



Buckinghamshire County Council
Select Committee
Health and Adult Social Care

Date: Thursday 24 September 2015
Time: 1.00 pm
Venue: Mezzanine Room 2, County Hall, Aylesbury

AGENDA

12.30 pm Pre-meeting Discussion

This session is for members of the Committee only. It is to allow the members time to discuss lines of questioning, areas for discussion and what needs to be achieved during the meeting.

1.00 pm Formal Meeting Begins

Agenda Item	Time	Page No
1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP	1.00pm	
2 DECLARATIONS OF INTEREST To disclose any Personal or Disclosable Pecuniary Interests		
3 MINUTES Minutes of the meetings held on 30 th June 2015 and 11 th August to be confirmed as a correct record	1.05pm	7 - 12
4 PUBLIC QUESTIONS This is an opportunity for members of the public to put a question or raise an issue of concern, related to health. Where possible, the relevant organisation to which the question/issue is directed will be present to give a verbal response. The member of public will be invited to speak for up to four minutes on their issue. A maximum of 30 minutes is set aside for the Public Questions slot in total (including responses and any Committee discussion). This may be extended with the Chairman's discretion.	1.10pm	



CHILTERN
District Council



South Bucks
District Council



WYCOMBE
DISTRICT COUNCIL

For full guidance on Public Questions, including how to register a request to speak during this slot, please follow this link:

<http://www.buckscc.gov.uk/about-your-council/scrutiny/getting-involved/>

5 CHAIRMAN'S UPDATE

1.15pm

This will include an update on the presentation to Cabinet of the 15 Minute Care Visits inquiry report. Please follow the link below to access the decision report:

<http://moderngov/documents/b18900/Cabinet%20Response%20to%20HASC%20Select%20Committee%20Inquiry%20into%2015-Minute%20Care%20Visits%2007th-Sep-2015%2010.30%20C.pdf?T=9>

6 COMMITTEE UPDATE

An opportunity to update the Committee on relevant information and report on any meetings of external organisations attended since the last meeting of the Committee. This is particularly pertinent to members who act in a liaison capacity with NHS Boards and for District Representatives.

7 OVERVIEW OF THE LEARNING DISABILITIES SERVICE

1.20pm

13 - 30

For Members to receive an overview of the Learning Disability Service, in order to inform the focus of the Committee's future Inquiry of Learning Disabilities.

**Contributors: Zita Calkin, Lead Commissioner for Learning Disability & Autism, BCC.
Adam Payne, Service Manager – Adult and Families Wellbeing Service, BCC**

Reports:

Learning Disabilities briefing paper from Zita Calkin

8 OPTIONS PAPER TO INFORM THE SCOPE OF AN ADULT LEARNING DISABILITY INQUIRY

2.00pm

31 - 40

For members to receive a presentation of options to inform the focus of a future inquiry of Adult Learning Disabilities Services.

Contributor: Julia Woodman, Committee Advisor, BCC

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Reports:

Options Paper for HASC to consider the scope of an Adult Learning Disability Inquiry from Julia Woodman

- 9 **UPDATE ON THE PARTNERSHIP APPROACH TO TACKLING FEMALE GENITAL MUTILATION IN BUCKINGHAMSHIRE** 2.20pm 41 - 46

To provide members of the committee with an update on the partnership approach to tackling Female Genital Mutilation in Buckinghamshire following the joint hosting of a challenge event with key partners by the Buckinghamshire Safeguarding Children Board and Health and Wellbeing Board on 18 September

Contributors:

Katie MacDonald, Health and Wellbeing Lead, BCC

Reports: Update on the partnership approach to tackling Female Genital Mutilation in Buckinghamshire.

- 10 **KEY LINES OF INQUIRY FOR DAY OPPORTUNITIES CENTRES AGENDA ITEM AT 20TH OCTOBER HASC MEETING** 2.35pm 47 - 48

For Members to consider the key lines of inquiry for the future Committee item on Day Opportunities Centres

Contributors:

Julia Woodman, Committee Adviser, HQ Member Services

Reports: Discussion paper on key lines of inquiry for Day Opportunities Centres agenda item at 20th October HASC meeting from Julia Woodman

- 11 **COMMITTEE WORK PROGRAMME** 2.45pm 49 - 50
- For Members to note the Work Programme.

- 12 **DATE AND TIME OF NEXT MEETING** 2.50pm

The next meeting will take place on Tuesday 20th October at 10am in Mezzanine Room 2, County Hall, Aylesbury. There will be a pre-meeting for Committee Members at 9.30am

Purpose of the committee

The role of the Health and Adult Social Care Select Committee is to hold decision-makers to account for improving outcomes and services for Buckinghamshire.

It shall have the power to scrutinise all issues in relation to Health and Adult Social Care. This will include, but not exclusively, responsibility for scrutinising issues in relation to:

- Public health and wellbeing
- NHS services
- Health and social care commissioning
- GPs and medical centres
- Dental Practices
- Health and social care performance
- Private health services
- Family wellbeing
- Adult social services
- Older people
- Adult safeguarding
- Physical and sensory services
- Learning disabilities
- Drugs and Alcohol Action Team (DAAT services)

** In accordance with the BCC Constitution, this Committee shall act as the designated Committee responsible for the scrutiny of health matters holding external health partners to account.*

Webcasting notice

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For further information please contact: Julia Woodman on 01296 382062 , email: jhwoodman@buckscc.gov.uk

Members

Ms A Macpherson (C)	Mr N Brown
Mr R Reed (VC)	Mr B Roberts
Mr B Adams	Mrs J Teesdale
Mrs M Aston	Julia Wassell
Mrs P Birchley	Vacancy
Ms J Blake	

Co-opted Members

Ms S Adoh, Local HealthWatch
Mr A Green, Wycombe District Council
Mr T Hunter-Watts, Aylesbury Vale District Council
Mr N Shepherd, Chiltern District Council
Dr W Matthews, South Bucks District Council

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Buckinghamshire County Council
Select Committee
Health and Adult Social Care

Minutes *HEALTH AND ADULT SOCIAL CARE
SELECT COMMITTEE*

Minutes from the meeting held on Tuesday 11 August 2015, in Mezzanine Room 3, County Hall, Aylesbury, commencing at 11.00 am and concluding at 12.00 pm.

MEMBERS PRESENT

Buckinghamshire County Council

Ms A Macpherson (In the Chair)

Mr R Reed, Mr B Adams, Ms J Blake, Mr N Brown, Mrs J Teesdale, Mr B Roberts and Mrs M Aston

District Councils

Mr A Green

Wycombe District Council

Mr N Shepherd

Chiltern District Council

Others in Attendance

Ms K Wager, Committee Adviser

Ms J Woodman, Committee Adviser

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from: Mr Darren Hayday, Julia Wassell, Ms S Adoh, Mr T Hunter-Watts, Dr W Matthews, Mrs P Birchley.

There were no changes in membership.

2 DECLARATIONS OF INTEREST

No Declarations of Interest were made.

3 EXCLUSION OF THE PRESS AND PUBLIC



South Bucks
District Council



RESOLVED

That the press and public be excluded for the following item which is exempt by virtue of Paragraph 3 of Part 1 of Schedule 12a of the Local Government Act 1972 because it contains information relating to the financial or business affairs of any particular person (including the authority holding that information)

4 DRAFT INQUIRY REPORT

The draft Select Committee Report on 15 minute care visits was introduced by the Chairman and Committee Adviser. It was explained that this item was to be considered in private session of the Committee as legal advice was needed on specific aspects of the report prior to public publication. This was because the service had just recently gone out to tender on the Domcillary Care Contract and it was important to ensure that this tender process was not adversely impacted by disclosing commercially sensitive information.

It was explained that the final report, if agreed by the Committee at this meeting today, would be published in online following the receipt of legal advice.

During the discussion the following points were made by Members:

- It was important to highlight the issues of staff pay within the report as this was something that was raised with Members during the evidence gathering. The recommendation on paying staff for their travel time was felt important to remain.
- The draft recommendation on governance was seen as also critical for the Council overall to help improve transparency and accountability for decision-making going forward.
- Members were extremely grateful to the officers who have helped them prepare this report and service users and carers for their time in allowing them to shadow visits.
- A number of minor wording amendments were suggested to improve the clarity of the draft report recommendations. It was agreed that these would be incorporated into the final report.

Following the discussion the Committee unanimously agreed the following resolution:

To agree to publish the report on 15 Minute Care Visits as a report of the Health and Adult Social Care Committee.

5 DATE AND TIME OF NEXT MEETING

The next meeting of the Committee will be held on the 24th September 2015.

CHAIRMAN



Buckinghamshire County Council
Select Committee
 Health and Adult Social Care

Minutes

HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

Minutes from the meeting held on Tuesday 30 June 2015, in Mezzanine Room 2, County Hall, Aylesbury, commencing at Time Not Specified and concluding at Time Not Specified.

This meeting was webcast. To review the detailed discussions that took place, please see the webcast which can be found at <http://www.buckscc.public-i.tv/>
 The webcasts are retained on this website for 6 months. Recordings of any previous meetings beyond this can be requested (contact: democracy@buckscc.gov.uk)

MEMBERS PRESENT

Buckinghamshire County Council

Ms A Macpherson (In the Chair)

Mr R Reed, Mr B Adams, Mr N Brown, Mr D Hayday, Mrs J Teesdale, Julia Wassell, Mr B Roberts, Mrs P Birchley and Mrs M Aston

District Councils

Others in Attendance

Ms K Wager, Committee Adviser

Mr M Phillips, Cabinet Member for Community Engagement and Public Health

Mr T Boyd, Strategic Director (Communities, Health and Adult Social Care)

Ms J Campbell, Healthwatch

Dr J O'Grady, Director of Public Health

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Janet Blake, Nigel Shepherd, Tony Green, Wendy Matthews and Tom Hunter-Watts.

The following changes in membership were confirmed:

- David Carroll has been removed from the committee.
- David Martin has been removed.
- Patricia Birchley joined as a committee member.
- Tom Hunter-Watts has been joined the committee as a co-opted member for AVDC.

2 DECLARATIONS OF INTEREST



There were no interests declared.

3 MINUTES

The minutes of the meeting on the 26th May 2015 were confirmed as a correct and accurate record subject to Julia Wassell being added as present at last meeting.

4 PUBLIC QUESTIONS

There were no public questions.

5 CHAIRMAN UPDATE

The Chairman updated the committee on:

- A recent site visit of the Chairman and Vice Chairman to the Whiteleaf Centre in Aylesbury, which was felt to be a very useful and informative visit to get a better understanding of the adult mental health services and facilities available in the area. The Chairman thanked Yvonne Taylor from Oxfordshire Health Trust and all the staff for facilitating such an excellent visit.
- The Thames Valley Regional Scrutiny Chairman's network meeting taking place on 7th July which Buckinghamshire County Council are hosting.
- A recent meeting with Healthwatch to discuss work programmes and current reviews and projects and identify ways of working together effectively. A workshop will be set up for Healthwatch and HASC members to consider approaches to sharing of information and setting some clear criteria for regular sharing of information between the two parties.

6 COMMITTEE UPDATE

Julia Wassell updated the committee on support she has been offering stroke victims from Amersham and the issues they are facing regarding accommodation and timely access to occupational Health Assessments in their homes once they are housed.

Julia raised a question that has arisen from this work she has carried out which is:

"Why is there such a long delay (in some recent cases, up to 7 months) for occupational therapist assessments of disability facilities?" Julia raised that at present survivors of strokes and other disabled people are unable to get the facilities they require in a timely fashion manner for a number of reasons:

- Social housing may not be available
- The occupational therapist service is not available promptly
- Housing providers may not agree to fund or permit the adaptations required."

7 PUBLIC HEALTH OVERVIEW

Jane O'Grady gave an overview presentation to the committee; SEE WEBCAST AND PAPERS FOR MORE DETAIL.

The following areas were discussed:

- The public health priorities and how they are determined with a focus on those areas where the greatest return on investment can be achieved and the evidence base behind them.
- The budget allocation, pressures and challenges, including the reasons behind Buckinghamshire being underfunded and the impact of this.
- The importance of early year's preventative health programmes (from before birth to 3-5 years).

- Impact of public health activity on other council services – integration.
- Extra budgetary pressures as a result of mandatory commitments.
- Preventative programmes to encourage people live healthy and happy lives, a side effect will be less demand on social care and need for care homes and other programmes.
- The importance and need for national support and leadership for preventative measures in order to deal with increasing demands and pressures and to encourage behavioural change.
- Importance of sports and physical activities in early years and via schools.
- School nursing services.
- Tangible benefits of public health investment and return on investment in public health projects and programmes.

8 COMMUNITIES, HEALTH AND ADULT SOCIAL CARE BUSINESS UNIT PLAN

Trevor Boyd provided members with a verbal overview of the key challenges and priorities for the Business Unit. SEE PAPERS AND WEBCAST FOR FULL DETAIL.

During the discussion the following areas were covered:

- Integration of the previous three service areas under one business unit.
- Financial challenges and pressures and implication of the growth in demand of the demographic.
- Predicted budget gaps.
- The opportunities for the business unit to operate and deliver services differently through exploring different delivery vehicles.
- Impact of Care Act and increased responsibilities.
- Work being carried out by a task and finish group to look at the base budget and budget gap. This work is nearly complete:

ACTION: Trevor Boyd to provide committee with update on the outcome of this work once it has been completed.

Coombe Lodge CQC inadequate rating Update

Trevor also provided the committee with an update on the Coombe Lodge Nursing home and recent CQC inspection rating of inadequate. He updated the committee on the inspection and improvement regime that had preceded this most recent CQC rating following ; the inspection activity carried out by the Council and the Clinical Commissioning Group and improvement plan that had taken place over the previous 18 months.

Questions raised by members concerned:

- The reasons behind the time delay from safety concerns first being raised to action of removing residents took place very recently and whether or not the Council should have acted sooner.
- The involvement of the Council, CCGs and CQC prior to the most recent CQC inspection.

See Webcast for full discussion.

Action: Trevor Boyd to provide the committee with an update by the end of July on the final outcome of the transfer of residents from Coombe Lodge. A written update should be sent to the Committee Chairman who will share with committee members.

The committee highlighted the topic of care homes. Members agreed they would like to look at care homes as part of their future work programme.

9 HEALTH WATCH UPDATE ON TRANSPORT REPORT

Janice Campbell from HealthWatch provided members with a verbal update on their recent review and report into transport to healthcare services.

SEE WEBCAST AND PAPERS FOR FULL DETAILS.

Members welcomed the report and the independence of the review in bringing together a number of key issues that have been raised previously and offered to help drive some of the key findings and recommendations highlighted within the report.

10 COMMITTEE WORK PROGRAMME

The Committee noted the work programme.

11 DATE AND TIME OF NEXT MEETING

The next full webcast committee meeting will be on 24th September at 13:00. This meeting replaces the one previously scheduled for the 15th September.

There is also a special committee meeting being held on the 4th August at 10:00 to agree the final Inquiry report for the 15 min visit inquiry.

CHAIRMAN



Buckinghamshire County Council
Select Committee
 HASC Select Committee

Title: Learning Disabilities Briefing Paper

Committee Date: 24th September 2015

Author: Zita Calkin

Contact: Zita Calkin - Lead Commissioner for Learning Disability & Autism. Tel: 01296 382842. E Mail: zcalkin@buckscc.gov.uk

Cabinet Member sign-off: Cllr Mike Appleyard

Purpose of the agenda item:

This paper provides Members with an overview of Learning Disabilities within a national and local context. It highlights forecasted demand for local services and provides details of the service's current work streams.

1. The National Picture for Learning Disabilities

National Population of People with Learning Disabilities

Data gathered from a number of sources by Public Health England, at the Learning Disabilities Observatory, estimates that in England in 2012 there were an estimated 1.14million people with learning disabilities; 232,000 under the age of 18yrs and 908,000 adults had learning disabilities of which 21% are known to learning disability services.¹

National Drivers

Nationally published reports and guidance over the last decade reinforce the need for integrated services shaped around people with learning disabilities and their families; greater service user involvement; services that deliver early interventions and promote wellbeing and services that focus on outcomes for individuals. Policy and reports continue to challenge current thinking and make clear the significant shifts in culture that need to be made.

Appendix 2- Provides details of national drivers, key messages and links

¹ [People with Learning Disabilities in England 2012: Improving Health and Lives](#)

National Context

There are a number of key health and social issues for people with learning disabilities.

i) Health inequalities:

Higher mental health needs² - the prevalence of psychiatric disorders among children with learning disabilities is 36%, compared to 8% among children without learning disabilities.

Co-existing autism spectrum disorders³ - the prevalence of autism has been reported to be as high as 20-30% in people with learning disabilities known to services.

Challenging behaviours⁴ - studies show that approximately 10 -15% of people with a learning disability present with behaviours that challenge services. These behaviours may include self-injurious behaviour, aggression toward others and destruction of property.

Physical ill health - people with learning disabilities still have an increased risk of early death compared to the general population⁵; although the life expectancy of this population is increasing over time. People with learning disabilities have reduced access to generic preventative screening and health promotion procedures, such as breast or cervical screening.

ii) Social inclusion and opportunities⁶:

Employment - less than 1 in 5 people with a learning disability work (compared with 1 in 2 disabled people generally). Of those people with a learning disability that do work, most only work part time and are low paid.

Education and training - just 1 in 3 people with a learning disability take part in some form of education or training.

Bullying - children with a learning disability are often socially excluded and 8 out of 10 children with a learning disability are bullied.

Poverty - 1 in 2 families with a disabled child live in poverty.

Independence – people with learning disabilities don't get the same chances as other people to gain independence, learn key skills and make choices about their own lives.

Carers support - 7 out of 10 families caring for someone with profound and multiple learning disabilities have reached or come close to 'breaking point' because of a lack of short break services

In addition, people with learning disabilities, especially those with less severe disabilities who do not use learning disability services, are more likely to be exposed to common "social determinants" of health such as poverty, poor housing conditions, unemployment and social disconnectedness.

² Emerson, E.Baines, S. Allerton, L. and Welch, V. (2011) A detailed analysis of the health inequalities suffered by PWLD is available at: [Health Inequalities & People with Learning Disabilities in the UK.](#)

³ [Guidance for commissioners of mental health services for people with learning disabilities \(May 2013\) Joint Commissioning Panel for Mental Health](#)

⁴ Emerson, E (2001, 2nd Edition) Challenging Behaviour, Analysis and intervention in people with learning disabilities.

⁵ Source: Hollins et al., 1998; McGuigan et al., 1995

⁶ [Mencap facts about learning disabilities](#)

2. Buckinghamshire Picture for Learning Disabilities

At the last census (2011) Buckinghamshire had a population of 505,280 and an estimated 5890 (18-65) and 1370 (over 65yrs) adults with a learning disability⁷.

In line with the general population figures for Buckinghamshire, of the people with learning disabilities:

- 37% live in Aylesbury Vale
- 33% live in Wycombe
- 17% in Chiltern
- 13% in South Bucks

Local Context and Services

The learning disability social care service for Buckinghamshire is made up of two area based care management teams, responsible for the assessment of needs of individuals and their carers. In addition a small team are responsible for the assessment and support planning for those transitioning into adulthood.

Currently the number of adults aged 18yrs+ with learning disabilities, assessed as eligible and in receipt of services from the local authority in Buckinghamshire are around 1000. This number has remained relatively consistent over the last 5 years.

Individuals are in receipt of a range of care/support packages including supported accommodation, day services, supported employment, and domiciliary care.

Costs for services for people with learning disabilities increase in relation to assessed needs and for some the packages of care may be high due to very complex support needs.

Appendix 3 – details a pictogram of costings against social care need

Where there are health needs these will be met through health funding streams. For a small number of individuals who may have behaviours that challenge, support will be intensive and specialist at times and may require either short periods of time in specialist hospital settings or long term placements with specialist providers, either in county or out of area. Currently this funding is in excess of £8million (including Continuing Health Care).

Specialist learning disability health services in Buckinghamshire are currently provided by Southern Health Foundation Trust. This service is commissioned and funded by the Chiltern Clinical Commissioning Group; the total budget for this service is £3.4million and provides specialist community assessments and interventions as well as inpatient beds at an assessment and treatment unit in Wycombe. Individuals

⁷ Population statistics for Buckinghamshire – ONS 2011 (BCC, 2013)

Future demand

Estimated projections regarding the population of adults with learning disabilities in Buckinghamshire have been sourced through Planning4Care⁸

The overall number of people with learning disabilities aged 18-64yrs is projected to decrease, whilst the number of people with profound and multiple learning disabilities is projected to increase (table1).

	2011	2021	2031	% Change 2011-2031	
				Buckinghamshire	England
PMLD	150	169	199	30%	44%
SLD	1130	1101	1077	4.5%	7%
MLD	4610	4498	4356	5%	5.5%
Total	5890	5768	5631	4%	6.5%

Table 1: Estimated projections for number of adults with learning disabilities (by severity) aged 18-64yrs, in Buckinghamshire. Source Planning4Care 2010

The population of older people (65yrs+) with learning disabilities in Buckinghamshire, is projected to increase over the next 20years (table 2).

	2011	2021	2031	%change 2011-2031	
				Buckinghamshire	England
PMLD	20	30	40	100%	102%
SLD	160	190	240	50%	50%
MLD	1190	1500	1840	55%	49 %
Total	1370	1720	2120	55%	50 %

Table2: Estimated projections for number of adults with learning disabilities (by severity) aged 65yrs and over, in Buckinghamshire. Source Planning4Care 2010

Both older people with learning disabilities and those with profound and multiple difficulties will require complex long term case management support.

Appendix 4 – details a pictogram showing changes in demographics from 2011 to 2031.

Transforming Care (Winterbourne Concordat)

In line with the requirements of NHS England Transforming Care policies and guidance commissioners have a robust programme of reviews for all Buckinghamshire people with a learning disability in hospital placements. All those inappropriately placed are supported to move back to community based support where possible. In addition:

- A local register has been maintained since 2013
- All individuals have a named case manager/care coordinator
- The joint commissioner works with a senior care manager and a senior LD community nurse; meeting weekly and chairing the care and treatment reviews of all those on the register
- Reports regarding the register and progress with discharge planning is made fortnightly to the NHS regional team and then monthly to HSCIC
- All those placed in hospital settings have access to independent advocacy and where appropriate their families are involved with planning

⁸ Source Planning4Care estimates 2010

- All care and treatment reviews are chaired by the joint commissioner (or the delegated case manager) and include an independently assigned clinical reviewer and an independent expert by experience, identified and supported by the NHS England team
- Care and treatment reviews provide a challenge to hospital placements and ensure that discharge plans are robust and appropriate

Of those who are the responsibility of Buckinghamshire Clinical Commissioning Groups there are currently (as of September 2015):

- 5 individuals who have been placed (and funded) by NHS England Specialist Commissioning, in low/medium/high secure services out of the county. Decisions about discharge are the responsibility of the Ministry of Justice.
- There are 3 individuals who are currently in specialist inpatient services out of the county; all of which are currently appropriately placed and are reviewed regularly
- There are 4 individuals currently in the local assessment and treatment unit (at High Wycombe)

Learning Disability Work Programme

A number of work programmes are underway within the learning disability services. The key areas of work to note are set out in Appendix 1 overleaf, with a summary of some of the outcomes and measures being worked towards.

<p>To develop a better understanding of social care LD capacity and demand in relation to both:</p> <ul style="list-style-type: none"> i. staffing and ii. budgets and MTP effects 	<p>Sep 15</p>	<p>3 year rolling understanding of LD capacity and demand, translated into a budget requirement for staffing and budgets</p>	<p>A 3 year rolling plan of new demographic growth for new transitions</p> <p>Number of new young people transitioning into adult services for the next 3 years.</p> <p>Leadership paper and Business plan (if appropriate) for LD social care staffing capacity</p>
<p>LD Accommodation review</p>	<p>March 2016</p>	<p>An annually updated Housing Strategy for vulnerable adults in Buckinghamshire</p> <p>A financially sustainable model of housing services for people with learning disabilities in Buckinghamshire</p> <p>A clear understanding of demand aligned with new and existing accommodation capacity ensuring people with a learning disability are appropriately housed and supported</p>	<p>Development of robust data to understand:</p> <ul style="list-style-type: none"> - housing types - Support needs - Future housing needs for people with learning disabilities, including demands for moving <p>Project Initiation Document (PID) Project Plan</p>
<p>Developing a “local offer” for people with learning disabilities continuing to live at home with parents into adulthood</p>	<p>April 16</p>	<p>A range of services are available to support parents and people with a learning disability who live with them</p> <p>A “local offer” exists and is clearly communicated to individuals and their families</p>	<p>Development of robust data to understand the profile of service users living with families, including:</p> <ul style="list-style-type: none"> - Ages - Support needs now and in the future - Accommodation needs
<p>Transition Services – improving the experience of young people and their families in the transition from children’s to adult services (across all disabilities)</p>	<p>Ongoing 2015-2017</p>	<p>A fully recruited, highly skilled transitions team is in place to assess and support young people and their families</p> <p>Carers and service user surveys report high levels of satisfaction and a good experience of the transition process</p> <p>A clear transitions pathway is in place supported by a transitions protocol</p>	<p>Quality outcomes are developed and reported in relation to service delivery</p> <p>Strategic Transitions Board develops action plan reflecting areas for implementation and improvement</p> <p>Carer and service user engagement developed to understand areas of improvement</p> <p>Reduction in number of complaints</p>

↪

		Services and protocols are monitored by a board with joint health and social care scrutiny and ownership across children and adult services	
Autism Strategy for Buckinghamshire	Ongoing 2015-2018	Seamless all age diagnostic, assessment and support services for individuals and their families affected by autism.	Key Measures for 2015: <ul style="list-style-type: none"> - Autism Partnership Board represented by adult and childrens services; across health and social care - Embedding of diagnostic and assessment pathway for adults affected by autism; aligned with children's pathway - Mapping of support services for adults affected by autism in Buckinghamshire - Deliver autism awareness training programme across criminal justice system, social care and health staff - Develop Autism resource website
Staying Healthy – In line with annually submitted LD Health & Social Care Self Assessment to Public Health England	Ongoing	People with learning disabilities have their healthcare needs met through improved access to primary care services whenever possible	Working group action plan developed , key measures for 2015: <ul style="list-style-type: none"> - Increase in the number people with learning disabilities having an annual health check - Improved access to health screening - GPs have access to Information and guidance - Raised awareness of the LD liaison nurses - Flagging system established for acute and secondary health services - Improved data regarding the health of people with learning disabilities is made available (including those in criminal justice system)
Keeping Safe – In line with annually submitted LD Health & Social Care Self Assessment to Public Health England	Ongoing	High standards are maintained in relation to safeguarding and quality of commissioned services Individuals and their carers provide positive responses in relation to dignity and care in the services received Individuals are safe from crime, intolerance and	Key measures for 2015: A full schedule of annual reviews are in place People with learning disabilities are active members of the safeguarding forum Promotion of Community Safety initiatives:

		discrimination	<ul style="list-style-type: none"> - The Safe Place Scheme - Hatecrime - Anti - Bullying - Disability awareness training <p>Surveys to carers and service users reflect an increase in % feeling safe</p>
Living Well – In line with annually submitted LD Health & Social Care Self Assessment to Public Health England	Ongoing	<p>Communities are socially inclusive and people with learning disabilities have access to a broad range of reasonably adjusted facilities, amenities services and opportunities including:</p> <ul style="list-style-type: none"> - Work; support to enter and maintain employment - Leisure activities; cinema, theatre, music venues etc - sports facilities - changing places - Public transport <p>Information is widely shared and accessible</p>	<p>Key measures for 2015:</p> <ul style="list-style-type: none"> - Mapping of universal services having reasonable adjustments to allow access by people with learning disabilities - Service user and carer views to be provided to transport providers
Service user engagement	Ongoing	<p>Adults with a learning disability are enabled to participate in decisions and actions that affect their lives.</p> <p>The experience and knowledge of service users contributes to the design, planning, evaluation and delivery of services</p> <p>Accessible formats for information are available to adults with a learning disability</p> <p>People are involved in their own support planning and/or where appropriate the development of the service itself</p>	<p>Key measures for 2015:</p> <ul style="list-style-type: none"> - Commissioning of service for the engagement with people with learning disabilities including those transitioning to adulthood - Review of the Learning Disability Partnership Board to improve effectiveness - Key areas of focus for LDPB and action plan developed

		<p>Service improvements are evidenced through service user engagement and involvement</p> <p>There is a range of innovative ways of involving and engaging with service users and their families are in place</p>	
Commissioning Strategies	March 2016	<p>Our Joint Commissioning Strategy is the formal statement for future plans for services for people with learning disabilities in Buckinghamshire</p> <p>Our Joint Commissioning Strategy is the formal statement for future plans for services for people with autism in Buckinghamshire</p> <p>Our Joint Commissioning Strategies have been informed by National Policy and best practice and the views of people with learning disabilities and/or Autism and their carers/families as appropriate)</p> <p>Our Joint Commissioning Strategies cover social care services/support, specialist and universal health services and preventative services</p>	<p>Key measures for 2015:</p> <ul style="list-style-type: none"> - Development of draft Joint Commissioning Strategy for Learning Disabilities - Refresh the Joint Commissioning Strategy for Autism - Establish a Learning Disability Providers' Forum - Engagement with learning disability groups and carers

Appendix 2

Key National Drivers

Valuing People (2001) and subsequently Valuing People Now (2009) [here](#)

Valuing People continues to be the cornerstone of services for people with learning disabilities. Key messages:

- **Rights:** People with learning disabilities and their families have the same human rights as everyone else.
- **Independent living:** People with learning disabilities should have greater choice and control over the support they need to go about their daily lives; greater access to health, housing, education, employment, leisure and transport opportunities and to participation in family and community life.
- **Control:** People with learning disabilities should be involved in and in control of decisions made about their lives. They should have the appropriate information and support to understand the different options and their implications and consequences, in order to make informed decisions about their own lives.
- **Inclusion:** People with learning disabilities should be able to participate in all the aspects of community life – to work, learn, get about, meet people, be part of social networks and access goods and services – and have the support to do so.
- Support where required must be centred on the needs and aspirations of the individual, taking into account who the person is in the context of their friends and family, who are most important to them and ensuring that the quality and safety of the support enables people to feel safe and enjoy positive experiences.

In addition:

- Good Health - enable people with learning disabilities to access a health service designed around their individual needs, with fast and convenient care delivered to a consistently high standard and with additional support where necessary.
- Partnership working - to promote holistic services for people with learning disabilities through effective partnership working between all relevant local agencies in the commissioning and delivery of services.

The Future role of psychiatrists working with people with learning disability, Royal College of Psychiatrists, 2011 [here](#)

“A tiered approach based on a stepped care model with care pathways is the most efficient way of commissioning specialist health services for people with learning disability. We recommend that health commissioners and providers adopt such a tiered approach suitably modified to take into account the local circumstances. The implementation of such a model should enable the psychiatrists who work with people with learning disability to deliver the services in an effective way which provides the best value to service users.”

Think Local Act Personal (TLAP) – Be Bold 2012 [here](#)

This report produced by the NDTi is intended to help commissioners, adult social care and their health partners, providers, and people who use services and their families to work together. It provides a framework in which to develop good working practices that are innovative and help shape individualised services that increase choice and control.

Transforming care: A national response to Winterbourne View Hospital: Department of Health Review Final Report 2012 [here](#)

This report lays out clear, timetabled actions for health and local authority commissioners working together to transform care and support for people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging and emphasises there are too many people with challenging behaviour living in inpatient services for assessment and treatment and they are staying there for too long.

The report recommends a 'model of care' with clear outcomes and sets out a range of national actions which the Department of Health and its partners will deliver to lead a redesign in care and support for people with learning disabilities or autism and mental health conditions or behaviours viewed as challenging.

The green light is a toolkit (Closing the Gap: priorities for essential changes in mental health services) [here](#)

Green Light Toolkit 2013 NDTi; A guide to auditing and improving your mental health services so that it is effective in supporting people with autism and people with learning disabilities (November 2013) [here](#)

Key resources in improving mental health support services for people with learning disabilities. Painting a picture of what good mental health support services for people with learning disabilities look like, and gives a way of assessing how well local services measure up to it and what actions can be taken to improve access.

People with learning disability and mental health, behavioural or forensic problems: The role of in-patient services, Royal College of Psychiatrists, 2013 [here](#)

This report provides a number of recommendations and sets out national actions to deliver five goals, namely: more people with learning disability being supported to live at home; fewer people developing behaviour that challenged and those that did being kept safe in their communities; far fewer being sent away to hospitals; and proper planning, keeping such hospital stays as short as possible.

"There should be an ongoing dialogue at a local level between learning disability health providers, mental health providers and local authorities to ensure that responsive local authorities and mental health services can help reduce the need for admission and shorten the length of stay in hospital. Commissioners and providers should plan from day one of admission to in-patient services for the person with learning disability to move back to community services."

Confidential Inquiry into Premature Deaths of people with learning disabilities (July 2013) [here](#)

This report makes a number of recommendations to improve the health outcomes for people with learning disabilities and it confirms:

"the substantial health care needs of people with learning disabilities too often go unmet as they can experience both avoidable illness and die prematurely, with symptoms not recognised by either the person or their family or carer leading to late diagnosis and treatment, too low expectations of the treatment they can expect and the therapeutic environment being too often unsuitable with a lack of reasonable adaptations."

Six Lives: Progress Report on healthcare for people with Learning Disabilities (2013) [here](#)

Ensuring Quality Services: core principles for the commissioning of services for children, young people, adults and older people with learning disabilities and/or autism who display or are at risk of displaying behaviour that challenges (Feb 2014). [here](#)

This document provides a detailed pathway and specification and is part of the Winterbourne View Joint Improvement Programme led by the LGA and NHS England. Its vision states:

“Everyone, with no exception, deserves a place to call home. Person by person, area by area, the number of people with learning disabilities and autism in secure hospitals or assessment and treatment settings will permanently reduce. At the same time local community-based support and early intervention will improve to the point it will become extremely rare for a person to be excluded from the right to live their life outside of a hospital setting”.

Strengthening the Commitment: one year on progress report on the UK modernising learning disability nursing review (May 2014) [here](#)

Key messages include:

- Maximise the contribution of learning disabilities nursing - ensure the knowledge and skills of learning disabilities nurses are provided to the right people, in the right places, and at the right time in a way that reflects the values and rights based focus of learning disabilities nurses' work.
- Addressing health needs - ensure that learning disabilities nurses are able to collaborate effectively with general health services, including mental health services, to address the barriers that exist for people with learning disabilities to improve their health. This should include proactive health improvement, prevention, whole family and public health approaches.

Healthy Lives, healthy People: Improving outcomes and supporting transparency Premature Deaths of people with Learning Disabilities: progress report (Sept 2014) [here](#)

Winterbourne View – Time for Change: Transforming the commissioning of services for people with learning disabilities and/or autism (2014) [here](#)

“The importance of building capacity in the community in order to successfully prevent people with learning disabilities and/or autism and challenging behaviour needing to be admitted to inpatient settings, and discharge those currently in hospitals. Without the expansion and improvement in quality [of community based support] people will continue to have crisis and be admitted to inpatient institutions, and many people with learning disabilities and/or their families, clinicians and commissioners, will continue to be nervous about discharge from hospital into the community”.

Positive and Proactive Care – reducing the need for restrictive interventions, DH, 2014. [here](#)

In response to Winterbourne View, concerns about the inappropriate use of restrictive interventions across a wide range of health and care settings and the development of guidance framework. The report provides key actions set against leadership, assurance and accountability, transparency and monitoring and oversight and makes recommendations which include the use of Positive Behavioural Support; individualised approaches; recovery-based approaches; whole service approaches.

Transforming Care for People with Learning Disabilities – Next Steps (Jan 2015) [here](#)

This latest report sets the programme of work going forward, including the early actions for 2015 in ensuring that people are “getting the right care in the right place”. Key themes are in building capacity in communities to reduce the need for hospital admissions and to ensure people who are admitted are discharged into a community setting as soon as possible. There is a strong emphasis on personalised care and support planning and the clear message of joint working between health and social care.

Supporting People with a Learning Disability and/or Autism who have a Mental Health Condition or Display Behaviour that Challenges (draft service model for commissioners of health and social care services (July 2015) [here](#)

In July 2015 NHS England, the Local Government Association (LGA), and the Association of Directors of Adult Social Services (ADASS) published a new draft national framework designed to improve the care of people with learning disabilities, shifting services away from hospital care and towards community-based settings.

The Service Model sets out nine overarching principles which define what ‘good’ services for people with learning disabilities and/or autism whose behaviour challenges should look like.

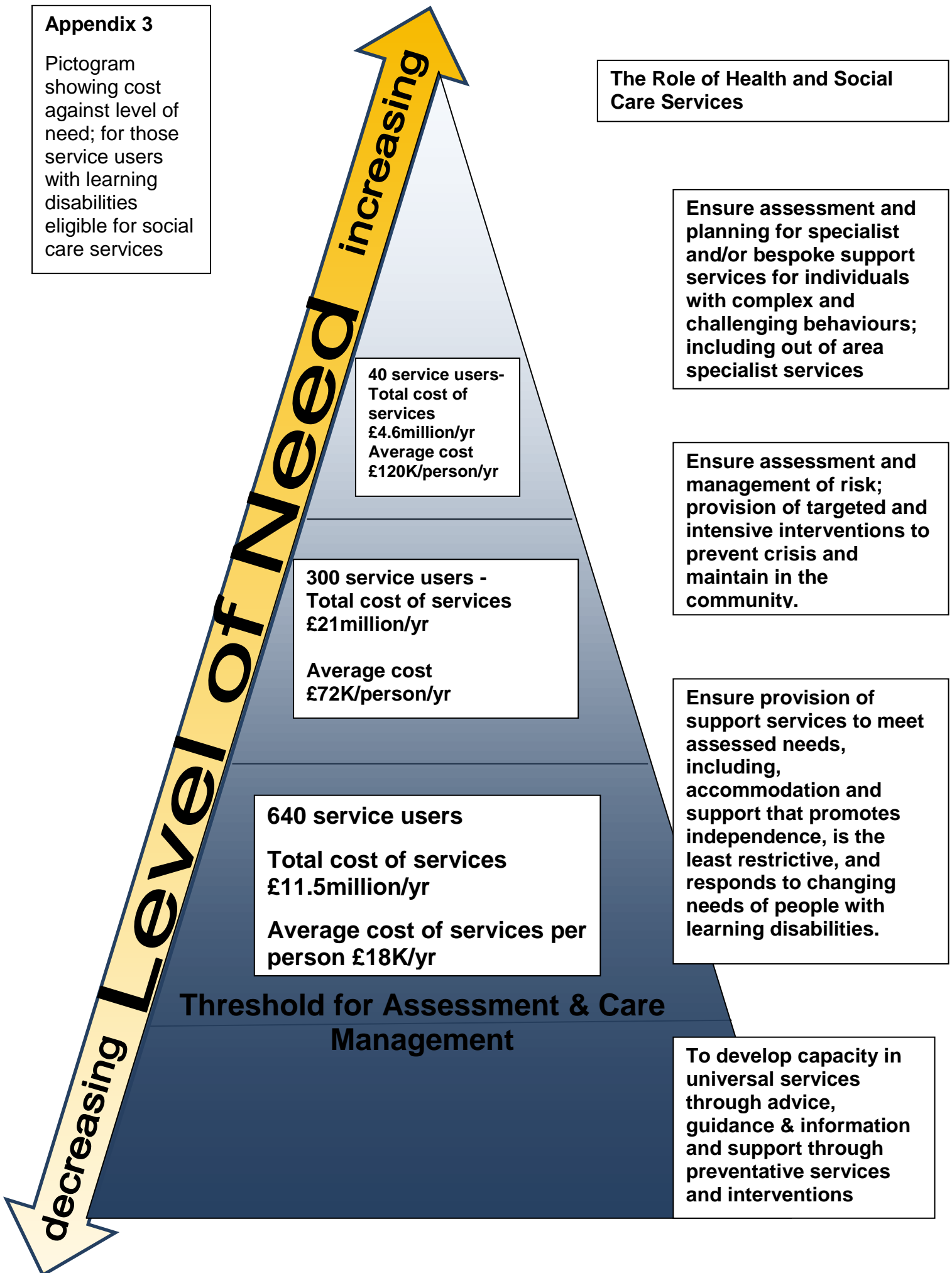
These principles will underpin how local services are redesigned over the coming months and years – allowing for local innovation and differing local needs and circumstances, while ensuring consistency in terms of what patients and their families should be able to expect from local decision-makers.

It is currently being tested by the five ‘fast track’ areas, which will use it to inform their transformation plans over the summer of 2015, and test it against the reality on the ground. NHS England, the LGA and ADASS will refine the guidance in response to any feedback and publish later this year.

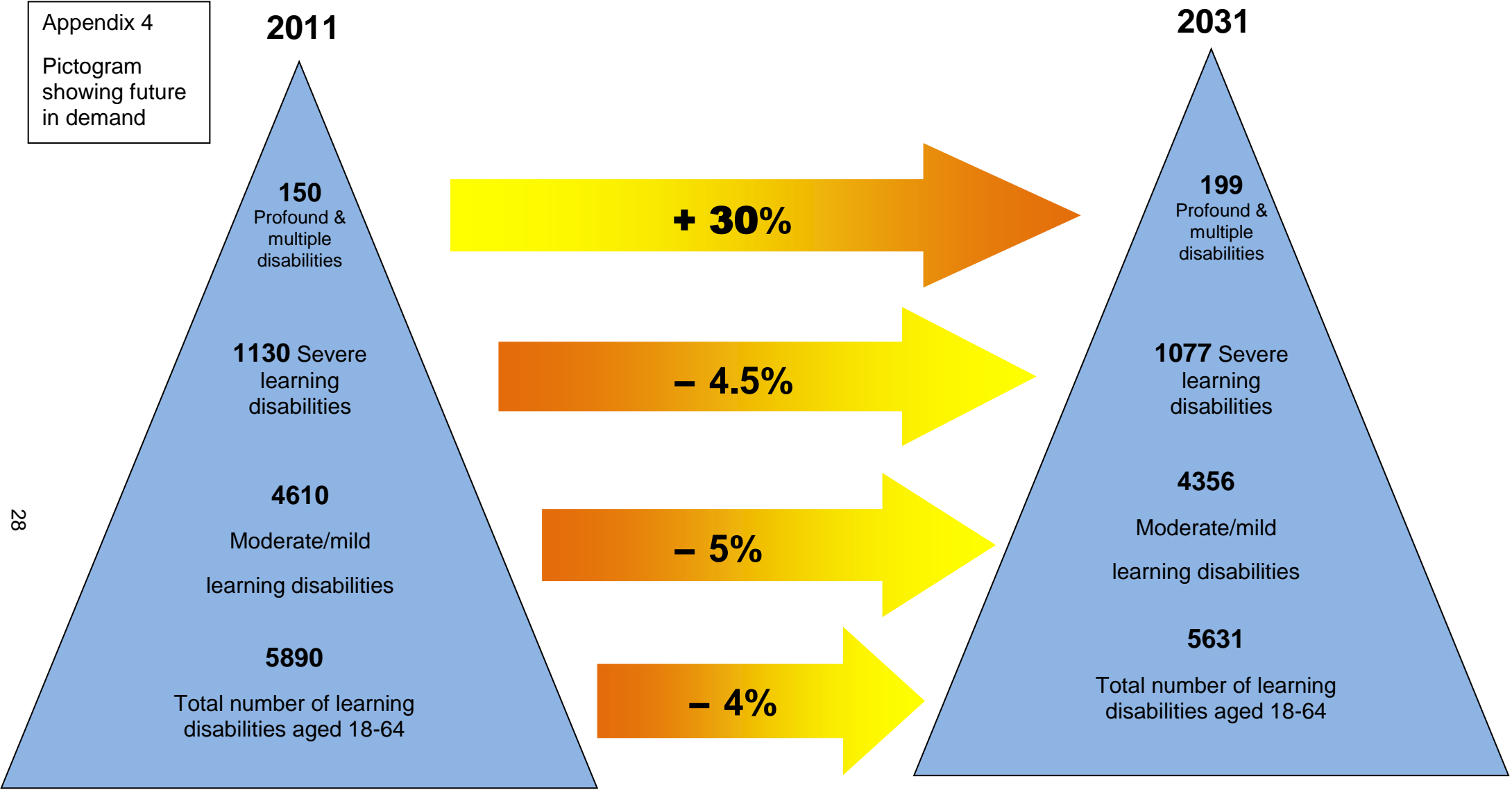
Appendix 3

Pictogram showing cost against level of need; for those service users with learning disabilities eligible for social care services

The Role of Health and Social Care Services



Appendix 4
Pictogram showing future in demand

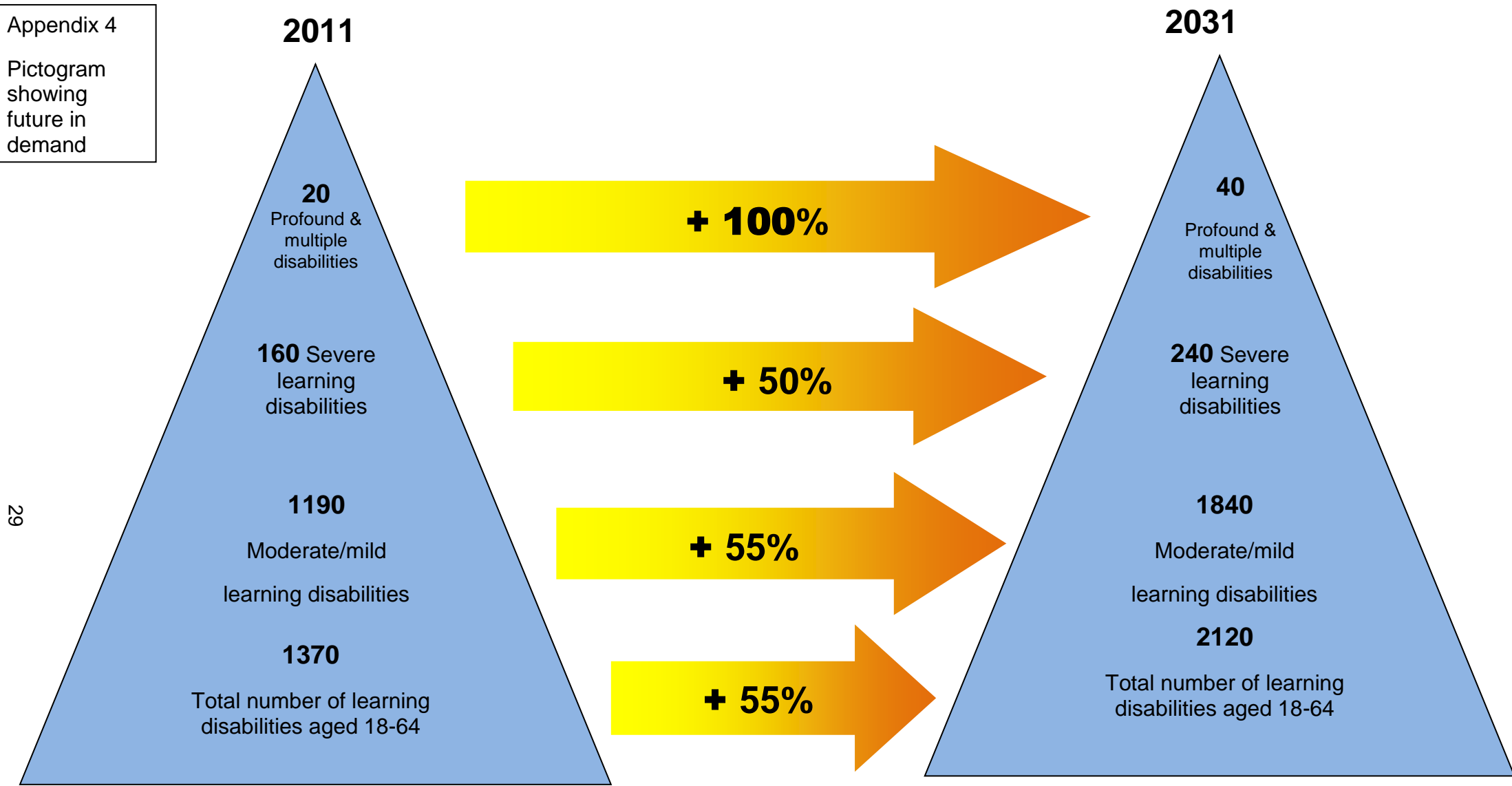


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Estimated projections for number of adults with learning disabilities (by severity) aged 18-64yrs, in Buckinghamshire.

Source Planning4Care

The overall number of people with learning disabilities aged 18-64yrs is projected to decrease, whilst the number of people with profound and multiple learning disabilities is projected to increase.



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Estimated projections for number of adults with learning disabilities (by severity) aged 65yrs and over, in Buckinghamshire.

Source Planning4Care 2010

The population of older people (65yrs+) with learning disabilities in Buckinghamshire, is projected to increase over the next 20years

Older people with learning disabilities and those with profound and multiple difficulties will require complex long term case management support.



Buckinghamshire County Council Select Committee

Title: Options Paper for HASC to consider the scope of an Adult Learning Disability Inquiry

Author: Julia Woodman - Committee Adviser – Ext 2062

Committee Date: 24th September 2015

Context

The Committee agreed at an earlier meeting to have an inquiry into Learning Disabilities Services.

Since the investigation into the abuse at Winterbourne View and other similar hospitals, there has been cross-government commitment to transform care and support for people with learning disabilities, and especially for those who have mental health conditions or display behaviour that challenges.

Locally Buckinghamshire County Council commits a significant proportion of its Adult Social Care budget to Learning Disability Services with a forecasted growth of residents with severe and complex needs.

Purpose

The purpose of this paper is to enable Members to agree the focus of an inquiry into Learning Disability Services in Buckinghamshire.

Suggested Options for Members to consider

Four potential inquiry options are identified below based upon business planning and service user / carer information. More detailed information regarding issues and potential outcomes for each of the options is attached as Appendix 1.

In identifying options Buckinghamshire Learning Disability Engagement reports from May 2015 were used to identify project areas and key lines of inquiry from a service user and carer perspective. These reports were commissioned by Buckinghamshire County Council and the two Clinical Commissioning Groups in the County. In addition the Commissioning and Operational Learning Disability Service business plans for 2015/16 were used to assess areas where a HASC inquiry could add value to identified projects.

The current data of inpatients with Learning Disabilities was analysed to look for potential issues of in-patient numbers for Buckinghamshire. The evidence does not highlight significant issues that would warrant a select committee inquiry in relation to preventing admission and the discharge process due to a low and stable number of inpatients.

A further area highlighted nationally is the integration agenda. It is clear from the current work and plans that Buckinghamshire has a clear and agreed direction of travel with regards to an integrated learning disability service. It is therefore suggested that this is looked at in a wider context as an ongoing Committee Inquiry item to monitor progress of the integration agenda.

Option 1 – Accessibility and promotion of services that promote the health and wellbeing of adults with a learning disability

Service users and carers reported that there was a lack of good, timely and accessible information regarding the services available. People particularly wanted:

- To understand healthcare services and how to access them
- Promotion of preventative and early intervention services for adults with learning disabilities
- Have access to more activities in the evenings and at weekends

A key outcome for this inquiry could be in the co-production development of a “local offer” of services for young adults and adults, both eligible for services and ineligible. In addition, assurance that the engagement mechanisms are in place for service users to inform the breadth and type of services in place and to highlight the types of prevention programmes that is needed at a local level.

Option 2 – Improving the social inclusion of people with learning disabilities in Buckinghamshire communities.

People with learning disabilities still experience difficulties in being full citizens of the community. Inequalities can be challenged by improving their access to a broad range of reasonably adjusted facilities, amenities services and opportunities including:

- Work; support to enter and maintain employment
- Leisure activities; cinema, theatre, music venues etc
- Sports facilities
- Being involved in local decision making
- Changing places (personal care facilities)
- Public transport

A key outcome would be to identify service users’ and their carers ‘experiences of accessing ordinary and universal services and amenities through existing feedback

and engagement groups. From this the review group could highlight areas that they would like to focus on and impact upon as members.

Option 3 - Accessible complaint and advocacy services for adults with a learning disability

Users and carers are unclear about the appropriate channels for raising complaints and seeking advocacy, In addition where to go to discuss issues before it reaches the need for a more formal complaint stage.

A key outcome would be to map advocacy and complaint services and highlight areas for improvement to ensure pathways are clear and accessible.

Option 4 – Embedding a multi-agency Transitions Pathway in Buckinghamshire; health and social care working together across children and adult services (across all disabilities)

In line with the views and feedback of young people and their families adult and children’s services have:

- Established a Transition Team
- Developed a Multi-agency Transitions Protocol
- Developed a Transitions Pathway across all disabilities
- Established a Strategic Transitions Board to oversee the implementation of plans

A key outcome of inquiry would be to identify barriers to implementation and further progress in embedding the Transition Pathway in Buckinghamshire.

Based on the information provided the Committee is asked to agree:

- 1. One Option for the scope of the Learning Disability Inquiry.**

The Chair is asked to agree:

- 2. Suggested Volunteer Members to participate in the inquiry**

**Supporting Papers
Appendix 1 – Option details**

Appendix 1 – Inquiry Options

Inquiry Option 1

Title	Accessibility and promotion of services that promote the health and wellbeing of adults with a learning disability
What is the problem that is trying to be solved?	<p>Service users and carers reported that there was a lack of good, timely and accessible information regarding the services available.</p> <p><u>Issues</u></p> <ul style="list-style-type: none"> • Carers and service users lack of knowledge and access to specialist and mainstream healthcare services • Lack of accessible information, especially regarding services • Enabling Carers to keep up to date with services and intervention available • Lack of clarity of what individuals can expect from services and if there are any charges • Access to a broad range of interventions and support <p>Professionals understanding how to work and communicate with people with Learning Disabilities</p> <p><u>Issues</u></p> <ul style="list-style-type: none"> • Professionals across services not understanding the needs of people with Learning Disabilities • People with Learning Disabilities not always understand what is happening to them in relation to healthcare • Service users explaining problem more than once to different professionals
Is the issue of significance to Buckinghamshire as a whole?	Yes – The areas were identified as top priorities from an extensive learning disability engagement report in May 2015 (involving over 600 users aged 18 -70 years and over 80 carers, using surveys, workshops and engagement events.)
Is the topic of relevance to the work of BCC?	Yes –over £40 million pa is spent by the authority on services for people with LD and with a rising population of residents with complex needs, access is vital to determining the effectiveness and efficiency of services.
What work is underway already on this issue?	It is in the current work plans ‘to develop local offer of the range of services to support parents and people with a learning disability’.
Are there any key changes that might impact on this issue?	No

What are the key timing considerations?	Inquiry to be completed by March 2015
What might the Inquiry Achieve?	<ul style="list-style-type: none"> • Mechanisms to improve carers understanding of healthcare systems / roles and responsibilities of professionals • Assess the promotion and communication of services to users and use learning from other LA's and working with users/ carers to identify improvements • The development of a local offer –what would this look like and promotion channels. • Review disability awareness and communication training of staff and communication tools used by professionals (support workers, service providers, health and social care professionals) • Assessing how information is shared between services – and it's timeliness and accuracy • Assess the effectiveness of existing forums to engage with people with learning disabilities
What are the resource implications in doing this piece of work?	3 days a week Committee Advisor time for up to 6 months. Officer time from AFW services; Community LD Health Services, advocacy services, in addition to service user and carer time.

Inquiry Option 2

Title	Improving the social inclusion of people with learning disabilities in Buckinghamshire communities.
What is the problem that is trying to be solved?	<p>People with learning disabilities still experience difficulties in being full citizens of the community.</p> <p>Issues:</p> <ul style="list-style-type: none"> • A lack of reasonable adjustments made in universal services and amenities in the community • Access to ordinary activities increase social exclusion Including: <ul style="list-style-type: none"> - Work; support to enter and maintain employment - Leisure activities; cinema, theatre, music venues etc - Sports facilities - Being involved in local decision making - Changing places - Public transport i.e. bus pass timings; improved links
Is the issue of significance to Buckinghamshire as a whole?	Yes – The area was identified as a top priority from extensive learning disability engagement reports in May 2015; the LDPB focus groups feedback, engagement and actions plans.

Is the topic of relevance to the work of BCC?	Yes – The service has identified users experiencing a number of transport issues and a lack of challenge to wider universal services and issues that fall outside services control and influence.
What work is underway already on this issue?	The Learning Disability Partnership Board is a forum for hearing the views of people with learning disabilities; some mapping and assessment of universal services has been carried out by the community links workers and other voluntary sector organisations.
Are there any key changes that might impact on this issue?	No
What are the key timing considerations?	Inquiry to be completed by March 2015
What might the Inquiry Achieve?	<p>A key outcome would be to identify service users' and their carers 'experiences of the accessing ordinary and universal services and amenities through existing feedback and engagement groups. From this the review group could highlight areas that they would like to focus on and impact upon as members. This could also achieve:</p> <ul style="list-style-type: none"> • Improvements to advocacy mechanisms for resolving issues around community inclusion particularly those which sit outside health and social care remit i.e. transport, local leisure amenities • Championing the rights of people with learning disabilities • Championing good practice in universal/community services across Buckinghamshire
What are the resource implications in doing this piece of work?	3 days a week Committee Advisor time for up to 6 months. Officer time from AFW services, advocacy services for carers and service users in addition to user carer time.

Inquiry Option 3

Title	Accessible complaint and advocacy services for adults with a learning disability
What is the problem that is trying to be solved?	<p>Users and carers are unclear about the appropriate channels for raising complaints and seeking advocacy, In addition where to go to discuss issues before it reaches the need for a more formal complaint stage.</p> <p>A key outcome would be to map advocacy and complaint services and highlight areas for improvement to ensure pathways are clear and accessible.</p> <ul style="list-style-type: none"> • The need for regular independent self-advocacy groups and a mechanism to talk things through before it reaches a complaint

	<p>stage.</p> <ul style="list-style-type: none"> • Lack of clarity and confusion regarding mechanisms for making a complaint. • Clearer and easier ways to raise complaints or concerns. 'Not everyone can read, not everyone can write, or use the internet, but everyone has a right to tell someone when something's gone wrong, or something concerns them'
Is the issue of significance to Buckinghamshire as a whole?	Yes – The area was identified as a top priority from an extensive learning disability engagement report in May 2015
Is the topic of relevance to the work of BCC?	Yes – good advocacy services empower service users and enable the service to know what improvements to put in place at an early stage.
What work is underway already on this issue?	No current work streams identified
Are there any key changes that might impact on this issue?	No
What are the key timing considerations?	Inquiry to be completed by March 2015
What might the Inquiry Achieve?	<ul style="list-style-type: none"> • Map advocacy and complaint services in Bucks. Identify whether pathways are clear and accessible. • Gain the user and carer perspective for review and improvement • Look at how self-advocacy could work in bucks and identify lessons learnt from other authorities
What are the resource implications in doing this piece of work?	3 days a week Committee Advisor time for up to 6 months. Officer time from AFW, in addition to user carer time.

Inquiry Option 4

Title	Embedding a multi-agency Transitions Pathway in Buckinghamshire; health and social care working together across children and adult services, across all disabilities.
What is the problem that is trying to be solved?	<p>In line with the views and feedback of young people and their families adult and childrens' services have:</p> <ul style="list-style-type: none"> • Established a Transition Team • Developed a Multi-agency Transitions Protocol • Developed a Transitions Pathway across all disabilities • Established a Strategic Transitions Board to oversee the implementation of plans <p>Until the Transitions Pathway is fully embedded into business as usual the expectations and perceptions of service users and their carers may continue to be poor/negative</p> <p>Through case study analysis and engagement the inquiry could highlight what is working well and identify barriers to progress and areas for improvement;</p>
Is the issue of significance to Buckinghamshire as a whole?	Yes – with the rise in the number of people with severe and complex needs, there will be a rise in the demand for a transitions service;
Is the topic of relevance to the work of BCC?	Yes – BCC has invested £300K to set-up a Transition Team. Finding out user experiences has informed work to date and will inform the future focus and shape of the service.
What work is underway already on this issue?	The transitions team is established and the Strategic Transitions Board oversees the implementation of the transitions protocols; the board represents health and social care across children and adult services.
Are there any key changes that might impact on this issue?	No
What are the key timing considerations?	Inquiry to be completed by March 2015

<p>What might the Inquiry Achieve?</p>	<p>A key outcome of inquiry would be to identify barriers to implementation and further progress in embedding the Transition Pathway in Buckinghamshire.</p> <p>The inquiry could identify service users' and their carers experiences of the current system and processes through case study analysis and engagement and</p> <ul style="list-style-type: none"> • Identify key changes in service provision post 25 years of age and identify impacts this has on areas such as housing, employment, education, social activities. • How the current transition is managed between children's and AFW Services and identify areas for improvement • Identify what is working well and areas for improvement
<p>What are the resource implications in doing this piece of work?</p>	<p>3 days a week Committee Advisor time for up to 6 months. Officer time from AFW, in addition to user carer time.</p>



Buckinghamshire County Council
Select Committee
Health and Adult Social Care

Update to the HASC Select Committee

Title: Update on the partnership approach to tackling Female Genital Mutilation in Buckinghamshire

Committee date:

Author: Matilda Moss, Business Manager Buckinghamshire Safeguarding Children Board

Katie McDonald, Health and Wellbeing Lead Officer

Contact officer: Katie McDonald, Health and Wellbeing Lead Officer

Cabinet Member sign-off:

Lin Hazell/ Martin Philips

Purpose of Agenda Item

To provide members of the committee with an update on the partnership approach to tackling Female Genital Mutilation in Buckinghamshire following the joint hosting of a challenge event with key partners by the Buckinghamshire Safeguarding Children Board and Health and Wellbeing Board on 18 September.

Background

The Buckinghamshire Safeguarding Children Board and Health and Wellbeing Board are jointly hosting an FGM Challenge Session to:

- Seek clarity and assurance around the work taking place in each agency to tackle FGM.
- Facilitate focused challenge and thinking with the aim of agreeing a proportionate partnership approach to FGM.

This challenge session is an opportunity for agencies to share good practice as well as identify any challenges or changes that need to be made to enable professionals to recognise the risks and signs of FGM and respond appropriately.



Summary

Definition of FGM

The World Health Organisation states that female genital mutilation '*comprises all procedures (not operations) that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons*'.

FGM in the UK and Buckinghamshire

The prevalence of FGM is difficult to establish because of the hidden nature of the crime, but it is estimated that:

- Approximately 60,000 girls aged 0-14 were born in England and Wales to mothers who had undergone FGM.
- Approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM.
- Approximately 10,000 girls under 15 who have migrated to England and Wales are likely to have undergone FGM. ¹

Due to population growth and immigration from practising countries since 2001, these figures may underestimate the prevalence of FGM.

FGM is more likely to occur in those areas of the UK with larger communities from practicing countries. Whilst this would not make Buckinghamshire an area of high FGM prevalence, there are some areas close by who are likely to have far more cases. In particular, Oxford, Reading, Slough and Milton Keynes.

Since April 2014 all NHS hospitals have been required to record:

- If a patient has had FGM
- If there is a family history of FGM
- If an FGM related procedure has been carried out on a patient.

From September 2014, all acute hospitals have been required to submit this data to the Department of Health on a monthly basis.

The FGM Prevalence dataset for September 2014 – March 2015 is now available (see www.hscic.gov.uk/catalogue/PUB16773). This shows 0 new cases were reported by Buckinghamshire Healthcare NHS Trust during this period. Data on active caseloads are also collected, but data for BHT has been suppressed for statistical reasons.

The FGM Enhanced Dataset Information Standard contains more detailed information and the first report, based on the April – June 2015 quarter is due to be published in September . It includes data collection from mental health trusts and GP practices.

¹ *Multi-agency Practice Guidelines: Female Genital Mutilation*. London: Home Office, 2014.

Activity Relating to FGM in Buckinghamshire

Buckinghamshire County Council Community Safety Team

- Produced data showing the areas of Buckinghamshire where we might expect a higher prevalence of FGM based on the number of individuals born in countries where FGM is practiced (see below). This shows that these communities are small and concentrated in some parts of High Wycombe and Aylesbury.
- Disseminated Home Office posters on FGM to GP surgeries in red areas on the map below.
- Added FGM to the Domestic Violence training catalogue for 2015/16.

Diagram 1: Areas of Buckinghamshire where we might expect a higher prevalence of FGM based on the number of individuals born in countries where FGM is practiced (based on 2011 Census data)

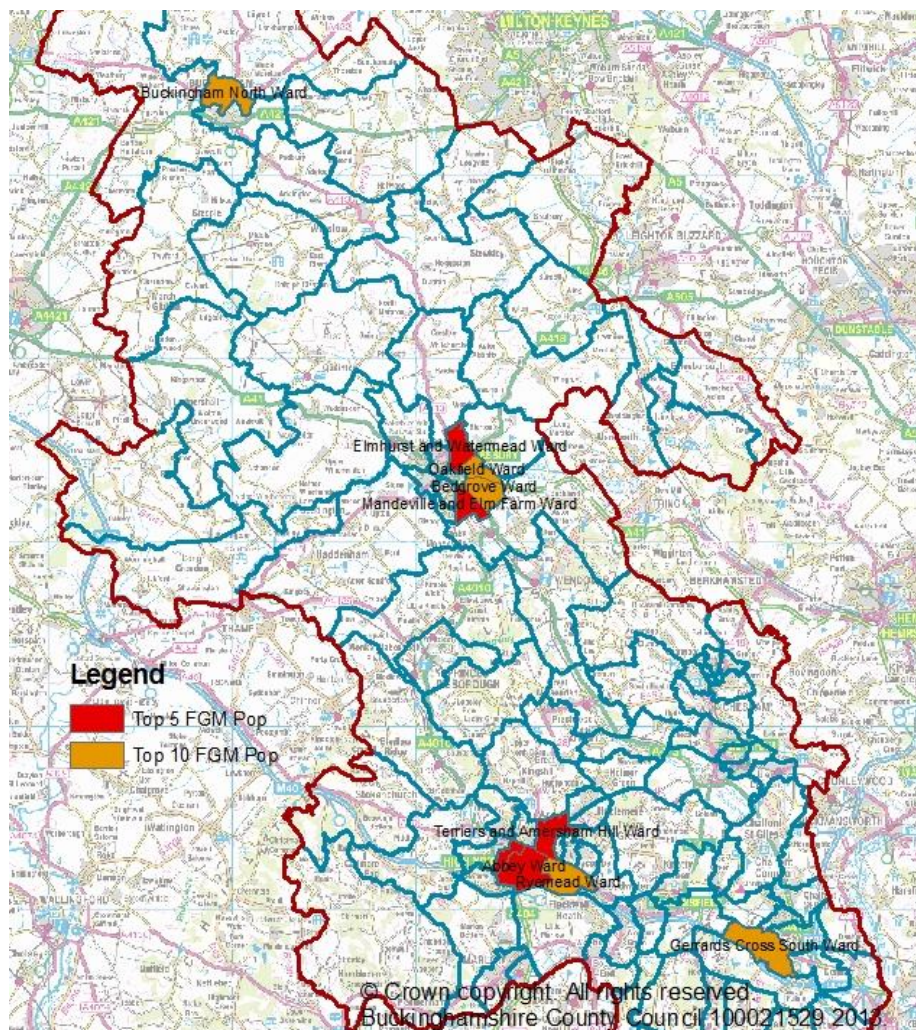


Table 1: Areas of Buckinghamshire where we might expect a higher prevalence of FGM based on the number of individuals born in countries where FGM is practiced (based on 2011 Census data)

Ward Name	LPA	Number of people born in countries detailed below					Total
		Africa; North Africa	Other Central and Western Africa	Somalia	Other South and Eastern Africa	Other Middle East	
Abbey Ward	Wycombe	18	13	5	50	31	117
Oakridge and Castlefield Ward	Wycombe	14	9	1	62	21	107
Terriers and Amersham Hill Ward	Wycombe	32	7	3	31	23	96
Elmhurst and Watermead Ward	Aylesbury Vale	39	3	2	31	20	95
Mandeville and Elm Farm Ward	Aylesbury Vale	29	2	0	40	24	95
Bedgrove Ward	Aylesbury Vale	14	3	0	53	9	79
Ryemead Ward	Wycombe	18	5	0	39	15	77
Gerrards Cross South Ward	South Bucks	17	3	0	41	15	76
Buckingham North Ward	Aylesbury Vale	5	11	0	22	34	72
Oakfield Ward	Aylesbury Vale	16	10	5	27	9	67

Thames Valley Police and Crime Panel

FGM is one of the priorities for action in the revised Thames Valley Police and Crime Plan 2013-17.

In 2014, the Panel wrote to Clinical Commissioning Groups (CCGs) across the Thames Valley requesting that they attend a meeting in September 2014 to discuss how they are combatting and working in partnership with the Police to prevent FGM. As no responses were received, in September 2014 the Panel requested that the Buckinghamshire County Council Overview and Scrutiny Committee should write to all CCGs and Hospital Trusts so that they may provide a regular overview item at their Health Scrutiny Committees of measures taken to identify cases of FGM. The Overview and Scrutiny Team subsequently contacted CCGs and Public Health and are currently deciding on any future work they may wish to do in this area.

Aylesbury Vale and Chiltern Clinical Commissioning Group

Aylesbury Vale and Chiltern CCGs have gathered information from the main Buckinghamshire health providers on the actions they are taking, or planning to take, to tackle FGM. This information is shared below:

Minor Injury and Illness Unit (MIIU)

- Posters and patient information leaflets are displayed in the unit – these have the support contact numbers on.
- The information about the change in laws around FGM has been cascaded to all the clinical team.
- Lead nurse is attending training that will be disseminated to the team
- A Care UK medical lead has been collaborating with the GMC on FGM and will be delivering teaching sessions locally.

South Central Ambulance Service (SCAS)

- Section on FGM included in updated Safeguarding Policy
- FGM incorporated in new training package ready for 2015/16 programme

Clinical Commissioning Groups

- Monitoring provider services training and reporting of cases through contracts
- Contributing to the work of children and adult Safeguarding Boards to increase awareness of FGM and improve response to cases.

Buckinghamshire Healthcare NHS Trust

- Safeguarding training to all midwives includes FGM and all suspected cases as reported to the specialist.
- All expectant mothers are questioned about FGM at booking and the outcome of discussion recorded in the patient record.
- Policies on FGM and Domestic Violence are available to staff.
- FGM is in the Safeguarding Level 1 and 2 training and in the programme for CYP Community Staff for 2015.
- School nurses are looking at incorporating FGM into PSHE

Oxford Health Foundation Trust

- OHFT have an operational procedure flow chart for FGM across service.

Buckinghamshire Local Safeguarding Children Board

The Board has produced an FGM Procedure ([Safeguarding Girls and Young Women at Risk of Abuse through Female Genital Mutilation](#)), which was revised in January 2014. This



is available on the BSCB website, which also signposts to a number of other national resources around FGM. The website also links to the Home Office online FGM training, and Board partners were asked to promote this via their agencies in September 2014.

The Board recognises its role in scrutinising local arrangements across the partnership and evidence from the challenge session is one mechanism to do this.

Resource implications

None

Next steps

Katie McDonald, Health and Wellbeing Lead Officer will provide an update to members of the committee on the outcome of the challenge session held on 18 September and detail on the next steps to be taken.



Buckinghamshire County Council Select Committee

Title: Discussion paper on key lines of inquiry for Day Opportunities Centres agenda item at 20th October HASC meeting.

Author: Julia Woodman - Committee Adviser – Ext 2062

Committee Date: 24th September 2015

Context

The original Transformation of Day Opportunities Strategy highlighted that Buckinghamshire County Council were committed to placing greater emphasis on giving individuals personal choice about their own support arrangements, as well as taking a more community orientated approach. Day services for people with very complex needs will now be delivered from a network of new, or refurbished, fit for purpose Day Opportunity Centres – and these were subsequently agreed as Aylesbury, Chesham, Buckingham, Beaconsfield, Burnham and High Wycombe. These centres will also be used as a wider community resource. In addition there will be a network of Community Bases which will be the main provision for people who do not need a high level of support. Community Bases will be situated in community venues such as local community centres, village halls, leisure facilities etc. These will be places where people can meet and /or use as starting points for other activities within the local community. These services may be run by a variety of providers including local communities themselves.

Prior to the paper being submitted to the Committee in October Members of HASC will have the opportunity to visit Chesham, Buckingham, Aylesbury Centres. In addition there will be visits to Hillcrest (for Members to see what provision was like before the transformation) and the Burnham site.

Aims of the Agenda item at the October HASC meeting

For members to assess the impact of post transformation on:

- The breadth and quality of provision
- Spread of provision and accessibility
- Usage of sites by target groups
- Meeting future changes in need and demand

Suggested key lines of Inquiry for session

What's on offer?

- Spread of Centres across Bucks and assessing the spread of provision
- Accessibility to centres for target groups
- Establish plans to grow capacity at centres
- What is the charging policy? – Who does the Council fund and self-funders?

Promotional activity

- How has the service promoted the changes to users?
- How do potential users find out about the services on offer, where they are and any charges for activities

The User and staff experience

To have photo evidence of before and after from the centres

- Evidence of the before and after experiences from clients and staff working at the centres – breadth of consultation.
 - Areas that have received positive feedback.
 - Particular challenges users have faced?
 - Any gaps or issues to address?
- Visits to day care centres - services offered and service users and managers/staff feedback.

Reaching the right target audiences

- How will the service identify changes in need amongst its target groups?
- How will the service ensure flexibility in delivery mechanisms that can respond to changes in need?

Promoting and increasing use of personal budgets and the development of community based services

- What work is the service undertaking to engage the VCS and Community Groups to enable continued growth of direct payments?

Progression of the refurbishment

- To have an update on progression of the capital programme at Burnham, High Wycombe and Thrift Farm Café
- How the challenges of refurbishments are managed – e.g. decamping clients.

Date	Topic	Description and purpose	Contact Officer	Attendees
Health & Adult Social Care Select Committee				
24 Sep 2015	Adults Learning Disability Services Overview	To have an overview of the services available for adults with learning disabilities, to help inform a possible inquiry. The overview information will include; data on services and number of service users, budget allocation and the integration agenda. This information will provide members with the background evidence for their inquiry.	Zita Calkin, Lead Commissioner for Learning Disabilities	Mike Appleyard, Cabinet Member for Health and Wellbeing, Adam Payne, Service Manager, Zita Calkin, Senior Joint Commissioner
24 Sep 2015	Committee Work Programme	For the Committee to note its updated work programme	Julia Woodman, Committee Adviser	Julia Woodman, Committee Advisor
24 Sep 2015	Adults with Learning Disability Options paper	For members to agree a scope for the Inquiry into services for adults with learning disabilities.	Julia Woodman, Committee Adviser	Inquiry Chairman and Members.
20 Oct 2015	Committee Work Programme	For the Committee to note its updated work programme	Julia Woodman, Committee Adviser	Julia Woodman, Committee Advisor
20 Oct 2015	Day Care Opportunities	For members to review day care opportunities across the County.	Susie Yapp, Service Director (Commissioning and Service Improvement)	Mike Appleyard, Cabinet Member for Health and Wellbeing, Kelly Taylor, Project Manager, Susie Yapp, Service Director
20 Oct 2015	Frimley Health Trust Update	Overview Information: For members to receive an update on the progress towards quality improvements, future plans for trust sites, services and impacts on residents.	Julia Woodman, Committee Adviser	Andrew Morris, Chief Executive of Frimley Health Trust

Date	Topic	Description and purpose	Contact Officer	Attendees
24 Nov 2015	Adults with Learning Disability Inquiry Update	For members of the committee to receive an update from the Inquiry group on the progress of the Inquiry into services for adults with learning disabilities.	Julia Woodman, Committee Adviser	Inquiry Chairman and Members
24 Nov 2015	Better Care Fund	For the Committee to have: 1. an overview of the key Better Care Fund projects, how outcomes are measured and how the projects are progressing 2. an update on how risk is managed and the development of the risk register 3. How agencies are planning to move forward in light of higher rated residual risks identified	Lesley Perkin, Programme Director for Integrated Care	
24 Nov 2015	Buckinghamshire Healthcare Trust	For Members to examine the Trust's progress to date on their improvement programme in response to the recent CQC inspections.	Julia Woodman, Committee Adviser	Mike Appleyard, Cabinet Member for Health and Wellbeing. Neil Dardis, CEO, Bucks Healthcare Trust. Carolyn Morris, Chief Nurse Louise Patten, Aylesbury Vale CCG Annet Gamell, Chiltern CCG
24 Nov 2015	HASC GP Services Inquiry 12 month review		Julia Woodman, Committee Adviser	