

## SSA EQUALITY IMPACT AND NEEDS ANALYSIS

<b>Directorate</b>	Adult Social Services Commissioning and Quality Standards
<b>Service Area</b>	Commissioning (learning disabilities)
<b>Service/policy/function being assessed</b>	Joint Learning Disability Strategy
<b>Which borough does the strategy apply to</b>	Wandsworth
<b>Staff involved</b>	Melanie Cressey Juliana Braithwaite
<b>Date approved by Directorate Equality Group (if applicable)</b>	6 <sup>th</sup> February 2020
<b>Date approved by Policy and Review Manager</b>	TBC
<b>Date submitted to Directors' Board</b>	TBC

## SUMMARY

The Joint Learning Disability Commissioning Strategy will provide a local framework for the commissioning intentions and the delivery of commissioned support services for adults with a learning disability in Wandsworth.

The commissioning priorities for 2021-2026 were co-produced with people with a learning disability and are:

- My voice is heard - coproduction
- Where I live – Housing and support
- What I do - Employment and day opportunities
- Becoming an adult - Transitions
- I am fit and healthy – Improving health services
- I have choice and control - Increasing life opportunities

In 2021-2026, there will be increased emphasis on commissioning and delivering services according to a strength-based approach, viewing service users as individuals and seeing beyond their presenting care needs. This involves gaining a holistic picture of the individual's life, finding out about their skills, assets and resources as well as their relationships with other people and within their communities. The strategy will review and shape the current social care market and configure services accordingly, whilst promoting greater choice and personalisation for the service user.

It is important to note that this strategy has been produced during an economically challenging period for health and social care which is likely to persist over the next 5 years, particularly in view of the economic impact of COVID-19. It is therefore vital to consider how and where to best allocate resources. This will be partly informed by the LD Review Programme, work under way which includes the day opportunities review and conversations between departments such as housing, commissioning and operational services, as well as intelligence from Children's Services and transitions. Through the LD Review Programme Wandsworth Council is driving forward innovation and embracing opportunities to work creatively, for instance with the use of assistive technology. Within this programme of work, it will be necessary to prioritise resources for those with the greatest need, whilst continuing to enable others to improve or maintain their wellbeing and independence. This will be achieved through strengths-based approaches to help maximise existing resources of the individual service users, including local community networks. The strategy outlines the following priorities in relation to adults with a learning disability:

Priority One: My Voice is Heard - Coproduction

- We will develop our model of coproduction and support people with a learning disability to have a say
- People with a learning disability will monitor implementation of the strategy

- People with a learning disability will be involved in monitoring the quality of services

#### Priority Two: Where People Live – Housing and Support

- Working collaboratively to ensure there are a range of accommodation options which support our residents to retain their independence.
- Ensuring greater choice and personalisation.
- Commissioners and providers will work proactively to manage local markets in line with demand.
- Placing people with a learning disability in-borough at the point of transition from children to adults' services.

#### Priority Three: What People Do – Employment and Day Opportunities

- People with a learning disability are empowered to be active citizens.
- Embedding a shared expectation that more people with a learning disability can and want to work.
- Developing and supporting a locally inclusive workforce.
- Clear employment pathways which maximise people's potential to engage in meaningful and sustainable paid employment.
- Providing greater access to targeted support to develop the skills and the confidence to make their own travel arrangements where they are able to.

#### Priority Four: Moving to Adulthood – Transition

- Seamless approach to enable the transition from young people to adulthood with support arrangements matched to their needs, reducing reliance upon services that create dependency.
- Development of personalised support packages and information aids to enable young people to achieve their full potential.
- Children and young people will be supported through transition to adulthood to live as independently as possible promoting self-reliance and self-determination.

#### Priority Five: Keeping People Well – Improving Health Services

- Commissioning preventative services that avoid crisis and emergency admissions.
- Developing a health workforce with the right training and skills to better support people and their carers – such as specialist learning disability nurses.
- Establishing a model of care for people that reduces the need to make placements in specialist learning disability hospitals/assessment and treatment units.
- Increasing the take up of annual health checks and cancer screening services and access to mainstream services.
- Preventing premature death by enhancing the quality of life for people with long term conditions.

#### Priority Six: Increasing Life Opportunities –Choice and Control

- Ensuring our providers offer a wider range of personalised and bespoke services which increase life opportunities using personal budgets, direct payments and pooled budgets to buy services collectively.
- Empowering our residents to exercise greater choice and control over how their needs are met through delivered support.
- Developing systems that are flexible enough to respond quickly to changes.

#### The likely key positive impacts of the Joint Learning Disability Commissioning Strategy are as follows:

- The strengths based model will focus on what people can do for themselves as well as the resources that they have in their communities, looking at what will help maximise their potential and promote their resilience.
- The focus on independence will lead to placing residents in less restrictive environments, helping them to maximise their potential.
- Reducing dependence on publicly funded care will help to reserve Council resources for the boroughs most vulnerable people.

- A strategic review of the market, in line with the commissioning priorities, will help shape provision in Wandsworth in order to reflect assessed need of the service user population
- Ongoing work to look at Learning Disability Demand Forecasting in relation to different types of accommodation will help to plan for the future in terms of meeting needs
- Emphasis on promoting purposeful activity and delivering proven and measurable outcomes within commissioned services will help maximise quality of life and meet assessed need.
- Working closely with Children's Services, in relation to information sharing and the development of robust transition arrangements, will enable a smoother transition experience.
- Addressing health inequalities is particularly key for adults with a learning disability.

Potential negative impacts may be initially perceived from the reconfiguring of services and the re-shaping of the social care market, as this may affect and change the services received by the individual service user. This could include supporting service users to step-down from residential care to supported living, where this is appropriate.

There will be several measures put into place to mitigate this. These include:

- Comprehensive Social Worker assessments for individual adult social care service users.
- Health, adult social care, housing and other key partners working together to pursue creative solutions.
- Effective communication with providers who work with service users and with their families regarding strengths based practice.
- Comprehensive engagement with service users and carers throughout the commissioning process.
- Whilst enabling independence, there is a need to ensure provision for severe and complex needs. Ensuring that even those with this level of need are supported to be as independent as realistically possible.
- Ensuring a spectrum of provision to span different categories of need from mild to moderate through to severe and complex.
- Ensuring a diverse market of daytime opportunities for those who are assessed to be in need of this type of support.
- Providing opportunities for engagement with social care providers in order to develop the local strengths based approach.

## 1. Background

It is important that people with a learning disability are supported to live as active citizens who aspire to have the same life experiences as everyone else. Therefore, it is imperative that the individual service user is placed at the centre of the commissioning process in order to increase quality of life, increase choice and control and make the best use of available resources.

The following key pieces of work have helped to inform the development of the Joint Learning Disability for Wandsworth for 2021-2026.

### **The Care Act**

The Care Act 2014 requires councils to promote individuals' wellbeing through focusing on their strengths and capabilities. This involves a "whole life approach" to commissioning in partnership with health, children's services and housing. The act requires local authorities to facilitate markets that offer a diverse range of high quality and appropriate services to reflect assessed need and enable choice and control for individuals.

### **Transforming Care - A national response to Winterbourne View Hospital: Department of Health Review Final Report (June 2013)**

This is a programme of action to transform services for people, including those with a learning disability, through reviewing all current places and ensuring no one is in hospital inappropriately.

**Six Lives: Department of Health Progress Report (July 2013)**

This report into deaths of people with learning disabilities highlighted a number of problems including: taking too long to find out what is wrong and start treatment; annual health checks not always done properly; people with a learning disability not given information in a way they understand; people in hospital do not always realise when someone is in pain; people not included in decisions about their care

**Building the Right Support (2015)**

This is the national plan to develop community services and close inpatient facilities for people with a learning disability and / or autism who display behaviour that challenges, including those with a mental health condition.

The strategy has been produced in line with Richmond and Wandsworth Councils' Strategic Priorities for Adult Social Care:

- Using local networks and community assets to build resilience
- Promoting independence, health and wellbeing
- Enabling people to have choice and control and culturally responsive services
- Integrating services with partners delivers better outcomes for residents
- Proportionate and adaptable processes and interventions

**2. Analysis of need and impact**

Protected group	Findings																																																						
Age	<p><b>Age of Learning Disability Adult Population in Wandsworth</b></p> <p>The table below show the number of adults predicted to have a learning disability in Wandsworth in 2020 and 2025, broken down by age (<i>Eric Emerson and Chris Hatton 2004, taken from PANSI and POPPI</i>).</p> <table border="1"> <thead> <tr> <th></th> <th>2020</th> <th>2025</th> </tr> </thead> <tbody> <tr> <td>18-24</td> <td>670</td> <td>680</td> </tr> <tr> <td>25-34</td> <td>2092</td> <td>1999</td> </tr> <tr> <td>35-44</td> <td>1465</td> <td>1467</td> </tr> <tr> <td>45-54</td> <td>903</td> <td>943</td> </tr> <tr> <td>55-64</td> <td>608</td> <td>690</td> </tr> <tr> <td>65-74</td> <td>379</td> <td>401</td> </tr> <tr> <td>75-84</td> <td>203</td> <td>236</td> </tr> <tr> <td>85+</td> <td>77</td> <td>90</td> </tr> <tr> <td>Total</td> <td>6397</td> <td>6505</td> </tr> </tbody> </table> <p>The following table predicts the number of adults living in Wandsworth with a <b>moderate or severe</b> learning disability.</p> <table border="1"> <thead> <tr> <th></th> <th>2020</th> <th>2025</th> </tr> </thead> <tbody> <tr> <td>18-24</td> <td>155</td> <td>159</td> </tr> <tr> <td>25-34</td> <td>450</td> <td>430</td> </tr> <tr> <td>35-44</td> <td>368</td> <td>369</td> </tr> <tr> <td>45-54</td> <td>205</td> <td>215</td> </tr> <tr> <td>55-64</td> <td>133</td> <td>150</td> </tr> <tr> <td>65-74</td> <td>61</td> <td>65</td> </tr> <tr> <td>75-84</td> <td>21</td> <td>24</td> </tr> </tbody> </table>		2020	2025	18-24	670	680	25-34	2092	1999	35-44	1465	1467	45-54	903	943	55-64	608	690	65-74	379	401	75-84	203	236	85+	77	90	Total	6397	6505		2020	2025	18-24	155	159	25-34	450	430	35-44	368	369	45-54	205	215	55-64	133	150	65-74	61	65	75-84	21	24
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85+	7	8
Total	1399	1420

The above tables show that the highest proportion of people with a learning disability are those aged 25-34 and 35-44. The lowest proportion of people is 85+ (reflecting the comparatively low life expectancy of adults with a learning disability). The same applies for adults with a moderate or severe learning disability. The tables suggest that by 2025 the overall number of adults with a learning disability will have increased by 1.69% and the number of adults with moderate or severe learning disability will have increased by 1.5%. According to these tables, by 2025, 21.83% of the overall learning disability population in Wandsworth will have a learning disability that is moderate or severe.

The average life expectancy for service users with a learning disability in Wandsworth is currently 65.1 years for women and 65.5 years for men (*Health and Care of People with Learning Disabilities: Experimental Statistics: 2015 to 2016, NHS Digital 2017*). The impact of this is reflected in the very low projected increase in the 85 years plus cohort (this does not account for differences in severity of a user's learning disability).

It is expected that the average life expectancy of the learning disability population will increase over the next five years in line with several national and local programmes in Wandsworth focused on improving the health of adults with a learning disability. This includes the uptake of health checks and health action plans promoted by the CCG and GP Consortium.

The number of patients with a learning disability who have had an annual health check in Wandsworth is 686 (59.2% of all patients with a learning disability). This is higher than the national percentage of 48.9%, but still needs to be improved. The prevention of the premature death of people with a learning disability will also be a key priority of the CCG over the next 5 years by helping people recover from episodes of ill health or injury with targeted interventions, improving access to mainstream health services and screening programmes. These programmes need to make reasonable adjustments to enable people with a learning disability to use them.

### Age of Adult Social Care Service Users

The table below shows the ages of adults with a learning disability supported by Adult Social Care services in the year 2017/18.

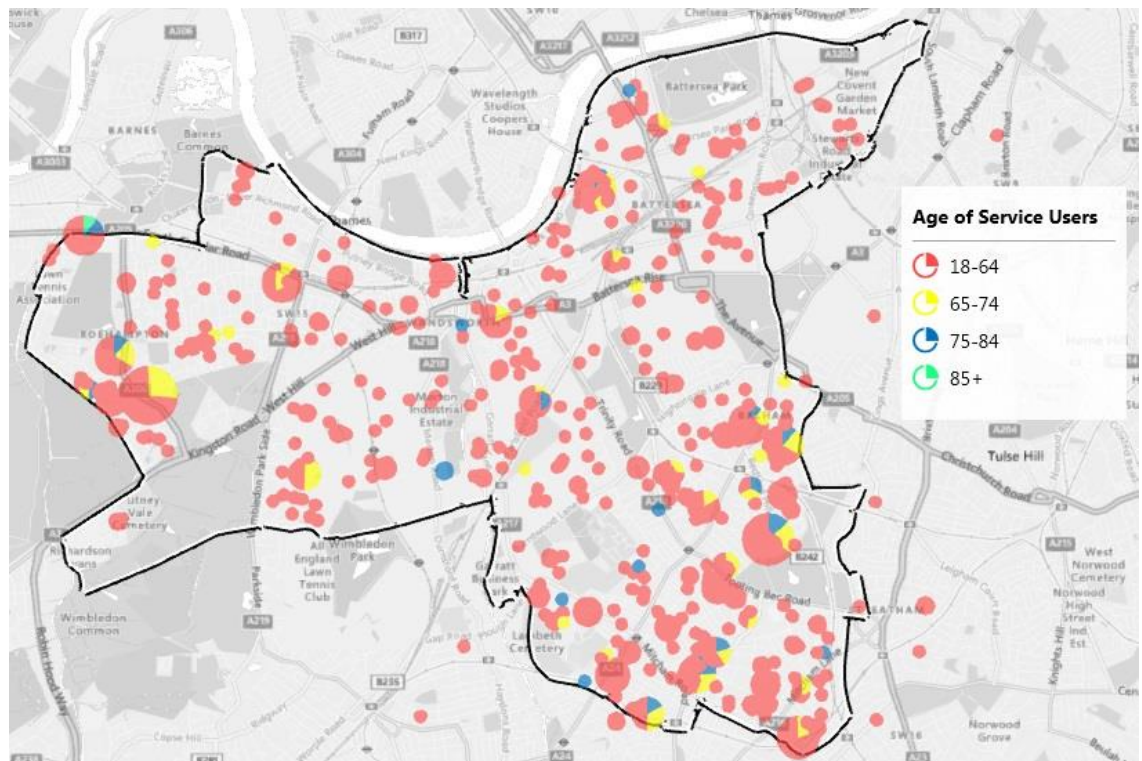
Age Band	Number of Service Users
18-64	779
65-74	89
75-84	30
85+	1
<b>Total</b>	<b>899</b>

In the 18 - 44 age brackets, the majority of service users are receiving services in the community. For those in the higher age brackets, the proportion in residential homes sees a significant increase.

### Age and Location

The map below shows where adults with a learning disability live broken down into age categories. The size of each dot reflects the number of service users living at each postcode. Wandsworth Council currently gathers information on service users according

to these age brackets. The map on page 8, illustrating the location of service provision in the borough, shows some correlation between the locations of residential services and adults with a learning disability aged 65+.



**Transitions**

Over 70,000 children in England have a Statement of Special Educational Needs (SEN) and a primary SEN associated with Learning Disabilities. Just over half of these have a moderate learning disabilities, one third have a severe learning disability and just over one in 10 have profound multiple learning disabilities (*Local Government Knowledge Navigator 2016*)

The table below shows the numbers of school-age individuals who have a Special Education Need (SEN) in Wandsworth (*School Census 2017*).

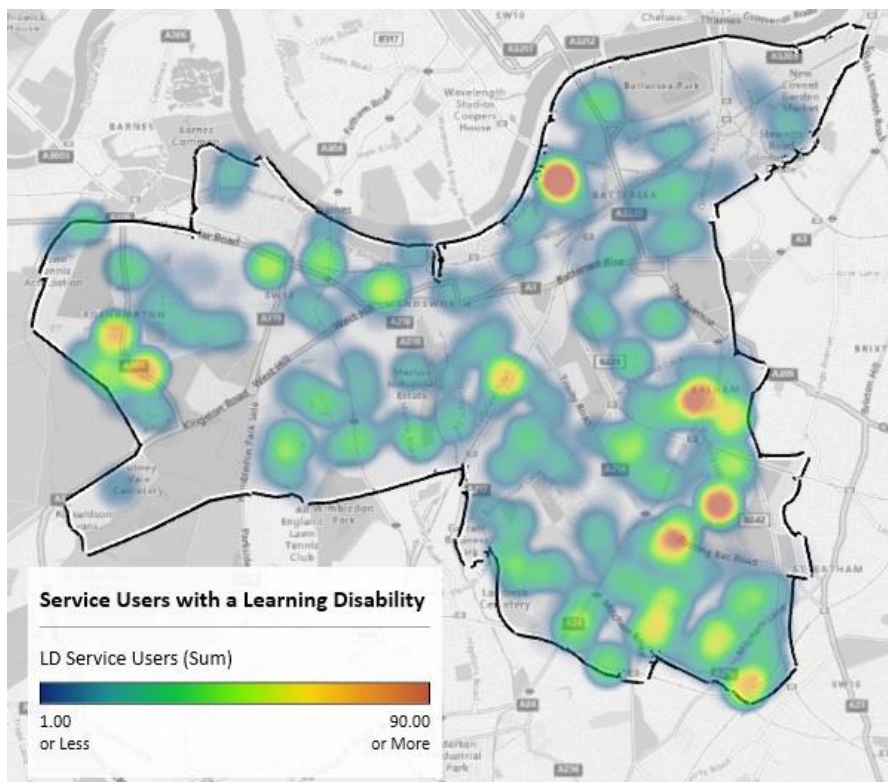
Pupils with SEN by primary type of need	Primary	Secondary	Special Schools	TOTAL
Moderate learning difficulty	400	205	39	644
Severe learning difficulty	14	6	74	94
Profound and Multiple learning difficulty	3	0	26	29

These numbers are useful in understanding the number of people with a learning disability who will become young adults and who may also have some support needs. Both the Council and the CCG are committed to providing support using a strength-based approach for these young adults (as they will become) through the course of their journeys in further education, employment and other activities that they may choose to undertake. The next 5 years will see children with a learning disability who are reaching adulthood approach adult services in two ways seeking support in two principal ways: those wanting to leave the family home to be more independent; as well as those with complex needs who can no longer stay at home. Learning disability provision will need to reflect these needs.

	<p><b>Demand Forecasting – Age and Housing</b></p> <p>Population projections suggest that over the next few years, the biggest increase in need for learning disability accommodation will be in the 18-64 years age group, with approximately 49 new service users with a learning disability by 2035. There will also start to be significant increases in the middle aged and older population of learning disability service users.</p> <p>The average life expectancy for service users with a learning disability in Wandsworth is 65.1 years for women and 65.5 years for men (<i>Health and Care of People with Learning Disabilities: Experimental Statistics: 2015 to 2016, NHS Digital 2017</i>). The impact of this is reflected in the very low projected increase in the 85 years plus cohort (this does not account for differences in severity of a user’s learning disability).</p> <p>There is continuing demand from younger people transitioning from residential educational settings to supported living or residential care at a slightly later stage than 18 years. Transitions drive demand in two ways: those wanting to leave the family home to be more independent; and those with complex needs who can no longer stay at home. In 2018/19, of the 6 young people who transitioned to accommodation with support, 2 moved in to supported living.</p> <p>As well as specialist accommodation for younger learning disability users and those users with complex and challenging needs (high need), Operational Services also highlight the need to provide for older people with a learning disability who have become more dependent (lower-moderate level need). A model of self-contained flats, with a communal area to prevent isolation whilst promoting independence, would be beneficial.</p> <p><b>Age and Health</b></p> <p>Obesity is twice as common in people with a learning disability who are aged 18-35 than in those without; being underweight is twice as common in people aged over 64 with a learning disability than those without (<i>Health and Care of People with Learning Disabilities: Experimental Statistics: 2014 to 2015, publish 2016</i>).</p> <p>People with a learning disability are likely to experience age-related health conditions at a younger age than the rest of the population. People with a learning risk are at higher risk of early onset dementia. A consequence is that there can be a change in a person’s primary care need from being a learning disability to being related to old age.</p>
<p><b>Disability</b></p>	<p>All individuals who come under the scope of this strategy have a disability as a protected characteristic. Individuals with a learning disability may also have additional disabilities and conditions, including complex health needs.</p> <p><b>The Learning Disability Population in Wandsworth</b></p> <ul style="list-style-type: none"> <li>• Wandsworth is the largest inner London Borough and has a growing population, currently estimated at 314,544 residents (<i>JSNA 2017/18</i>)</li> <li>• At national level, approximately 20 people in every thousand is predicted to have a learning disability (<i>Local Government Knowledge Navigator 2017</i>).</li> <li>• There are currently 910 adults with a learning disability who are supported by Wandsworth Council</li> </ul>

- In 2018-19 there were 174 adults living in out of borough in residential accommodation. There were 35 adults placed out of borough in sheltered housing accommodation.
- There are currently 1158 patients with a learning disability registered with Wandsworth GP

The heat map below shows the proportion and location of services users with a learning disability who live in the London Borough of Wandsworth according to their postcodes. The above map shows a fairly even spread with hotspots in the wards of Balham, Bedford, Roehampton and Putney Heath and St Mary's Park.



The table below shows where the overall population of Wandsworth live according to ward (*Datawand*).

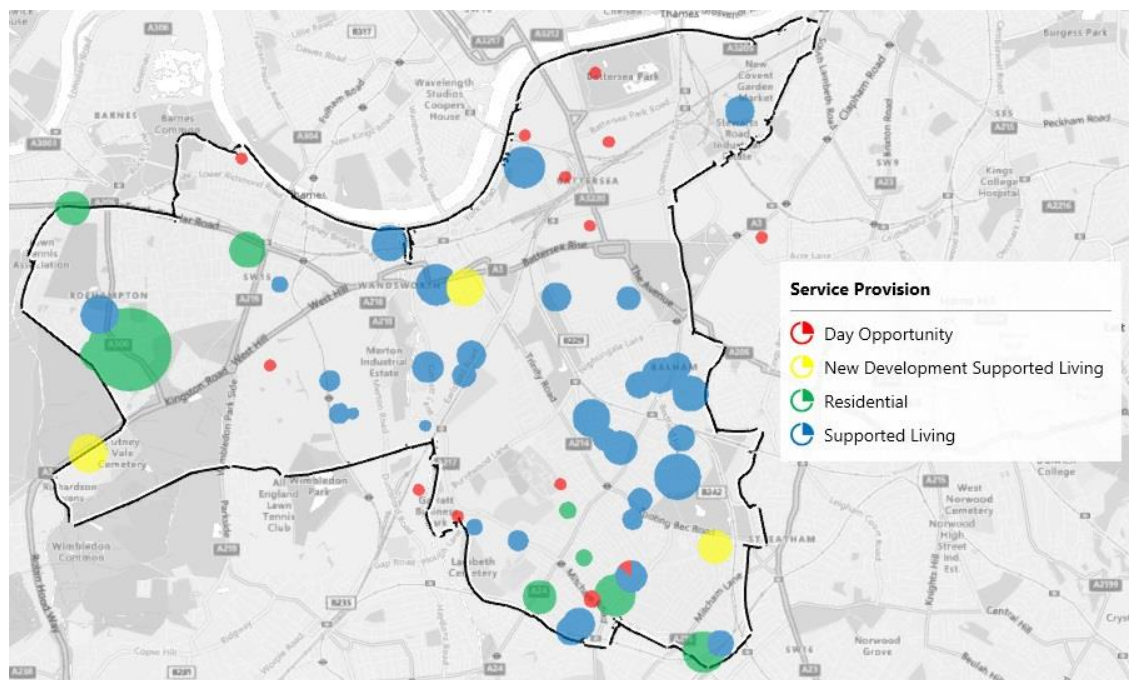
Ward	Persons of all ages
Bedford	13981
Nightingale	14836
Wandsworth Common	15392
Fairfield	15444
Graveney	15532
Shaftesbury	15547
Balham	15847
East Putney	16032
West Putney	16152
Latchmere	16177
Thamesfield	16203
West Hill	16361
Northcote	16396
Earlsfield	16433
Tooting	16437



Furzedown	16984
Southfields	17194
Roehampton & Putney Heath	17288
St Mary's Park	18894
Queenstown	19344

Comparing the heat map to the table below suggests that the Bedford and Balham wards have a relatively high number of service users with a learning disability. However, the map below, which illustrates the locations of learning disability services in the borough, explains that this may be linked to the number supported living accommodations based in these areas. The size of the dots for residential and supported living on the map below correlates to the number of units at each accommodation.

The diagram below shows some correlation between the locations of residential services and adults with a learning disability aged 65 years of age and above (see map on page 6 which illustrates “Age and Location”). Over the next five years there will be an increase in the numbers of service users aged over 65 for whom suitable provision will need to be made to allow their continued independence in the community. An example could be the design of homes which allow adequate access, use of technology as well as good public transport facilities to support people as they age.



According to data from the Care Quality Commission from October 2019, there are currently 84 learning disability specialist residential care homes and 119 residential care home places catering for the needs of people with a learning disability within the borough.

**Demand Forecasting – Accommodation for Adults with a Learning Disability**

- **Overall accommodation support:** Population projections show a 11% increase in the learning disability population by 2035. This represents an increase of approximately 51 new users with a learning disability in receipt of accommodation-based support by 2035.
- **Residential care:** The existing trend for decreasing use of residential care for people with a learning disability in Wandsworth, 276 in 2016/17 to 248 in 2018/19, is expected to continue. This reduction could be attributed to many reasons, including

the drive to promote options such as supported living which encourage greater independence through a strengths-based approach to care, which will reduce demand for residential care. However, given that currently there is a shortfall of in-borough placements and the council is employing a policy of placing as many people locally (within borough) as possible, there is a demand for developing a small amount of LD specialist in-borough provision. Population projection based on year on year increases in the learning disability population indicate an increase of up to 27 places by 2035; it is possible that residential care service use may have been lower had there been sufficient appropriate supported living and extra care accommodation available. Another factor for consideration includes stepping down existing users in residential care which could be potentially challenging if placements are long-term. Based on current supply and future demand, there would be a shortfall of approximately 72 learning disability specialist in-borough placements by 2035 if no new provision is developed. However, this does not take into account that there will be some service users in the borough whose residential care needs are met through accommodation that, whilst not learning disability specialist, caters for people with a learning disability. This also does not take into account life expectancy of people with a learning disability which is expected to continue to grow; although it is difficult to define an exact figure on this basis it is nevertheless important to factor in increased life expectancy as a consideration.

- **Nursing care:** The need for nursing care is low, with a total of 10 service users in nursing care in 2018-19 and projections based on service use trends imply that it will remain low up to 2025. Taking into account population projections to 2035, demand will remain static or increase only marginally. Demand is also likely to be limited by the life expectancy of 65 years for people with a learning disability. There is no specialist provision and service users have been accommodated within mainstream residential nursing provision.
- **Supported Living:** Four-year trends to 2018-19 for the number of placements (185) show a slight increase in the total number of service users in supported living. However, there were 22 placements in 2018-19, which is a significant increase from the 4 placements in 2016-17. Population projections show an increase of 20 (11%) by 2035. Adult Social Care Operational Services intelligence strongly suggests that there is a need for more in-borough specialist provision. Provision based on a model of self-contained flats, with communal areas, catering for younger people with complex and challenging behaviours (high level need) as well as older people with a learning disability (in their 50`s) who have become more dependent (lower level need) is recommended. In addition, supported living is a key destination for those transitioning from residential educational settings. Supply in-borough is limited to 173 units, with the rest of the placements mainly spot purchased out-of-borough. If no new provision is developed up to 2035, even without the further implementation of strengths-based working practices there would be an approximate shortfall of 32 placements.
- **Extra care:** Over the past four years, the number of service users with a learning disability accessing extra care housing has seen an increase from 2 in 2014/15 to 9 in 2018-19. Demand may be constricted by both age eligibility and supply, as there is currently no existing council funded specialist learning disability extra care provision in the borough. Developing a small amount of specialist in-borough provision, similar to supported living, could be beneficial for those in their 50s who have mild learning

disabilities. Without such development, even without the further implementation of strengths-based working practices there could be a shortfall of up to 26 places by 2035.

**Demographic changes:** If the number of placements, as at 2018-19, simply increases in line with population projections (11%), by 2035 demand will increase by approximately 51 service users as per Table 1:

**Table 1: Projections based on population projections to 2035 (PANSI)**

Accommodation Type	2018-19	2035	11% Increase
<b>Residential</b>	248	275	27
<b>Nursing</b>	10	12	2
<b>Supported Living</b>	185	205	20
<b>Extra Care</b>	9	11	2

With the further implementation of strengths-based social work practices we would expect that demand to be even higher.

### Employment

The table below shows the proportion of working age (18-64) service users, who received long-term support during the year 2017-2018 with the primary support reason being a learning disability, who are in paid employment (*Adult Social Care Outcomes Framework 2017-18*)

Area	Proportion
Wandsworth	10.7%
London	7.5%
England	6%

The table below shows the outcomes for Workright, the Council's programme to support people into employment.

	2017/2018	2018/2019
Referrals	44	53
Job Outcomes	7	17
Employment Support Provided	55	92
Young people under 25	16	29

### Direct Payments

The number of adults accessing direct payments in Wandsworth in 2017-18 was 243.

### Learning Disability, Health Inequalities and Health Services

The Wandsworth Community Learning Disability Mental Health Team (CLDMHT) currently work with 342 people with a learning disability. There are currently 12 NHS funded patients with a learning disability in residential care placements and 1 placed in hospital (with more who are funded by NHS England). *Mental illness* is more common, with 8.3% of patients with a learning disability having had a diagnosis of a severe mental illness in 2017-18. Severe mental illness was 8.4 times more prevalent in patients with a learning

	<p>disability than those without (<i>NHS Digital Health and Care of People with Learning Disabilities, Experimental Statistics: 2017 to 2018</i>).</p> <p>The number of patients with a learning disability who have had an annual health check is 686 (59.2% of all Learning disability patients). This is higher than the national percentage of 48.9%</p> <p>People with learning disabilities are more likely to use a wide range of general hospital services than the general population (<i>People with Learning Disabilities in England 2015 (Public Health England)</i>)</p> <p>Conditions such as epilepsy and diabetes more prevalent in people with a learning disability than in those without. In 2017 – 2018, 17.9 % of patients with a learning disability also had epilepsy.</p>																
<p><b>Gender (sex)</b></p>	<p>The table below shows the number of service users with a learning disability who were known to adult social care in 2017-18, broken down into gender. There is a higher proportion of males (59.9%) receiving a service than females (40.1%). This is consistent with comparable historic and international data. A higher proportion of females are receiving a community service compared to males.</p> <table border="1" data-bbox="320 891 1139 1014"> <thead> <tr> <th>Gender</th> <th>Number of Service Users</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>371</td> </tr> <tr> <td>Male</td> <td>528</td> </tr> </tbody> </table>	Gender	Number of Service Users	Female	371	Male	528										
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<p><b>Gender reassign-ent</b></p>	<p>There are no reliable or definitive figures available locally or nationally on the size of the transgender population, including those with a learning disability. National research suggests that there could be between 300,000 and 500,000 transgender people living in the UK, or 0.6% - 1% of the population (<i>Reed B, Rhodes S, Schofield P, and Wylie K 2009</i>).</p>																
<p><b>Marriage and civil partnership</b></p>	<p>The table below shows the number of service users with a learning disability known to adult social care in 2017-18, broken down into marital and civil partnership status. The highest proportion of individuals with a learning disability identify themselves as “single”. However, a high proportion of service users have an “unknown” status, meaning that accurate analysis is challenging.</p> <table border="1" data-bbox="320 1400 1139 1724"> <thead> <tr> <th></th> <th>Marital Status</th> </tr> </thead> <tbody> <tr> <td>Cohabiting</td> <td>2</td> </tr> <tr> <td>Divorced</td> <td>5</td> </tr> <tr> <td>Married</td> <td>18</td> </tr> <tr> <td>Separated</td> <td>5</td> </tr> <tr> <td>Single</td> <td>314</td> </tr> <tr> <td>Widowed</td> <td>2</td> </tr> <tr> <td>Unknown</td> <td>553</td> </tr> </tbody> </table>		Marital Status	Cohabiting	2	Divorced	5	Married	18	Separated	5	Single	314	Widowed	2	Unknown	553
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Widowed	2																
Unknown	553																
<p><b>Pregnancy and maternity</b></p>	<p>There are no reliable or definitive figures available locally regarding this data. However, it has been reported that more women with learning disability are becoming mothers. However, many have poor pregnancy and birth outcomes compared to other women in the UK. Research is limited in this area (<i>British Medical Journal 2017</i>).</p>																
<p><b>Race/ ethnicity</b></p>	<p>The population of Wandsworth is diverse, with over a quarter of the population having a nationality other than British.</p> <p>Black and minority ethnic (BME) groups make up 29% of the overall population and accounts for more than half the population of Tooting (52.7%) (<i>JSNA 2017-18</i>).</p>																

The table below shows the projected ethnic makeup of Wandsworth for 2018 (*Greater London Authority 2018*).

Ethnicity	Number	%	London (%)
White - British	156,918	48.4	39.4
White - Irish	9,280	2.9	2.1
Other White	61,591	19	15.4
White and Black Caribbean	5,521	1.7	1.5
White and Black African	2,743	0.8	0.9
White and Asian	4,779	1.5	1.4
Other Mixed	6,401	2	1.8
Indian	8,282	2.6	7
Pakistani	10,426	3.2	3

The table below shows the number of service users with a learning disability known to Adult Social Care in 2017/18, broken down into ethnicity. According to this table, service users with an ethnicity other than White British account for 39% of all service users. A comparatively high proportion of BME (74.8%) service users are receiving a community service compared to white service users (68%).

	Number of Service Users
Asian or Asian British	75
Black or Black British	218
Mixed	37
White	540
Other Ethnic Groups	24
Unknown	5

<b>Religion and belief, including non belief</b>	<p>The table below shows the religious populations in Wandsworth (<i>ONS Census 2011</i>). The highest proportion identify themselves as having “no religion”. The highest proportion of service users who identify as having a religion are Christian. The second largest proportion identify as Muslim. However, for a significantly large number, there was no response.</p> <table border="1" data-bbox="320 309 1465 779"> <thead> <tr> <th>Faith</th> <th>Number</th> <th>%</th> <th>London (%)</th> <th>England (%)</th> </tr> </thead> <tbody> <tr> <td>Buddhist</td> <td>2,574</td> <td>0.8</td> <td>1</td> <td>0.5</td> </tr> <tr> <td>Christian</td> <td>162,590</td> <td>53</td> <td>48.4</td> <td>59.4</td> </tr> <tr> <td>Hindu</td> <td>6,496</td> <td>2.1</td> <td>5</td> <td>1.5</td> </tr> <tr> <td>Jewish</td> <td>1,617</td> <td>0.5</td> <td>1.8</td> <td>0.5</td> </tr> <tr> <td>Muslim</td> <td>24,746</td> <td>8.1</td> <td>12.4</td> <td>5</td> </tr> <tr> <td>Sikh</td> <td>832</td> <td>0.3</td> <td>1.5</td> <td>0.8</td> </tr> <tr> <td>Other Religion</td> <td>1,283</td> <td>0.4</td> <td>0.6</td> <td>0.4</td> </tr> <tr> <td>No Religion</td> <td>82,740</td> <td>27</td> <td>20.7</td> <td>24.7</td> </tr> <tr> <td>No Response</td> <td>24,117</td> <td>7.9</td> <td>8.5</td> <td></td> </tr> </tbody> </table> <p>The table below shows the number of service users with a learning disability who are known to adult social care, broken down into religion and belief, including non belief. As with the overall religious population in Wandsworth, the largest proportion of adults with a learning disability in the borough identify as Christian. The next largest proportion identify as Muslim. However, it should be noted that for 47.3% of service users, religion is not recorded.</p> <table border="1" data-bbox="320 1064 1139 1787"> <thead> <tr> <th></th> <th>Number of Service Users</th> </tr> </thead> <tbody> <tr> <td>Anglican</td> <td>1</td> </tr> <tr> <td>Catholic</td> <td>37</td> </tr> <tr> <td>Christian</td> <td>212</td> </tr> <tr> <td>Church of England</td> <td>26</td> </tr> <tr> <td>Eastern Orthodox</td> <td>2</td> </tr> <tr> <td>Greek Orthodox</td> <td>1</td> </tr> <tr> <td>Hindu</td> <td>13</td> </tr> <tr> <td>Jehovah's Witness</td> <td>1</td> </tr> <tr> <td>Jewish</td> <td>1</td> </tr> <tr> <td>Muslim</td> <td>53</td> </tr> <tr> <td>No Religion</td> <td>39</td> </tr> <tr> <td>Not Stated</td> <td>81</td> </tr> <tr> <td>Other Religion</td> <td>2</td> </tr> <tr> <td>Pentecostal</td> <td>2</td> </tr> <tr> <td>Seventh Day Adventist</td> <td>1</td> </tr> <tr> <td>Sikh</td> <td>2</td> </tr> <tr> <td>Unknown</td> <td>425</td> </tr> </tbody> </table>	Faith	Number	%	London (%)	England (%)	Buddhist	2,574	0.8	1	0.5	Christian	162,590	53	48.4	59.4	Hindu	6,496	2.1	5	1.5	Jewish	1,617	0.5	1.8	0.5	Muslim	24,746	8.1	12.4	5	Sikh	832	0.3	1.5	0.8	Other Religion	1,283	0.4	0.6	0.4	No Religion	82,740	27	20.7	24.7	No Response	24,117	7.9	8.5			Number of Service Users	Anglican	1	Catholic	37	Christian	212	Church of England	26	Eastern Orthodox	2	Greek Orthodox	1	Hindu	13	Jehovah's Witness	1	Jewish	1	Muslim	53	No Religion	39	Not Stated	81	Other Religion	2	Pentecostal	2	Seventh Day Adventist	1	Sikh	2	Unknown	425
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<b>Sexual orientation</b>	<p>The Office for National Statistics stated in 2018 that 2.8% of London’s population identified as lesbian, gay or bisexual. There is no local data at borough level for this protected characteristic or regarding people with a learning disability. However, information and support is needed from learning disability services in order to help with understanding of sexuality (including about LGBTQ relationships).</p>																																																																																						

**Data gaps.**

<b>Data gap(s)</b>	<b>How will this be addressed?</b>
<p><b>Age</b> Clearer information is needed regarding the numbers of young people in Children’s Services and Transitions who are likely to be eligible for adult social care over the next years, including the type of support that they are likely to need.</p>	Further conversations will take place between Children’s Services and Adult Social Care. This includes clear data around children and young people likely to need Adult Social Care over the next 10 years (in line with the strengths based approach).
<p><b>Disability</b> Work needs to be further developed to define how many services need to be commissioned over the next 10 years and how many units at each.  Clearer information is needed regarding the number of people accessing individual day opportunities in Wandsworth.</p>	<p>Analysis of the emerging data will be further developed between housing, operational services and commissioning regarding need for housing. This work should build on the Learning Disability Demand Forecasting for Accommodation findings.</p> <p>A day services review is needed in order to improve market intelligence and to produce demand mapping.</p>
<p><b>Gender reassignment</b> There are no reliable or definitive figures available locally regarding this data</p>	Work needs to be carried out to ensure local data is collected for all service users.
<p><b>Marriage and Civil Partnership</b> There are a large number of “unknowns” in relation to the data which is collected locally.</p>	Work needs to be carried out to ensure local data is collected for all service users.
<p><b>Maternity and pregnancy</b> There are no reliable or definitive figures available locally regarding this data.</p>	Work needs to be carried out to ensure local data is collected for all service users.
<p><b>Religion and belief, including non-belief</b> There are large numbers of unrecorded data in this area locally.</p>	Work needs to be carried out to ensure local data is collected for all service users.
<p><b>Sexual orientation</b> There are no reliable or definitive figures available locally regarding this data</p>	Work needs to be carried out to ensure local data is collected for all service users.

**3. Impact**

<b>Protected group</b>	<b>Positive</b>	<b>Negative</b>
<b>Age</b>	<p>The strategy sets out plans for the following pieces of work, which will have a positive impact on adults with a learning disability, in particular embedding a more personalized approach to services will give people more choice of services that are relevant to their age. Specifically in relation to their age:</p> <p><b>Preparing for adulthood:</b></p> <p>The implementation of robust transition arrangements, agreed between Adults Social Care, Children’s</p>	<p><b>Housing and Support</b></p> <p>There is a drive towards supported living. However, although the 65+ age categories are the lowest, these are projected to increase over the next five years (in line with the overall health improvements of the learning disability population across the UK). In relation to their age-related health needs, Wandsworth’s current supported living provision may not be the most appropriate setting to meet the needs of this age group.</p>

	<p>Services, education and health will ensure a smoother transition experience for young people. Improvements in information sharing and budgets pooled effectively across Adults Social Care and Children’s Services will ensure children and young people are supported through transition to live as independently as possible in adulthood.</p> <p>A Strengths-based approach to transitions planning will help young people to receive the support and information that they require to aspire to achieve their full potential.</p> <p>The implementation of an annual programme to share learning from work with young people who have gone through transition arrangements will improve understanding of the transitions experience and inform commissioning.</p> <p>Enhanced work with further education providers will build on existing support for young people with more complex needs as an alternative to residential colleges.</p> <p>The development of a range of employment pathways will support more young people into achieving their potential in this area.</p> <p><b>Housing and Support</b></p> <p>The Council’s Demand Forecasting work, as well as conversations between housing, commissioning and operational services, will enable greater understanding of the ages of people with a learning disability predicted to need accommodation-based support over the next 10 years. This will inform the types of support commissioned.</p> <p><b>Improving Health</b></p> <p>Programmes to improve health outcomes for adults with a learning disability will work towards addressing the significant difference in life</p>	<p><u>To mitigate:</u> It could be necessary to still put in place some residential and nursing provision, ensure access to extra care and develop appropriate supported living. It may be appropriate for nursing care for adults with a learning disability to remain within mainstream provision.</p>
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	<p>expectancy between people with a learning disability and the non-learning disabled population.</p>	
<p><b>Disability</b></p>	<p>All individuals who come under the scope of this strategy have a learning disability as a protected characteristic.</p> <p>The adoption of a strengths-based approach in Adult Social Care will involve looking at what people can do for themselves, alongside the resources they have in terms of their relationships and their communities. This approach will maximise their individual potential and resilience. Reducing dependence on publicly funded care will also help to reserve Council resources for the boroughs most vulnerable people.</p> <p>The strategy sets out plans for the following pieces of work, which will have a positive impact on adults with a learning disability:</p> <p><b>Housing and Support</b></p> <p>Reduced dependence on residential care and moving service users towards supported living will promote greater independence.</p> <p>The implementation of two new supported living accommodations in 2019-2020, and a third due for completion in 2022, will lead to placing residents in less restrictive environments, promoting greater independence and quality of life.</p> <p>The Council’s ongoing approach to designing homes for residents with a learning disability using a range of expertise, including occupational therapists, will lead to the development of autism-friendly environments.</p> <p>The implementation on an Approved Provider List will enable greater consistency and better monitoring and measurement of impact.</p> <p>Close work between the Council’s Adult Social Care and Housing</p>	<p>Potential negative impacts may arise from the reconfiguring of services and the re-shaping of the social care market, as this may affect the services received by the individual service user.</p> <p>There is a drive to place people with a learning disability within the borough. This may be challenge for adults with a learning disability who have lived out of borough for a substantial length of time and therefore their needs may be compromised by such a move, especially if their family has moved from Wandsworth to live near them.</p> <p><u>To mitigate:</u></p> <p>Comprehensive Social Worker assessments for individual adult social care service users with a learning disability.</p> <p>Health, adult social care, housing and other key partners working together to pursue creative solutions.</p> <p>Effective communication with providers who work with service users and their families, regarding strengths-based practice.</p> <p>Comprehensive engagement with service users and carers at each stage of commissioning programmes.</p> <p>Adult social care working in partnership with residents, their families, local communities and local services, to find solutions to help people get the best out of their lives.</p> <p>Whilst enabling independence, there is a need to ensure provision for severe and complex needs. Ensuring that even those with this level of need are supported to be as independent as realistically possible.</p> <p>Ensuring a spectrum of provision, to span the different levels and categories of need from mild to moderate through to severe and complex. Supporting people towards achieving independence as much as is realistically possible.</p>

	<p>departments will lead to robust data analysis, determining the type of accommodation required to meet future demand and identifying further developmental opportunities.</p> <p><b>Day Opportunities and Supported Employment</b></p> <p>The expectation placed on day services to deliver key outcomes which develop skills for employment and independent living will maximise opportunities for people to engage in meaningful and sustainable paid employment.</p> <p>The emphasis on daytime opportunities providers to raise awareness of the benefits of gaining employment will enable people with a learning disability to raise their expectations and encourage them to see employment as an achievable goal.</p> <p>The Council’s commitment to commission a supported employment service across Richmond and Wandsworth supports people with a learning disability to realize their right to access and maintain employment.</p> <p>The development of more job clubs and the creation of an “employment pathway”, in partnership with local organisations, will enable people with a learning disability to have a clear understanding about employment support is available.</p> <p>Continuing to build relationships with local employers will enhance their understanding of learning disabilities in the workplace and generate inclusive employment opportunities.</p> <p>A day opportunities review will improve market intelligence and demand mapping and fulfil the market shaping requirements set out in the Care Act 2014.</p> <p>Collaborative work between commissioners and providers, people with a learning disability and carers to</p>	<p>Ensuring a diverse market of day care opportunities for those who are assessed to be in need of this type of support.</p> <p>Providing opportunities for engagement with social care providers in order to develop the local strengths based approach.</p> <p>It may be necessary for some individuals who have already been placed out to borough to remain where they are as the move may be distressing or disruptive. Therefore it is important to consider which service users would benefit most from in-borough support.</p>
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	<p>review the current day opportunities offer will inform the improvement of outcomes for people with a learning disability in this area, including greater choice and control at an individual level.</p> <p><b>Improving Health</b></p> <p>Implementation of the Transforming Care programme will ensure that the hospitalisation of people with complex stays is no longer than clinically necessary.</p> <p>The LeDeR programme will contribute to preventing deaths in adults with a learning disability. Programmes focusing on health conditions (such as diabetes and cancer) and the increase in the number of health checks and health action plans will improve health outcomes for people with a learning disability as well as contribute to reducing hospital admissions and the preventions of early deaths. This is particularly important given the significance of health inequalities for adults with a learning disability.</p> <p>Positive Behavioural Support training will increase understanding of the behaviours of individuals with a learning disability, leading to more appropriate support and increased quality of life.</p> <p><b>Financial choice – Increasing Life Opportunities:</b></p> <p>The offer and promotion of prepaid cards will provide the quickest and simplest way to manage the direct payment process.</p> <p>Collaborative work between the Council and local providers will ensure that there are enough personal assistants available for people on direct payments to employ.</p> <p>The work carried out by the direct payment support service to attract personal assistants will lead to</p>	
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	<p>development of the personal assistant market.</p> <p>Development of the provider market will increase choice and control for people with a learning disability.</p>	
<b>Gender (sex)</b>	<p>Wandsworth Council will continue to record and monitor data relating to this protected characteristic. The Council will also record and monitor data regarding support provided by commissioned services.</p>	<p>There is no evidence to suggest that changes outlined in the strategy will have any impact on groups with these protected characteristics as the same service will be delivered. Recording and monitoring this data will ensure we can take a robust approach to addressing inequalities.</p>
<b>Marriage and civil partnership</b>	<p>Wandsworth Council will continue to record and monitor data relating to this protected characteristic. The Council will also record and monitor data regarding support provided by commissioned services.</p>	<p>There is no evidence to suggest that changes outlined in the strategy will have any impact on groups with these protected characteristics as the same service will be delivered. Recording and monitoring this data will ensure we can take a robust approach to addressing inequalities.</p>
<b>Maternity and Pregnancy</b>	<p>South West London CCG will work with NHS to make reasonable adjustment to universal healthcare services, including maternity services.</p>	
<b>Race/ethnicity</b>	<p>Wandsworth Council will continue to record and monitor data relating to this protected characteristic, regarding the support it provides to its service users. The Council will also record and monitor data regarding support provided by commissioned services.</p> <p>That strategy sets out various practical actions that will help to identify and address racial discrimination.</p>	<p>There is no evidence to suggest that changes outlined in the strategy will have any impact on groups with these protected characteristics as the same service will be delivered. Recording and monitoring this data will ensure we can take a robust approach to addressing inequalities.</p>
<b>Religion and belief, including non belief</b>	<p>Wandsworth Council will continue to record and monitor data relating to this protected characteristic, regarding the support it provides to its service users. The Council will also record and monitor data regarding support provided by commissioned services.</p>	<p>There is no evidence to suggest that changes outlined in the strategy will have any impact on groups with these protected characteristics as the same service will be delivered. Recording and monitoring this data will ensure we can take a robust approach to addressing inequalities.</p>
<b>Sexual orientation</b>		<p>There is no evidence to suggest that changes outlined in the strategy will have any impact on groups with these protected characteristics as the same service will be delivered. Recording and monitoring this data will ensure we can take a robust approach to addressing inequalities.</p>

#### 4. Actions

Put in this table actions you have identified that will be included in your strategy

Action	Lead Officer	Deadline
Further conversations to take place between Children's Services and Adult Social Care in order to help define information around children and young people likely to need Adult Social Care over the next 5 years (in line with the strengths-based approach).	Pranay Chakravorti	1 <sup>st</sup> April 2021
Conversations to be further developed between housing, operational services and commissioning regarding future demand for housing in Wandsworth, and the type of housing needed over the next 5 years. This work should build on the Learning Disability Demand Forecasting for Accommodation findings.	Pranay Chakravorti	1 <sup>st</sup> April 2021
A day opportunities review is required in order to improve market intelligence and to produce demand mapping for day opportunities by people with a learning disability.	Juliana Braithwaite	1st April 2021
Robust collection and monitoring of the following data for Adult Social Care: maternity and paternity, gender reassignment, sexual orientation	Juliana Braithwaite	1st April 2021
Reduce the number of "unknowns" regarding the following data for adult social care: marriage and civic partnership, religion (including no religion).	Juliana Braithwaite	1st April 2021