **Green** - DES examination 2014/15; **Orange** – Other LD assessment and/or action plan 2014/15; **Red** – No assessment 14/15



- 4.10 The issue had been previously red flagged in the Health and Care Self-Assessment Framework, and the LDPB's Health and Wellbeing Sub-group has identified it as a priority.
- 4.11 In the performance information provided to Committee it was not possible to identify performance of individual practices publically.
- 4.12 The Care Quality Commission (CQC) now inspects Primary Care. Inspection reports for GP Practices are published online and include reference to 'Support to People whose Circumstances may make them Vulnerable'. This element considers services for people with learning disabilities and inspection reports have referred to whether registers of people with LD are present, and whether longer appointments are offered, for example. Local practices that have been inspected to date have all been rated as at least 'Good' for this element, with Eaglescliffe rated as Outstanding. In some cases, the CQC also noted the level of uptake for each Practice, as follows:
- Eaglescliffe Practice - uptake of 60% (rated Outstanding)  
Yarm Medical Practice - uptake of of 65% (rated Good)  
Norton Medical Centre - uptake of 41% (rated Good)
- 4.13 The Committee investigated the work to improve uptake and the accountability and responsibilities of the organisations involved.
- 4.14 NHS England noted that the service was optional and that Practices could not be forced to provide it although all Practices locally had done so. The Committee found that Practices were paid according to the number of checks undertaken but there was no performance monitoring incentive or sanction in place. NHS England carried out post-payment verification of Practice healthcheck claims but did not undertake proactive performance management, or work to address variation between local areas. NHS England cited resources and the need for CCG input should this work be undertaken.
- 4.15 The CCG's role has included responsibility for improving the quality of primary care, and this has developed into formal co-commissioning arrangements with NHS England. From April 2016, the CCG will have full delegated powers for the commissioning of local primary care services. At the time of the Committee's review, the CCG was not responsible for commissioning health checks, but had identified increasing the uptake as a priority and recognised the extent of the issue. Under the Health and Social Care Act 2012, CCGs are under a duty to have regard to the need to reduce inequalities in access to health services and outcomes.
- 4.16 Work has taken place and one issue identified by a clinical reference group was the template used to record the checks and a new process was being piloted. The CCG also commissions the Health Facilitation Team from Tees, Esk and Wear Valleys NHS Foundation Trust (provided as part of the Community Learning Disability Team). Some improvement on the previous year's figures was believed to be partly due to the facilitators' role. The Team is able to assist with validating registers, provide awareness training, and help develop action plans. GP Practices are offered training, and are invited three times a year; however the uptake varied, and in 2013 seven Practices had asked for guidance, with sixteen Practices taking part in 2014.

4.17 The Committee considered that further work needed to be undertaken. In discussion with NHS England and the CCG, Members found that key issues included:

- level of GP awareness of health facilitators;
- better performance across the region not being repeated locally;
- an identified need for better clinical leadership - guidance suggested each Practice should have a named clinical lead on this issue and it was noted that the use of these was not known in Stockton;
- whether there were ineffective reasonable adjustments in Practices, or a lack of these;
- whether there was a potential for commissioning the service in a different way (for example, greater involvement of nurses) although this would mean a less holistic approach, and would not be in line with the intention of the service.

4.18 There are examples of good practice readily available for use. For example, the Committee has been provided with the Learning Disability Health Observatory produced 'Improving the Uptake of Health Checks for Adults with Learning Disabilities: Evidence into Practice Report' (IHaL: 2013).

4.19 The Committee found that individual Practices were responsible for their own performance management to a great extent, and feedback to Members suggested they were not generally looking at their performance figures in comparison to other Practices locally.

4.20 To support the sustainability and development of primary care in the Hartlepool and Stockton areas, all local GP Practices were in the process of working more closely together by forming a GP Federation from April 2016. It was hoped that this Federation covering all Practices in Stockton would facilitate greater local ownership of quality improvement and peer support. Clinician to clinician discussion was seen as being particularly helpful; the clinical representatives of the CCG identified the crucial role of clinical leadership.

4.21 CQC inspections will improve the accountability arrangements for local Practices, but these cannot be a substitute for local performance management.

4.22 In February 2016, the National Clinical Director for Learning Disability at NHS England contacted North East Adult Safeguarding Boards following the early work on the national Learning Disability Death Review programme. The Director highlighted that many factors contributing to premature death were related to factors 'occurring before hospital admission including social isolation resulting in poor access to preventative and proactive healthcare'. Within this context, the Committee recommend that:

1. **The new Hartlepool and Stockton-on-Tees GP Federation should make the uptake of the GP-led Healthchecks an early focus of its performance improvement activity**
2. **Practices performing well should share good practice with others in the Borough, and information on the role of Health Facilitators and other sources of support be circulated to all practices and health providers**

3. **a) Healthcheck uptake should be included in the performance monitoring processes of the Committee, and the Health and Wellbeing Board system;  
b) the CCG should take steps to address the gap in performance management activity, and  
c) Practices should be publically identified in relation to their Healthcheck performance**

**4. Each Practice should have a named clinical lead for Learning Disabilities**

4.23 Health promotion work with the Learning Disability population includes work to increase uptake of the flu vaccine, and screening programmes including bowel, breast, cervical, and lung checks. The uptake of cervical screening is particularly low; this has been flagged in the Stockton Learning Disability SAF, and is being reviewed at a regional level.

**Access to Health Services**

4.24 Following the Six Lives Report, Department of Health has published progress reports setting out key areas that needed to improve in healthcare provision. These included following the law about capacity and consent and making decisions when people are not able to make them for themselves, improving the understanding of staff (including how to make 'reasonable adjustments' and improve communication), complaints and advocacy, and spreading good practice.

4.25 The Committee also considered the needs of those with autism in the health context. The Tees Autism Partnership held workshops in October and one theme was on Good Health. Comments covered a variety of services with more negative comments noted for specific examples including communication issues around GP Practices, consistency of staff and length/delays to appointments. Positive comments were made in relation to some dentists, community dental team, an opticians, podiatry, and James Cook Learning Disability Liaison.

4.26 Healthwatch Stockton received three comments gathered as part of its engagement activities in relation to local health services. These were in relation to CAMHS, GP, and dentist/community dental care, specifically relating to people with autism. The common theme was changes to members of staff and the need for greater consistency. Feedback from Daisy Chain suggested anxiety was an issue when using a range of health services, including sensory and communication issues.

4.27 A specific issue considered a priority in the Six Lives Progress Reports was the introduction of learning disability liaison nurse in healthcare settings. The Committee found that North Tees and Hartlepool Foundation Trust employed this role to undertake a number of functions including: patient familiarisation tours, support for carers and the patient when in hospital, including upon discharge, and production of easy read information.

4.28 An example of the joint work of the liaison nurse and dental surgery team was provided to the Committee. This includes being made aware of any patients with a learning disability who are due to attend for surgery so that they can be contacted in advance

- by the liaison nurse and offered support including a tour of the service and use of Hospital Passports. There has been positive feedback from the nurses on the ward.
- 4.29 The Friends and Family Test is a now well-established process to gather an indication as to patient satisfaction with NHS services. Easy read versions have been introduced for over a year, and these have reported generally good feedback, with support offered by the Specialist Nurse to departments where any concerns were identified.
- 4.30 A quarterly report has been introduced to monitor the work of the Specialist Nurse, relevant adult safeguarding issues, and data quality. This report showed that following the introduction of the specialist liaison role, safeguarding incidents had reduced, and there has been an increase in the number of people flagged as having a learning disability upon admission. Documentation of reasonable adjustments had improved although these were not always recorded.
- 4.31 Future plans at the Trust included work to improve the number of people with learning disabilities flagged on admission, including the number of children and young people, and the introduction of an e-learning package for care givers.
- 4.32 In relation to the sharing of learning disability status, the 2014 Self Assessment Framework for Stockton noted that: 'There is evidence that the passing on of information and reasonable adjustments happens for some patients but not all. There is a system in place for referral from community learning disability team to acute Trust and local authority and acute Trust. There is a mechanism for referral from GP to acute service, but this is hardly utilised. We have plans on-going for the local authority to share learning disability status with the acute trust so we can use this information to flag on the system.'
- 4.33 In relation to primary care, the CCG noted that there was no standard process in place across the locality that delivers this; a streamlined approach needed to be developed.
- 4.34 During the period of the Committee's review, the Care Quality Commission published its inspection report on the Trust following its comprehensive inspection in July 2015. The final report identified support for people with learning disabilities as an example of Outstanding practice. The example highlighted focussed on the work with Hartlepool Council provided details of clients with learning disabilities to the Trust and so that upon admission, an alert and entry to a Virtual Ward was generated in order to better coordinate care.
- 4.35 Stockton's Adult Services are due to take part in a working group including the Trust Liaison Nurse to further improve information sharing between social care and acute and community care.
- 4.36 Members noted that feedback from Daisy Chain (in relation to autism) highlighted the importance of flagging status on relevant systems including health, to prevent the need for constant self-identification. In relation to attending appointments, separate waiting areas/screened off areas were considered helpful. The Committee recommends that:
- 5. Further work to improve communication of learning disability status between primary and secondary care should take place**

4.37 Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) provide specialist mental health and learning disability services across the region. The Trust provides services which include:

a) support to people with learning disabilities and/or Autism who need access to mainstream Mental Health Services, including reasonable adjustments, and support to the Crisis Team via an on call learning disability nurse, which is often out of working hours. Reasonable adjustments for those using mainstream mental health care can include the approach taken by staff including methods of communication.

b) services for those with more complex needs and requiring inpatient care in the Tees area (including Stockton), provided at Bankfields Court in Eston.

c) support to people leaving services to enable them to live in the Community, including services such as Health Facilitation. Support is provided to enable people to live in their own homes or other types of supported living/care homes.

4.38 The enhanced community service is now in operation from 8am until 8pm with additional on call arrangements. Following the start of the enhanced Community Service there had been no admissions to the Tees inpatient service from Stockton patients.

4.39 The Trust provided general advice to Committee on how to ensure accessible services in the wider community. This includes the importance of accessible information (including photographs of available activities), and accessible changing places situated in the community, including factoring them into planning of new community facilities wherever possible. The Committee found that the TEWV Community Team provide learning disability awareness sessions to a variety of organisations on request.

## **Public Health and Commissioning**

4.40 To inform its review, the Committee surveyed a range of Council services to understand if and how they measured take up by people with autism and /or learning disabilities, and what they had done to improve accessibility. Public Health commission a range of services including sexual health, and drug and alcohol support, and in common with most other SBC services, Public Health does not routinely collect data on the level of take up of services or feedback specifically in relation to this client group. Additional awareness training would be welcomed by the Team.

4.41 The Committee found that Public Health intends to ensure that all universal services they commission understand specific needs, make reasonable adjustments, give assurance that these are taking place, and collect data on these. The Team is looking at building this into the commissioning and procurement process, in tandem with requirements under the Equality Act and the need to take a person centred approach (across all clients with Protected Characteristics as described under the Act).

4.42 There may therefore be an opportunity for the Council as a whole to collaboratively engage the provider market across all directorates and provide a commissioner

position on what the Council expects for local residents with learning disabilities/Autism. This could include providing the market with good information on reasonable adjustments and understand how they want to be helped to develop their approach. The Committee recommends that:

- 6. SBC commissioners of relevant universal services (for example, but not limited to, Public Health) should engage with providers and establish a position on what is expected for services to people with Learning Disabilities / Autism, including reasonable adjustments.**

### **Participation in Arts, Leisure and Culture**

- 4.43 The Committee considered a range of important and valued community services as provided by the Council.
- 4.44 The Borough has a range of popular cultural and leisure venues. The Library services cover six larger libraries with four branch libraries, and a mobile and housebound service. Preston Hall and Museum is a popular attraction where the majority of visits are 'self-directed' including some group visits. Educational visits and other events (including reminiscence days) are provided, although group visit numbers are currently only recorded in the overall footfall count.
- 4.45 Leisure and Sports Development no longer directly provide services but work in partnership with others to commission and support activities. Guidance was provided to groups such as Special Needs Activities with Parent Support (SNAPS) which focussed on children and young people, and the Team helped to deliver the Sporting STEPS service, as part of the Community Bridge Building scheme (nb. Sporting STEPS is a service only accessible for adults with eligible social care needs). Thirty adults accessed the service on a weekly basis; the Committee visited the scheme at Billingham Forum and were impressed with the service and the opportunities it provided for clients. Sports Development were looking to increase access to competitive sport opportunities for this client group.
- 4.46 Members found that when recruiting for STEPS staff, attitude and personality were seen as more important than the ability to coach. A Disability Awareness training programme delivered by Paralympian Stephen Miller was provided to the team.
- 4.47 Tees Active Limited (TAL) manages Council funded leisure centre and fitness activities in the Borough (including pools, 'Activ8' Gyms, sports halls, and Tees Barrage). Some day time activities for people with learning disabilities eligible for Adult Services are commissioned from CIC. These services are now increasingly community-based, and following the closure of Rievaulx Resource Centre, CIC use the TAL-managed Forum as a base.
- 4.48 Manager feedback from TAL services described the range of interaction with their services and relevant groups. One raised issues around the need for additional support when people accessed Gyms independently and not part of a support group. Referrals were often made from social care and health sources, but could be more challenging to facilitate within the context of a gym environment if the person had care and support needs.

- 4.49 Where groups need specialist equipment, staff will work with them to try and provide. Physical improvements to facilities including floor finishes, signage, pool hoists, for example have been delivered to assist a range of disabilities.
- 4.50 An Audit (Changing Lives/Inclusion North) of the previous Weight Management service provided by Tees Active took place in 2013-14. This recommended the importance of accessible communication formats, the need to raise awareness of such services with relevant providers, good communication (including ensuring staff are aware of individual needs), the importance of positive role models, mapping customer journeys, and importance of building connections into mainstream activities to enable clients to confidently take part.
- 4.51 Feedback from Daisy Chain clients included some comments about not liking the leisure centre environment due to the acoustics and sensory environment. Theatres were not necessarily attractive due to cramped seating, but autism friendly viewings at the cinema were beneficial. Use of libraries elicited positive responses due to their generally quiet nature.
- 4.52 The Committee considered the training needs of frontline staff. A third of library staff had completed autism awareness training in 2012-13. Availability of training was reported as an issue, and there are capacity and cost issues in order to cover frontline roles during periods of training. There are limited resources for training amongst service areas. A free online module on Autism is being developed specifically for library staff by the Association of Senior Children's and Education Librarians which will be available later this year and Library services planned to put all staff through the course.
- 4.53 There has been no specialist training for TAL staff on needs and awareness, but through contact with a wide variety of staff it was believed that staff had developed a range of customer focussed skills. However further advice on increasing accessibility would be welcomed by TAL. Members have noted that although individual staff members could become very skilled at attending to the range of needs they would deal with on a day to day basis, there were risks if there was no formal training programme and experienced members of staff left, and there was no substitute for formal training.
- 4.54 Leisure and culture services did not have records of take up by this client group in terms of individual visits, and would not necessarily plan to, as this would not be appropriate to gather from service users on a casual visit. If users were registered members of TAL (or other services) than this made it easier to record any individual needs when the membership was registered.
- 4.55 Some relevant group visit data was however available. For example, Tees Active collates group visits to Activ8 gyms, and usage by dedicated groups such as Sportability, and Sport Works. Numbers over previous three years are generally consistent but there has been an increase in swim visits, for example.
- 4.56 'Access' or 'Alert' Cards highlighting particular conditions/needs and carried by people with LD or autism, have been flagged up as a good practice in a number of instances during the review and leisure and culture services noted that these would assist their staff in meeting customer needs. The TEWV Community Team identified that

community activities that provided a 'carer go free' policy were much more attractive and accessible. Carer go free policies may not always be acted upon where a person has 'hidden disabilities' and a sensitive method of identifying someone's status needed to be used (see recommendation 10.b) below).

## **SBC Engagement and Customer Services**

- 4.57 The Council's Engagement function enables consultation with local residents and support to the local community. This includes supporting the local voluntary, community and social enterprise sector, working closely with Catalyst the local VCSE infrastructure organisation. Advice is provided to teams undertaking consultations to ensure appropriate methods of communication are utilised. Community and voluntary organisations are able to access and request training courses through Catalyst's Centre of Excellence.
- 4.58 A key part of the way the Council interacts with residents is via Customer Services. Customer Services handle 5000 calls per week on behalf of fourteen Council service areas and a further 1700 on the main switchboard line. In addition there are three main Customer Service Centres in Stockton, Thornaby and Billingham. The Committee noted that data on the number of clients contacting the Team with disabilities is not generally recorded unless it was regarding applications for the Blue Badge scheme.
- 4.59 Billingham Customer Centre was the centre most recently opened, and was designed to be accessible eg. clear signage, low level phones, and audits for physical access have taken place. A range of training courses had been accessed by Customer Service staff including Mental Health First Aid, Alcohol/Drug Awareness, Dementia Awareness, and Safeguarding. The Customer Service Centres are designated Safe Places (see below) and staff are aware of the requirements. However there had been no specific training on autism and learning disability awareness, and this would be welcomed by the Team. The Committees recommend that:

## **7. All relevant/frontline Council community based services should undertake autism and learning disability customer awareness training**

### **Public Transport**

- 4.60 Good public transport is vital to creating truly accessible communities and services.
- 4.61 The Committee was keen to gather the experiences of those that use public transport and was provided with the results of engagement work with clients of STEPS and Day Services (forty six clients were consulted in total). The work looked at experiences of travel for:
- people who have experienced travel training to increase independence
  - people who currently commute independently
  - people who utilise public transport to attend activities with support.
- 4.62 Clients appeared to be able to attend the activities they wanted to but many needed support to do so. Many saw 'independent travel' as meaning travelling with a support



worker/carer, and confidence and anxiety were seen as the key barriers to independent use of services. Although most of those consulted said that nothing had happened to put them off independent travel, a fifth mentioned having no confidence or issues such as anti-social behaviour.

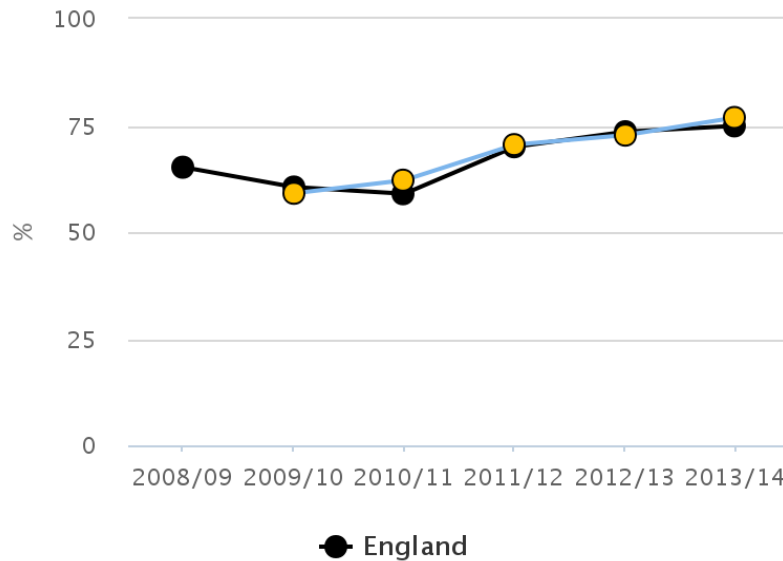
- 4.63 The Committee noted that further work was planned with clients to understand barriers to independent/use of public transport travel, and discuss possible solutions.
- 4.64 Feedback from Daisy Chain highlighted issues around anxiety regarding timetabling/reliability, and sensory difficulties. Travel training was helpful but necessary, and people still needed opportunities to practise potential scenarios, and level access/ease of access was regarded as being important.
- 4.65 The Committee heard from the main bus and rail operators. There was general acceptance that previous work had focussed on physical disabilities, and buses for example were now seen as increasingly physical accessible, with wheelchair spaces on all vehicles, but it was agreed that more needed to be done for other needs.
- 4.66 Arriva's driver recruits received awareness training to identify those with 'hidden' disabilities; this included autism and learning disability awareness training. Various scenarios were shown as part of this to show what type of needs drivers may need to assist with, and all existing staff have received the training within the last two years. 'Next stop' audio/visual announcements were being rolled out on a retro-fitted basis. Arriva noted that typical interactions with passengers included communicating where they wished to go, and drivers informing them when they had reached their destination.
- 4.67 Stagecoach drivers needed to attain the Certificate of Competence and this included spending a number of mandatory hours per year on training, and new issues were added to the training programme over time. Although training was in place, it was believed that drivers were experienced and became able to recognise certain needs.
- 4.68 All Northern Rail staff were trained during induction then periodically after that with a six monthly training day. Northern Rail had spent some money on station improvements but major investment was needed at others. Not all stations had level access making it difficult for wheelchairs to access them.
- 4.69 The Committee was pleased to note that Northern Rail had undertaken familiarisation visits with dementia groups in the local area; these had worked well and allowed conductors and drivers to gain greater experience of different client groups. There was a willingness to undertake more of these with various groups and information could be shared with Northern Rail to take this forward.
- 4.70 In the Bradford area a Fast Pass scheme was in operation which enabled people with Learning Disabilities to be able to go through any gates present and always buy a ticket on the actual train without having to use machines or offices. Northern Rail was rarely asked for timetables in alternative formats although these were available.
- 4.71 The Committee considered the position of more vulnerable customers who may have for example no money to pay the fare. Stagecoach and Arriva stated nobody would be refused if in a vulnerable situation. It was noted that drivers sometimes had to make a judgement call as to who was genuinely vulnerable.

- 4.72 In terms of rail travel and no payment being available, a bill for travel would be issued where the customer provided an address, but if no address was available, the train would still take them to avoid leaving people in vulnerable positions (nb. usually passengers were asked for tickets when the train was already moving).
- 4.73 Bus companies take part in the Bridge Scheme that allows passengers to show drivers alert cards to highlight their needs. Stagecoach stated they went further than this by issuing its own cards that enabled people to ask drivers to 'Please count my change for me', and 'Let me know when in the City Centre' for example. It was noted that other issues such as consistency of bus stand information were important.
- 4.74 The Committee noted that Council's Public Transport Team would welcome the opportunity to work with Adult Services to update local public transport policy to meet the needs of these client groups. The Committee recommends that:
8. a) **SBC uses its engagement with Public Transport Providers to highlight the needs of those with learning disabilities and/or autism, and this work should include further improvements to accessibility (for example, building on the Fast Pass scheme operated in Yorkshire, and familiarisation visits);**
  - b) **Committee supports the planned client engagement work by Adult Services to better understand the barriers to independent use of public transport.**

## Housing

- 4.75 In 2012, Mencap found that the majority of people with learning disabilities wanted to live independently, but outlined a number of challenges that remained including the lack of specialist housing provision, and potential impact of welfare reform. In the same year, the Committee completed the Efficiency, Improvement and Transformation (EIT) Review of Learning Disability Social Care Services. As part of that review a major consultation asked for views on reducing the use of residential care and increasing independent living options, and these proposals were positively received.
- 4.76 There are a variety of accommodation types available. At Quarter 1 2015-16, local data showed the following:
- 80.7% of clients known to the council were 'living in their own home or with their family' (this excludes accommodation such as care/nursing homes, and long stay NHS care);
  - 78.1% of North East adults with learning disabilities lived in their own home or with family. This is in excess of the national rate of 73.9% and nine of twelve local authorities in the region are exceeding national performance.
- 4.77 The local trend can be seen as follows:

Adults with learning disabilities in settled accommodation – Stockton-on-Tees



- 4.78 The Council's support provided by Housing Services focusses on directly helping those who wish to access Housing (via the Housing Options Team), and the strategic planning of specialist housing provision (via the Housing Strategy Team).
- 4.79 The Housing Commissioning Group comprises Adults and Housing staff and meets monthly basis to review current and emerging housing needs of people with learning disabilities known to the Council. This includes commissioning bespoke accommodation where possible and there are various factors to consider when considering individual cases. Families have often been used to the residential type model, and family experience and word of mouth was important in changing perceptions of the type of accommodation that may be accessed by those in their care. For shared schemes, ensuring clients were able to successfully live together was important and client matching could take some time.
- 4.80 The review considered examples of the development of bespoke specialist housing provision (for example, Acorn House fifteen apartment and two bungalows scheme on the site of the former Blenheim Home in Thornaby) and ensuring there are places within larger developments for this client group (for example, the Local Lettings Policy for apartments in Norton Park).
- 4.81 The Committee found that there were very few private tenancies; most clients were with Endeavour or Thirteen Housing. If housing was desired in a particular part of the Borough, private landlords may need to be used and clients would need to be aware of the regulations around private tenancies.
- 4.82 Housing Options provide support including help to access the Compass Choice Based Lettings scheme, ensuring landlords are aware of clients needs, and ensuring floating

support was in place where needed to enable tenancy sustainability. The Housing Options office is a designated Safe Place.

- 4.83 Housing Options come into contact with a wide variety of clients including those who did not meet the eligibility criteria for social care support, and there were many people with needs who came into that category, not just those with learning disabilities/autism. It was therefore important for their staff to be sensitive to all needs. Both Housing Options and Housing Benefits would welcome training on awareness raising to build on their existing knowledge base.
- 4.84 Housing Benefits outlined a range of methods of being accessible to clients including home visits. The service would work with Registered Housing Providers to support those with learning disabilities/autism to live in the social housing sector. In terms of setting rent levels on new schemes, there would be involvement of housing to set levels that ensured there were no gaps between benefits received and rent due.
- 4.85 Generally Local Housing Allowance (LHA - housing benefit for people in the private rental sector) would be paid direct to the client, but in certain circumstances where clients were vulnerable this could be paid direct to the landlord.
- 4.86 Members found that in common with other areas of service provision, for much of the support that can be provided by housing and related services to be fully 'joined-up', it needs records to be accurate, to ensure that standard letters were not sent out when rent arrears occur for example.
- 4.87 Services worked together to prevent avoidable tenancy breakdown. Breakdown in tenancies could occur due to people no longer wishing to live somewhere (as could happen with anyone), or illness. The Court of Protection was frequently involved in such cases to ensure actions taken were in the Best Interests of the client.

## **Employment and Welfare**

- 4.88 Barriers to employment is an issue that is frequently highlighted as a major concern for this client group.
- 4.89 The national Foundation for Learning Disabilities produced a national booklet in 2014 that included 'mythbusting' in relation to what is possible with regards to employment. The booklet was aimed at providing information and raising aspirations amongst carers/families. It states that rather than a focus on exam results, employers usually want someone who can provide a range of behaviours including reliability, punctuality, and being well presented. It highlights that different types of work are therefore possible with support, and although full time work would be difficult for some, a range of options including a mix of voluntary and paid positions were achievable.
- 4.90 Members visited Daisy Chain and spoke with people attending one of its Adult Employability sessions. Daisy Chain representatives reported benefits of these sessions to clients; this and the support it has provided for adults to access work

placements/volunteering at its shop in Portrack Lane had greatly improved the confidence of those taking part.

4.91 In relation to learning disabilities, the latest available data from Quarter 1 2015-16 showed that in Stockton '7.7% of clients were in employment, in line with previous reported performance and above both the latest England average of 6.0% and comparator group average of 4.9% (final 2014/15 data)' (there was no data for those with autism but not a learning disability).

4.92 The regional Adult Care benchmarking report showed the breakdown of the 2014-15 data as follows :

South Tyneside	0.5	<b>England</b>	<b>6</b>
Durham	1.9	Redcar and Cleveland	6.4
Northumberland	2.7	<b>Stockton-on-Tees</b>	<b>6.4</b>
Middlesbrough	3.2	North Tyneside	6.8
Newcastle	4.5	Sunderland	6.9
<b>North East</b>	<b>4.6</b>	Gateshead	7.7
Darlington	5.2	Hartlepool	15.3

4.93 The Committee considered evidence in relation to the welfare and employment support as provided by the Department of Work and Pensions (DWP) / Job Centre Plus (JCP). Disability Employment Advisers (DEAs) are in place to provide support to those seeking work and with the highest levels of need. There was one DEA for the Stockton area with a case load of clients including those with learning disabilities and this is approximately twenty people in Stockton. Work Coaches are in place to handle the relevant Job Seekers Allowance (JSA)/Employment and Support Allowance (ESA) claims for all other clients including those with disabilities where relevant, and for those not case managed by the DEA.

4.94 Support for Work Coaches has included: development of disability awareness specifically regarding hidden impairments, a work psychologist provided training to Work Coaches, and a District Provision Tool to identify other local support organisations.

4.95 Members had concerns at the low levels of specialist DEAs, and whether this was truly enough to provide comprehensive support to local clients.

4.96 DWP representatives stated that Claimant Commitments for people with learning disabilities or autism would be revised if the original versions were not appropriately achievable. It was important for support workers to be involved in this process, and Social Justice Co-ordinators were in place in each office as a point of contact.

4.97 Support schemes across all disabilities included:

- Specialist Employment Support – this replaces the previous residential provision for those most in need, and providers include Shaw Trust, Rempoy, and Kennedy Scott.
- Work Choice – this is a four stage specialist programme to help people for period up to two years for those close to entering the job market, and provided through Rempoy and Shaw Trust with other sub-contractors including Action for the Blind
- Access to Work – this enables funding to be used on support such as physical adjustments to workplaces or travel support for those about to start work or a trial.
- Work Programme – vulnerable clients taking part in the mainstream Work Programme would be identified by the Work Coach or DEA. The local providers Ingeus and People Plus should then tailor individual support.
- Work Trials, and Traineeships

4.98 Each Jobcentre has a dedicated employer liaison team. The Employer Services and Opportunity Manager’s role included promoting the role of disabled people in the workplace, and raising knowledge or work amongst disabled clients. Employers are encouraged to hold interviews on JCP premises if that would assist.

4.99 The government launched the Disability Confident scheme in 2013. The stated aims of the programme were to:

- engage and encourage employers to become more confident so they employ and retain disabled people
- increase understanding of disability and the benefits of employing or retaining disabled people
- increase the number of employers taking action to be Disability Confident
- make a substantial contribution towards halving the disability employment gap

4.100 This was re-launched nationally to MPs in January 2016, and there was due to be a Stockton launch of the scheme in Spring.

4.101 As a major employer, in June 2015 the NHS launched a campaign to increase the number of job opportunities available to people with learning disabilities. The NHS England Chief Executive said:

“The NHS family is the biggest employer in the country, and one of the largest in the world; I’m determined it will also be amongst the most progressive.

“We are determined to ensure that the NHS can benefit from the talents, expertise and experience of as diverse a workforce as possible, and that means taking action to remove barriers and encourage recruitment of those who are underrepresented in our workforce.

“This isn’t just the right thing to do for people with learning disabilities; it’s the right thing to do for the NHS as a group of organisations, helping us to deliver better care for everyone.”

4.102 A range of advice and guidance for NHS Employers is freely available online.

- 4.103 The Council's STEPs Team provide a supported employment service for disabled residents of the Borough. The service works with individuals over a range of disabilities to support those individuals in securing paid work or/and volunteering opportunities. The service is open to those with identified, eligible needs following a referral from a care manager in the authority (i.e. it is not 'open access'). Clients may access other services as well as STEPs as part of their care package.
- 4.104 The service is person centred and tailors support and planning to each individual. STEPs provide a Work Preparation programme one day per week over six weeks for individuals referred into the service. Work preparation is centred around a small business, which is based in Stockton. An evaluation is provided on completion of the programme.
- 4.105 STEPs maintains links with the local labour market to job match clients to positions; however access to opportunities remains dependant on the needs of the employers at the time. Some clients with learning disabilities may access paid work through 'job carving'. This is when elements of job roles are divided into smaller tasks so that clients are able to undertake aspects of the role that match their abilities, often on a part time basis.
- 4.106 When STEPs have been successful in supporting an individual to secure employment, training and job coaching is provided to the individual to learn the role. STEPs operate on the principle of providing 'just enough support to ensure success'.
- 4.107 Once the person is independent in the activity STEPs provide a regular review (six monthly) to ensure that the individual is able to sustain the role. Travel Training is available to individuals who need to learn new routes to an opportunity or job with the same focus on providing support until the person is gradually able to travel the journey independently. Members visited STEPs and were pleased to note that some people who were previously clients of the service were now employed with the Team.
- 4.108 Fifty-five people with learning disabilities were currently supported to be in work by the service. STEPs also works with a local special needs school to provide a work experience service for disabled students. Students were supported to complete work placement with a local employer in an industry they have an interest in and these follow a 'job carving' model and are fully supported.
- 4.109 The Committee found that Stockton Council has supported this model of employment in various departments throughout the Authority. There is no corporate target or policy in this regard, but there is active engagement with STEPs. Twenty-three people were in Supported Employment roles at the time of the review, with ten in administration roles.
- 4.110 In relation to wider recruitment, the Council retained the two ticks accreditation symbol which guaranteed an interview for a disabled applicant who met the minimum criteria for a post advertised. 202 employees declared themselves as having a disability (all types) which that equated to 6% of the workforce. There had been a rise in those that did not wish to declare if they had a disability and 263 (8%) people had selected that option at the last survey.

- 4.111 The Council also has an active Disability Forum that meet four times a year to raise awareness about disabilities within the workplace. Equality and diversity training was available to all employees and was a compulsory module of the corporate e-induction.
- 4.112 The Council's Employability team provided strategic support and access to funding. Early funding for the STEPs Job Carving scheme had come from the previous Working Neighbourhoods Scheme. Recent and current schemes included Public Health funding that helped 170 young people aged 16-24 across a range of client groups into apprenticeships, and Ground Work Trust and Disc were in a consortium were applying for Lottery funding from the Building Better Opportunities fund, specifically targeted vulnerable groups aged 16 and over.
- 4.113 The Committee considered the role of Welfare Rights Team. The Team provided advice to the Adult Services Client Property and Financial Affairs Team in case where the Team acted on a person's behalf as DWP appointee or Court of Protection deputy where a person lacked capacity to manage their financial affairs.
- 4.114 The Team acted as DWP appointee for almost 400 clients, of whom a majority have a learning disability. The majority of these clients need to be assessed for employment support allowance and personal independence payment. The team completed forms, manage reconsiderations and attended any appeals. The Team was in discussion regarding providing support to Horizons Trust Academy pupils and families, to make sure that families were claiming all they were entitled to.
- 4.115 In the first two weeks of February prior to the Committee's meeting with Welfare Rights, there had been fifteen reassessments for ESA/Personal Independence Payment (PIP). The process can cause distress to the clients and family especially if any benefits were stopped for a period of time. Other impacts included reduced funding for care, need for crisis support, and the involvement of officers across several services. There had been ten people in the past year who had been supported to appeal decisions. Communication issues had been identified in some cases between DWP and the Council, and DWP representatives noted that they could look into cases regarding PIP (ESA claims were assessed separately from staff at the Job Centre).
- 4.116 It was noted that Welfare Rights provided a free advice line available to anybody within the Borough.
- 4.117 Universal Credit combines several benefits into one payment and system (including JSA, ESA, and Housing Benefit) and is being rolled out gradually across the country. In Stockton this has started to be paid to new, single claimants who would otherwise have claimed JSA, although numbers have been small to date.
- 4.118 The Council is working with DWP to deliver services to support claimants to access Universal Credit (for example, helping customers to get on-line to make their claim and providing personal budgeting support in advance of the financial changes the change), and ultimately a full Universal Support offer will be in place.
- 4.119 People Select Committee has been monitoring the impact of Welfare Reform following the scrutiny review of Welfare Reform and Financial Inclusion, and this provides an ongoing opportunity to review the impact across all client groups. The Committee recommends that:



**9. The support provided by DWP to people with learning disabilities and/or autism in receipt of benefits, including Universal Credit, should be specifically monitored by People Committee as part of its ongoing Welfare Reform Monitoring work**

**Community Safety and Policing**

- 4.120 A key aspect to making sure that community services are accessible is to ensure that crime and fear of crime is effectively tackled. Hate crime has been identified as a particular issue for this client group, and is recognised as being under reported. Across the entire Cleveland Police area only twenty cases were recorded in 2012.
- 4.121 At the Tees Autism Consultation event, key concerns were noted around bullying, and reporting mechanisms. It was recognised that a key issue for society as a whole was to avoid the normalisation of offensive terms.
- 4.122 People with learning disabilities and /or autism who commit criminal offences must be appropriately handled in the criminal justice system (CJS) where appropriate.
- 4.123 The Committee found that the Community Safety Team were involved in a number of initiatives:
- the Safer Stockton Partnership Community Safety survey took place every three years. The survey was made accessible and peer supporters were trained up to drive a higher response rate. It had identified Hate Crime as an issue, and one that was underreported
  - the Hate Case Crime Group met monthly and referred cases to the ASB Team or Police as appropriate
  - awareness raising with Inclusion North and visits to care providers (mainly Shaw Trust) had taken place to understand /overcome barriers to reporting.
  - general safety sessions have included Cash Point Safety, and Planning Safe Routes Home.
  - work with younger people has involved sessions in Special Schools, security centre visits, and police visits. There has been good feedback from these sessions and further sessions could be held
- 4.124 Members were informed that ASB/Community Safety Officers would tailor a response to each circumstance they were involved with, or signpost to an appropriate agency.
- 4.125 The Community Safety Team has had basic awareness training but more could be done. In particular advice on how to support people facing crime/ASB/harassment, and how to increase confidence in reporting mechanisms. The Team was also keen to ensure that other organisations and teams were aware of the services offered by Community Safety.
- 4.126 The Police and Crime Commissioner for Cleveland (PCC) agreed that underreporting was an issue. An educational video had been produced by the PCC, and police officers viewed it as part of their training. A video for Primary Schools had been

developed and piloted in Stockton and this was made available to the Committee and also online.

- 4.127 Work had taken place with public transport providers, including bringing them together with disability support groups to discuss the issues, and Arriva Buses were involved in showing the DVD to all drivers. The PCC also now commissioned Victim Care and Support services in the area, and this had recently been awarded to Safe in Tees Valley.
- 4.128 The Committee found that Cleveland Police needed to interact with people with learning disabilities and /or Autism both as potential or actual victims, and as offenders.
- 4.129 The College of Policing states that: 'The police are regularly required to provide an emergency response to the needs of members of the public who are experiencing mental ill health, those who have learning difficulties and people who are vulnerable. Equally, the police have a duty to investigate crime, whoever it is committed by or against, and this duty requires a level of understanding, professionalism and care.'
- 4.130 Assessing an individual's level of illness, disability and vulnerability is complex because of the multiple factors underlying a person's behaviour and the way these may interrelate. Risk can depend on a medical diagnosis, the nature and severity of symptoms and whether the person has been receiving treatment and/or care. Strange and uncharacteristic behaviours can be associated with the side effects of medication, lack of medication or the effects of physical illness such as infections, diabetes, epilepsy or head injury. It is crucial, therefore, that decisions relating to the management and onward care of mentally ill, vulnerable and disabled people should be made by medical professionals and appropriate agencies wherever possible.' (College of Policing Website)
- 4.131 Under the Victims Code of Practice, there is a standard response, and an enhanced response for repeat or vulnerable victims. This includes: prevention measures; referrals to appropriate organisations; bespoke updates on the case; victim impact statements and familiarisation visits to court.
- 4.132 The 'National Joint Review of the Treatment of learning disabilities within the criminal justice system – from arrest to sentence' (by HMIC, HMI Probation, HM Crown Prosecution Inspectorate, CQC – January 2014) found that:
- there was no accurate estimate of the numbers of people in the system due to lack of identification;
  - people were not always provided with a level of service consistent with their level of risk or needs. Custody Suites were not private, and Appropriate Adult scheme were variable with them only being used in 63% of cases where an learning disability was identified;
  - processes and lack of knowledge/services, led to people being treated as a problem to be processed rather than having individual needs;
  - recommendations were made in a number of areas, including to adopt a national definition of learning disabilities across the CJS.
- 4.133 Appropriate Adults were introduced following the PACE Act, and are required to be present for juveniles and the 'mentally vulnerable'. Police are required to ensure they

are present but there is no obligation for one particular agency to provide them. In Stockton, Adult Services provided the service for those people known to the Council. The Police and Crime Commissioner was underwriting the Appropriate Adult scheme element provided by Middlesbrough and Stockton MIND for people with mental health vulnerabilities in the short term.

- 4.134 Following the Joint Review, Cleveland Police's Action Plan included: the adoption of the national definition, information on learning disabilities was improved for those making charging decisions; ensuring voluntary attendees had the same level of service of those arrested; and screening tools for staff, and ensuring a 24hr availability of a health professional. Custody Suites did not yet have screens but holding areas were being used to ensure privacy. All people with learning disabilities were treated as vulnerable.
- 4.135 Guidance has also been produced by the National Autistic Society for the criminal justice system, and is aimed all from the police through to solicitors and the judiciary.
- 4.136 The Police and Community Safety Teams worked closely together. Multi agency Joint Action Group (JAG) meetings monitor repeat callers and any people who may need support (including offenders depending on their life events). Enforcement was a last resort, and it was noted that having officers with the right attitude and partnership working was key.
- 4.137 The Committee found that a key initiative to promote safety was the Safe Place Scheme which is promoted by the Council and partners across Tees, with the Police and Crime Commissioner agreeing to take an overall lead. Safe Place Schemes are places in the community providing a safe venue to anyone who is feeling vulnerable or in need of assistance and help. This 'help' can range from a phone call to home to ask a relative to pick them up or help with directions. They include Council venues but also shops and pubs.
- 4.138 Safe Places should:
- register with the Police and local council and display the logo in a place that people can see it e.g. a window;
  - recognise the logo shown if somebody comes in for help (for those with the appropriate help cards) and make sure their staff know how to help, reassure the vulnerable person who is asking for assistance, ring their emergency contact person who will deal with the crisis and record who has used the scheme.
- 4.139 Many people who use these schemes have a learning disability however anyone who is feeling vulnerable or in need of support can use the schemes, including older people and those with dementia. The Committee found that more often than not, just the knowledge of being aware that schemes were in place made people feel safe and able to go out and about. It was thought that many who benefit from the scheme never actually used them directly.
- 4.140 In discussion with transport providers it was thought that there would be some benefit in providing extra reassurance to people undertaking their normal journeys through using/promoting the Safe Place scheme, as well as in any situation where people

needed more help. There was potential for further work on Safe Place with transport providers in this regard, and information was sent to them during the review.

- 4.141 Mystery shopping of local Safe Places has taken place in order to support the review. A service user from STEPS was supported to visit several Safe Places in the Borough to see if they were easily accessible, identifiable as a Safe Place, provided good customer care, and were aware of the Safe place scheme. Five libraries, three Customer Service Centres, Rediscover Stockton, and leisure centres were visited.
- 4.122 In general terms there was evidence of good customer service, although some enquiries were referred to others and not all venues were aware they were part of the scheme. Libraries were identified as providing a consistently good response including knowledge of the scheme.
- 4.123 The person undertaking the visits stated that 'the Safe Place scheme is an excellent idea in principle and that he does feel safer when he is out independently knowing that there is support available should he need it.' The report found that it would be helpful to formally re-launch the scheme to and provide ongoing support to safe places, raise their profile, and periodically assess the performance of identified Safe Places.
- 4.124 Community Safety are looking to track the details of those who have had cause to use the Safe Place scheme to see if this can assist with recording of hate crime incidents.
- 4.125 The Committee found that the Safe Place scheme had seen enthusiastic take up across many venues in Stockton, but there needed to be a refresh of the scheme to ensure there was good awareness amongst those signing up to the scheme, and a consistent approach across the Tees area.

It is recommended that:

- 10. **a) Committee supports and encourages the work to further develop and raise awareness of the Safe Place Scheme, and**  
**b) Committee supports work to promote the benefits of having an 'alert card' to indicate to services any particular individual needs that people may have**
- 11. **the Committee supports and encourages the work undertaken by Community Safety and Police to tackle hate crime.**

## **General Findings**

- 4.126 Members have considered a number of good practice examples of service delivery across several themes. However, almost all SBC services surveyed stated that they would welcome further training and awareness sessions for their teams. Services had not been independently audited or assessed for accessibility by people with learning disabilities and/or autism.

- 4.127 Tees Esk and Wear Valleys NHS Trust noted that for carers and family of people with complex needs, having the confidence to know that appropriate facilities would be available when they use community services was of great benefit. A key aspect of this was appropriate personal care facilities for children and adults with complex needs (these are sometimes referred to as 'Changing Places') which may include hoists and additional space for example. Some provision is available for example in the Shambles following Aiming High for Disabled Children funding, but further promotion and availability would be very beneficial.
- 4.128 This issue was also identified at Daisy Chain and noted in the Learning Disability EIT review. The national Changing Places website search facility does not currently identify local provision. The Committee recommends that:

**12. Awareness should be raised within SBC of the need for appropriate personal care and changing facilities for people with complex needs in order to improve access to more community based activities. This could be through inclusion in specifications for new developments or changes to existing buildings where appropriate and subject to funding availability.**

## **Conclusion**

- 5.1 A key driver for the review was recognition that people with learning disabilities have significantly poorer health and shorter life expectancies than their non-disabled peers. Annual healthchecks for people with learning disabilities are intended to help address this issue.
- 5.2 There is local variation but overall Stockton's GP Practices do not perform well in ensuring that people with learning disabilities take up the health check compared to regional performance and national targets. The Committee found that there was a need for better performance management and clinical leadership to ensure improvements in this service for local people, and have made a number of recommendations in that regard.
- 5.3 Aside from Health Checks, it was not possible to accurately measure the take up of services by this client group where visits were made on an individual basis, as the Committee was informed that recording systems were not always in place (NB. this would not always be appropriate). There is some group visit information, although these would generally be made in conjunction with support staff. Other types of support, for example the planning and delivery of specialist housing, could be quantified.
- 5.4 Members have considered a number of good practice examples of service delivery across several themes. However, further work has been identified in order to improve consistency and awareness of the needs of these client groups. For example, almost all SBC/TAL services surveyed stated that they would welcome further training sessions for their teams.

- 5.5 Examples were provided of staff that had developed good customer care skills for a varied client group. Members were, however, concerned that this was no substitute for formal training provision, and if someone with experience were to leave a Team, there could be a negative impact on the service provided.
- 5.6 A number of common themes are apparent regarding reassurance for people when in the community. This includes increased promotion of the Safe Place Scheme and support to be able to use public transport safely. Improvements to transport provision have previously focussed on physical needs, and there was a recognition that future work needed to focus more on the full spectrum of needs.
- 5.6 Many improvements that could be made for this client group, would also benefit others for example level access for wheelchairs for those that use them, and clearer information and signage when navigating a reception and other public areas (for example). It came across in evidence many times that getting services right for these client groups meant that we would get it right for all client groups.