



Report to the Health and Adult Social Care Select Committee

Title: HASC Inquiry Options in 2015

Committee date: 10 February 2015

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Purpose of Agenda Item

For members to consider the two topic areas which were selected at the committee's workshop in December as possible inquiry topics in 2015, and select one to take forward. An inquiry group will then be formed to develop the inquiry scope for approval at the next committee meeting.

At the December workshop committee members selected 'Adults with Learning Disabilities' and 'Adult Mental Health' services as potential topics for inquiry.

Recommendation: It is recommended that committee proceeds with an inquiry into services for Adults with Learning Disabilities. At the same time the committee should gather further information, and review forthcoming reports outlined below, to potentially conduct an inquiry into an area of Adult Mental Health Services later in 2015.

Adults with Learning Disabilities

"A learning disability is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life. People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complex information and interact with other people.

The level of support someone needs depends on individual factors, including the severity of their learning disability. For example, someone with a mild learning disability may only need support with things like getting a job. However, someone with a severe or profound learning



disability may need full-time care and support with every aspect of their life – they may also have physical disabilities.

People with certain specific conditions can have a learning disability too. For example, people with Down's syndrome and some people with autism have a learning disability. Learning disability is often confused with dyslexia and mental health problems. Mencap describes dyslexia as a "learning difficulty" because, unlike learning disability, it does not affect intellect. Mental health problems can affect anyone at any time and may be overcome with treatment, which is not true of learning disability.

It's important to remember that with the right support, most people with a learning disability in the UK can lead independent lives." (Mencap).

Across Buckinghamshire, there are an estimated 150 people aged 18-64 with profound and multiple learning disabilities, 1,130 with severe learning disabilities, and around 4,610 people aged 18-64 are expected to have moderate learning disability.

Based on prevalence rates, 2880 adults living in Buckinghamshire will have Autistic Spectrum conditions and of these 1660 will also have a learning disability (ages 18-64).

The numbers of people with profound and multiple learning disabilities in Buckinghamshire is projected to increase by 40% by 2031. This increase will lead to even greater demand and pressure on Adult Social Care budgets and resources to support these people appropriately.

Winterbourne View

The Winterbourne View Care Home scandal exposed by the BBC's Panorama in May 2011 exposed some wider issues in the care system. Too many people with learning disabilities or autism were staying too long in hospital or residential homes. This prompted a drive to remove people with these conditions from inappropriate care settings wherever possible.

Progress with improving the care provided to people with LD and autism was reported in the 2014 *Winterbourne View – Time for change: Transforming the commissioning of services for people with learning disabilities and/or autism*. This reported that progress with moving people with LD and/or autism from institutions into the community had been disappointing.

The NHS Commissioning Board's objective is to ensure that CCGs work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities (*DoH Dec 2012, Transforming Care: A National Response to Winterbourne View Hospital, Final Report*).

- A possible area of inquiry is to review the extent to which the above objective is delivered locally.

BCC Services

The Adults and Family Wellbeing portfolio budget for Learning Disabilities in 2014/15 is around £38m. The table below shows how this is broken down between community based services and complex care.

		Budget/Plan	Forecast
LD Community Based Support	LD Day Services	815,375	1,003,093
	LD Domiciliary Care	546,035	704,880
	LD Fairer Charging Income	(521,633)	(710,500)
	LD Grants	496,722	485,000
	LD supported Living	13,120,753	13,322,287
	LD Direct Payments	1,779,996	2,170,730
Sub-Total Community Based Support		16,237,248	16,975,490
LD Complex Care	LD Nursing	458,868	504,135
	LD Residential Care	20,305,885	20,621,519
Sub-Total Complex Care		20,764,753	21,125,654
LD Total		37,002,001	38,101,144

Table 1: 2014/15 BCC budget for Adult Learning Disabilities (position at 31/12/2014)

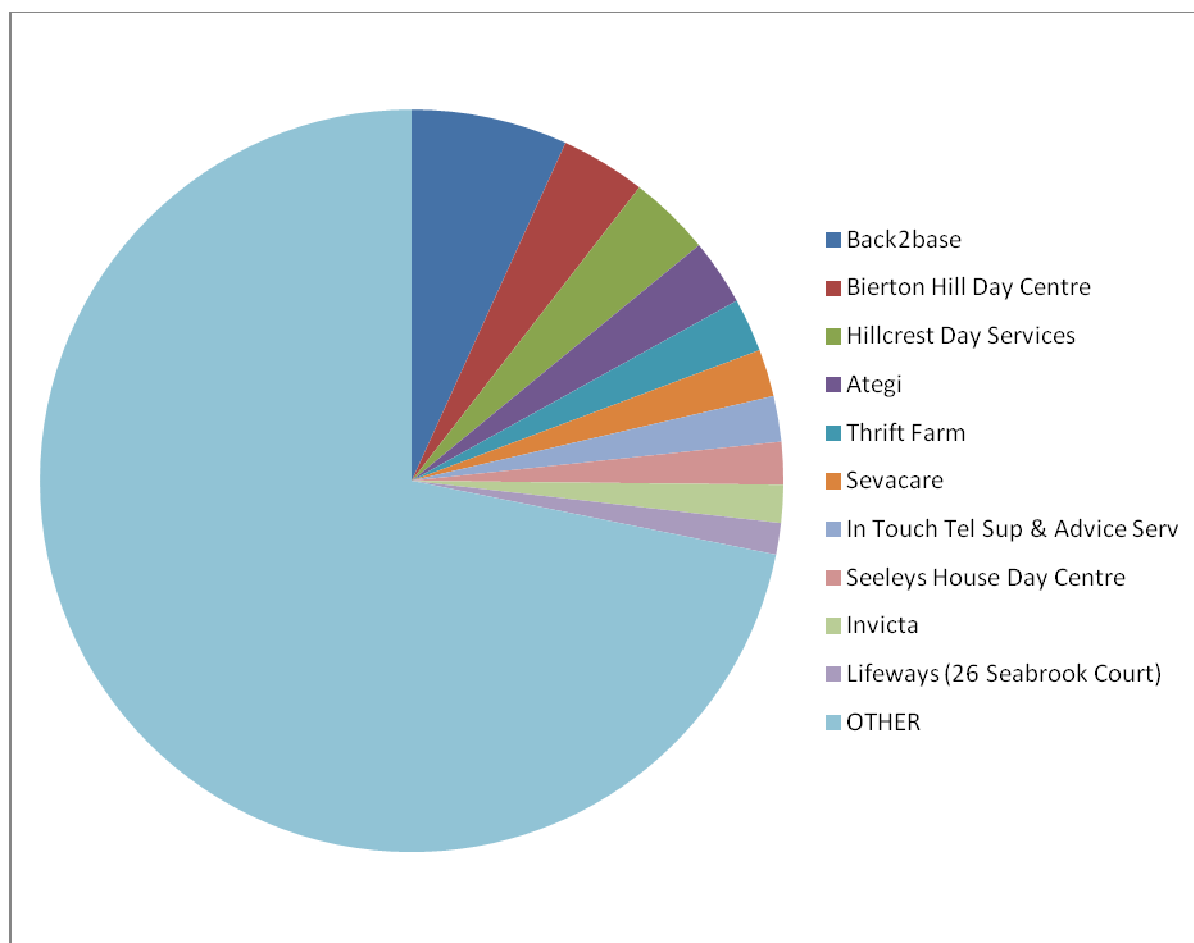


Fig 1: Providers of LD Services for BCC (those named have at least 20 clients as at 22/1/15). There are 321 providers listed currently with at least 1 client, with 1099 clients in total.

The current budget proposals are for the budget for LD services to increase from £37.9m in 2015/16 (equating to an 11.6% share of the overall budget) to £39.2m in 2017/18 (equating to 12.2% of council spend) due to demographic growth. Services provided by the council include their in-house social care workers, as well as care providers, day services, respite etc. Fig 1 shows clients are spread across a large number of service providers.

NHS Services

The local CCG budget for inpatient and community adult LD services is £3.2m, and the current provider of this is Southern Health NHS Foundation Trust (who took over the Ridgeway Partnership which was also known as the Oxfordshire Learning Disability NHS Trust) operating from their Ridgeway Unit in High Wycombe. In their latest CQC inspection report (Sept 2014) action was needed on the management of medicines at this site.

A recommissioning process for this service is about to commence for a new contract to begin in April 2016 (involving going to market in May 2015 and awarding a contract in October). Whilst the commissioning of this will be led by council and NHS co-commissioners, the contract is not awarded jointly and there is no joint budget. The AFW Portfolio Plan 14/15 includes a priority as part of the Better Care Fund to “decide on the degree of integration between Health and Social Care Learning Disability Services”.

- An area of inquiry could be to look at the current level of integration and see the extent to which services could be improved by increasing this, and how it could be realised.
- The Buckinghamshire Safeguarding Adults Board has received a paper on the quality of healthcare received by adults with LD and made recommendations on how this can be improved.

Adult Mental Health (18-64 yrs)

The Government has prioritised the need to put mental health on a par with physical health, and as part of this improve access to mental health services. At the same time there has been concerns raised over funding cuts to mental health trusts resulting in reductions in inpatient beds and staffing levels.

The AFW service is currently working on a project for “developing a local strategy which sets out the commissioning intentions in response to *Closing the Gap: Priorities for essential change in mental health* and for this to be signed off by partners”. This should be available by April 2015, and will cover NHS and Local Authority services. The commissioning plan will cover 3 years, and priorities for it are being consulted on with service users in February.

The main provider of mental health services locally is Oxford Health Foundation Trust. The HASC received an item at their March 2014 meeting on the changes being made to their community mental health services provision. This included moving to a 24/7 model and single point of access. Members of the committee also visited the new inpatient facility in Aylesbury, the Whiteleaf Centre, in 2014.

AFW budget proposals for Adult (18-64) Mental Health Needs are £4.96m in 2015/16 (1.5% of the overall council budget) rising to £5.75m in 2017/18 (1.8%). This money is for the adult social care staff supporting adults with mental health needs. Local CCG spend on mental health is around £35m per annum.

NHS England has told CCGs to increase their spend in real terms on mental health services as part of its 2015/16 planning guidance (HSJ, 19.12.14), and new mental health standards being introduced include:

- More than 50 per cent of people experiencing a first episode of psychosis should receive treatment within two weeks by April 2016;
- At least 75 per cent of adults should have their first talking therapy treatment within six weeks of referral, with a minimum of 95 per cent treated within 18 weeks; and
- Commissioners will also be required to draw up service delivery plans with acute providers to ensure “adequate and effective” liaison psychiatry services following a £30m investment.

The BCC/CCG co-commissioner has advised that Oxford Health is undertaking a review currently to compare the service provided now with a few years ago. Over this period the funding for their services has reduced.

The Public Health Team are developing a Suicide Prevention Strategy which is due to be available in April 2015. It is understood suicide rates are not a particular issue in Buckinghamshire compared to elsewhere.

At the November Full Council meeting the Thames Valley Police Chief Constable highlighted the demand on their service from people with mental health issues. How they work with health agencies on this locally to manage this demand but at the same time ensure safe and satisfactory care for the patient could be an area of inquiry.

- It is suggested the committee considers the Oxford Health review on their current services, the local mental health commissioning strategy, and the Public Health team's Suicide Prevention Strategy when these are published in the next few months, before developing a potential inquiry scope in this area. This should ensure any inquiry is then sufficiently focussed and of value.

Next Steps

Committee members are requested to:

1. Agree an inquiry topic to proceed with.
2. Agree membership of an inquiry group for this.

The inquiry group will then meet to refine the inquiry scope for this to be approved by the committee at their next meeting on 24th March.