

## HASC Inquiry into Services for Adults with Learning Disabilities Scope

<b>Title</b>	Services for Adults with Learning Disabilities
<b>Signed-off by</b>	[ <i>Angela Macpherson, HASC Chairman</i> ] [ <i>Sara Turnbull, Head of Member Services (Statutory Scrutiny Officer)</i> ]
<b>Author</b>	James Povey, HASC Committee Advisor
<b>Date</b>	24 <sup>th</sup> March 2015
<b>Inquiry Group Membership</b>	Ms A Macpherson (Chairman), Mr B Adams, Mrs M Aston, Mr N Brown, Mrs A Davies, Mr R Reed, Ms J Teesdale <b>Expert co-optee TBC</b>
<b>Member Services Resource</b>	<b>Member Services will provide the following officer support:</b> <b>Sara Turnbull, Head of Member Services – Policy advice and report quality assurance</b> <b>Committee Adviser – Policy lead &amp; project management (TBC no. hours)</b> <b>Committee Assistant – Administrative support (as needed)</b>
<b>Lead Cabinet Member</b>	Patricia Birchley, Cabinet Member for Health and Wellbeing
<b>Lead HQ/BU Officer</b>	Mrs Susie Yapp, Service Director Commissioning & Service Improvement, BCC Adults & Family Wellbeing
<b>What is the problem that is trying to be solved?</b>	<u>National concerns over service provision and standards</u> Following the Winterbourne View Care Home scandal exposed by the BBC's Panorama in May 2011, there has been a lot of attention nationally given to the standard of care provided to Adults with LD. The November 2014 report <i>Winterbourne View – Time for Change</i> <sup>1</sup> found there had been a failure to deliver on the original pledge by government to reduce Adults with LD NHS inpatients. Nationally there is a need to put in place the community-based support to safely discharge people currently in inpatient settings, and a need to support children, young people and adults in the community to prevent admissions in the first place. Data for Buckinghamshire indicates there are only 12 NHS Adult LD inpatients (5 Aylesbury Vale, 7 Chiltern CCG) as at 31 Dec 2014 <sup>2</sup> . <b>Need more data and reassurance on this but indications from commissioner are that these numbers comprise patients either appropriately placed and sectioned under the Mental Health Act, or are forensic patients placed by the Ministry of Justice in specialist commissioned services. We are advised therefore that Buckinghamshire inpatient numbers are appropriate.</b> <u>Lack of pooled budgets/joint commissioning locally</u> Whilst the Learning Disability Services in Buckinghamshire are commissioned by the same joint commissioner, the budgets are not pooled and the services are commissioned separately. A number of

<sup>1</sup> <https://www.acevo.org.uk/sites/default/files/STRICTLY%20EMBARGOED%200001%2026%20Nov%20-%20Winterbourne%20View%20Time%20for%20Change.pdf>

<sup>2</sup> Assuring transformation data <http://www.england.nhs.uk/ourwork/qual-clin-lead/ld/atd/#dec>

	<p>recent reports have called for pooled budgets and joint commissioning plans to be mandated<sup>3</sup>, with the belief this will result in more effective and efficient services.</p>
<p><b>Is the issue of significance to Buckinghamshire as a whole?</b></p>	<p><u>Services provided to a large number of residents countywide</u>  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 (JSNA<sup>4</sup>).  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 overall number of people aged 18-64 with learning disabilities is projected to decrease by around 4.1% across Buckinghamshire to 2031; however the numbers with profound and multiple learning disabilities are projected to increase to 2031 by 40%.  <u>Significant local costs</u>  This increase will lead to even greater demand and pressure on Adult Social Care budgets and resources to support these people appropriately. Over £40 million per year is spent on Adults with LD in Buckinghamshire across health and social care.  <u>Investment in transitions</u>  From 2014/15 – 2017/18 £300k (approx. 0.81% of the BCC budget) of the above is being invested in a new Transitions Team to support young people with special needs moving into adulthood.  <u>Poorer health outcomes</u>  People with learning disabilities have poorer health and die younger than other people. The average age at which people with learning disabilities die in Buckinghamshire is 49 years compared with the national average of people with learning disabilities die which is 55 (JSNA).</p>
<p><b>Is the topic of relevance to the work of BCC?</b></p>	<p>Of the £40m spent in Buckinghamshire, £37m was spent by the County Council's Adults and Family Wellbeing Service in 2014/15 (equating to an 11.6% share of the overall budget), with this set to increase to £39.2m by 2017/18 (equating to 12.2% of council spend) due to demographic growth.</p> <p>Services for Adults with Learning Disabilities and any improvements to these contribute to the following BCC Strategic Plan priorities:</p> <ul style="list-style-type: none"> <li>• Reaching Potential- Helping our children and young people reach their full potential.</li> <li>• A Safety Net - Encouraging people to do more for themselves but providing a safety net for the most vulnerable.</li> <li>• Value for Money - Continuing to provide excellent value for money.</li> </ul>

<sup>3</sup> *Winterbourne View – Time for Change*, Sir Stephen Bubb, 2014 and the National Audit Office report *Care services of people with LD and challenging behaviour* (Feb 2015)

<http://www.nao.org.uk/report/care-services-for-people-with-learning-disabilities-and-challenging-behaviour/>

<sup>4</sup> Buckinghamshire Joint Strategic Needs Assessment (July 2013)

<http://www.buckscc.gov.uk/media/1197755/Learning-disabilities.pdf>

	Currently adults are assessed as having a health or social care need, with 100% of their funding requirement being allocated to either party. There is no sharing of costs. Individual funding needs can be very large. This results in highly variable demands, and budgeting difficulties.
<b>Is this topic within the remit of the Select Committee?</b>	Services for Adults with Learning Disabilities cuts across both Health and Adult Social Care.
<b>What work is underway already on this issue?</b>	<p>A Commissioning Strategy for Adults for Learning Disabilities is due, and the committee has been advised by the AFW service that this will draw on the findings of this inquiry.</p> <p>Nationally in response to the <i>Winterbourne View – Time for Change</i> report there has been a joint response from a number of agencies including the Department of Health and the Association of Directors of Adult Social Services (ADASS) entitled <i>Transforming Care: A National Response to Winterbourne View Hospital</i><sup>5</sup>. This report committed to a number of improvements, including improving the support and guidance available to local commissioners to assist them in providing effective local services.</p> <p>In Buckinghamshire the £3m NHS contract for Adult LD Services is being recommissioned during 2015 with this due to be awarded in October and commence April 2016. The commissioner has advised that this contract will include expectations that the new provider works to integrate services in the event a new service model evolves in future years.</p>
<b>Are there any key changes that might impact on this issue?</b>	<p>The House of Commons Public Accounts Committee have commenced an inquiry into the care for people with learning disabilities<sup>6</sup>. This may generate recommendations with implications for future services, which this inquiry should be mindful of.</p> <p>The inquiry should also be mindful of any outputs from the <i>Transforming Care: A National Response to Winterbourne View Hospital</i> which may also have implications for the services provided locally in future.</p>
<b>What are the key timing considerations</b>	To inform the new commissioning strategy. <b>BCC Commissioner to explain any timescales we need to be aware of with this.</b>
<b>Who are the key stakeholders &amp; decision-makers?</b>	<p>Clinical Commissioning Groups (Aylesbury Vale and Chiltern) for NHS services</p> <p>BCC AFW for commissioning of local authority services</p> <p>Joint Exec Teams (JETs) Adult Board &amp; CCG versions</p> <p>Other stakeholders:</p> <ul style="list-style-type: none"> <li>• Service users and their families/carers</li> <li>• Service providers</li> <li>• Buckinghamshire Learning Disabilities Partnership Board</li> <li>• Healthwatch Bucks</li> <li>• Carers Bucks</li> </ul>

<sup>5</sup> <http://www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-nxt-stps.pdf>

<sup>6</sup> <http://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/inquiries/parliament-2010/care-for-people-wih-learning-disabilities/>

	<ul style="list-style-type: none"> <li>• Talkback</li> </ul>
<b>What might the Inquiry Achieve?</b>	<p>Subject to obtaining some further reassurance that the levels of Adult LD NHS inpatients is appropriate locally, the focus of the inquiry will be on the Local Authority funded services.</p> <p>Understand patient experience of local services for adults with LD outside NHS inpatient centres. Including experience of transition from children to adult services.</p> <p>Look at best practice elsewhere in the country that can be replicated locally.</p> <p>Identify good and bad aspects of current local service provision, and possible service improvements, to be considered by the new commissioning strategy.</p> <p>Outline any benefits that pooled budgets and joint commissioning could realise in Buckinghamshire, and how and whether this should be progressed.</p>
<b>What media/communications support do you want?</b>	<ul style="list-style-type: none"> <li>• Press release to launch inquiry evidence-gathering</li> <li>• Support to engage service users and their carers/families.</li> <li>• Press release to promote the report once published</li> </ul>

### Evidence-gathering Methodology

<b>What types of methods of evidence-gathering will you use?</b>
<ul style="list-style-type: none"> <li>• <b>Best Practice from elsewhere (visits / evidence sessions) – Salford is held up as a good practice example, but Herts and Kent may be more comparable shire examples.</b></li> <li>• <b>Review of anonymised care plans</b></li> <li>• <b>Overview of BCC service Adults with LD provision (including headcount and spend for various levels of LD service acuity).</b></li> <li>• <b>Service user experience data (secondary and primary)</b></li> <li>• <b>BCC service performance data &amp; national benchmark data (including Adult Social Care Outcomes Framework)</b></li> <li>• <b>Evidence sessions / interviews with lead officers for commissioning bodies</b></li> <li>• <b>Evidence from providers</b></li> <li>• <b>Desktop research</b></li> </ul>
<b>How will you involve service-users and the public in this inquiry?</b>
<b>TBC</b>

### Outline Inquiry Project Plan

Stage	Key Activity	Dates
Scoping	Inquiry Scope Agreed by Select Committee	24.3.15
Evidence-gathering	Evidence-gathering phase - List key events	April / May/June
	Final Evidence Session	June
Developing Recommendations	Inquiry Group/SC meeting – Key Findings Report & Possible Areas of Recommendations considered	July
	Testing & developing recommendations with stakeholders	July

Reporting	Final Inquiry Group report with recommendations completed (signed-off by SC Chairman)	September
	Report published for Select Committee	September
	Select Committee agrees report to go forward to decision-makers	15.9.15
	Cabinet/Partner considers recommendations	28.9.15

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