

Division(s):

## **CABINET – 17 MARCH 2015**

### **Oxfordshire's Learning Disability Strategy 2015 -2018 Report by Director of Adult Social Services and the Chief Executive of Oxfordshire Clinical Commissioning Group**

#### **Introduction**

1. Cabinet are asked to consider the results of the public consultation on Oxfordshire's joint Learning Disability Strategy 2015 – 2018.
2. The current Learning Disability Strategy is due for a refresh and has been developed with people with learning disabilities, their families, and professionals before going to a broader consultation, which finished on 9 February 2015. As a result of the consultation we have made changes to some of the commissioning intentions in the draft strategy. These changes are described below in paragraphs 32 to 38.
3. We will be integrating the provision of mental and physical health care for people with learning disabilities with mental and physical health care provided by mainstream health services so that everyone in Oxfordshire gets their physical and mental health support from the same health service, whether or not they have a learning disability.
4. In addition we will ensure that people with learning disabilities achieve good health and social care outcomes by commissioning resources that support those people with more complex health needs and ensure that mainstream services have capacity and capability to meet those needs.
5. We will provide a wellbeing and employment service supporting people to access informal community support and friendships, start volunteering, and get work.
6. As part of the support to mainstream services a reasonable adjustments advisory team will work to support health and social care providers to make their services accessible to people with learning disability. This service will identify and share best practice, train staff at all levels in supporting people with learning disabilities, and challenge services that fail to provide appropriate access.
7. Alongside the work of the big plan we are separately running a savings programme. Approximately 85% (£73m) of the spending in the learning disability pooled budget is in health and social care personal budgets allocated to individuals on the basis of assessed individual need. As the majority of spend is from this portion of the budget we will be seeking to make the required savings through meeting eligible needs in an efficient way.

8. This means that delivering the required savings requires system and cultural change that the Big Plan is designed to deliver. Our approach is to meet people's eligible needs and maximise their quality of life whilst using resources fairly and effectively. This requires on-going operational attention to eligibility and support planning at all levels of the organisation.

### Background

9. The Oxfordshire strategy has successfully supported increasingly more adults with a learning disability to live in their own home in the community. Oxfordshire has the highest proportion of adults living in supported living per head of population in the South East (*Health & Social Care Information Centre 2013*). Over the last 2 years, the number of people open to the learning disability team has increased by 16%. The proportion of people who are supported in their own home as opposed to residential care has increased from 72% to 81% in the same 2 years. This has been the result of a consistent strategy over the last 20 years.

	Mar-12	Mar-13	Mar-14	% increase 12/13	% increase 13/14	% increase over 2 years
<b>Adults open to Learning Disability team</b>	1792	1877	2078	4.74%	10.71%	15.96%
<b>Living at home</b>	1298	1437	1673	10.71%	16.42%	28.89%
<b>% at home</b>	72.43%	76.56%	80.51%	4.13%	5.16%	8.08%

Source: DH information centre: 2012-2014 RAP returns

10. However, we currently have an out of date learning disability health model, with a large specialist offer, and little integration with mainstream health provision. This has led to a high level of services, rather than support in the community at lower cost. There are particular local issues with the split between mental health and learning disability services, with people being allocated to services based on their IQ, rather than on any clinical or social care need.
11. The current Learning Disability Strategy is due for a refresh and has been developed with people with learning disabilities, their families, and professionals before going to a broader consultation. This consultation finished on 9 February 2015.
12. There is a significant overspend and demographic pressure on the Learning Disability Pooled Budget. This has led to the development of a savings and commissioning board focused on developing a strategy and operational response that changes our internal culture towards one of promoting independence and community provision, working with current services to improve efficiency and reduce costs, and that aims to commission services that deliver a long term reduction in the use of paid for services.

13. The majority of spending in the Learning Disability Pooled budget is in personal budgets, £73m of a total £84m are budgets controlled by the individuals who receive the services.
14. The remainder of the money is spent on health and social care teams, and on inpatient beds. About £5.5m of this is in a contract with Southern Health for inpatient beds and community learning disability health teams. The contract for this service expires in December 2015. There have been quality and performance concerns about the inpatient service from commissioners and regulators.
15. There has also been significant public concern, alongside concern from people with learning disabilities and their families, about current provision, and especially about inpatient services.

#### *Priorities*

16. People with learning disabilities have told us that they want to have choice and control over their lives, to live as independently as possible as part of the broader Oxfordshire community, to live in the right home for them with the right support, and to be healthy and safe. Our role as commissioners is to design services that support this ambition.
17. These priorities inform our proposed new model of service, which starts with an expectation of living a productive life, with services provided proportionate to need and will ensure that people with learning disabilities have access to all the health services that everyone else has (mainstream as the default), whilst providing a smaller, focused, specialist resource for those that need this.
18. This has led us to a series of commissioning and procurement proposals, set out in the draft strategy. These support our priorities and our proposed new model. These are described in the way forward section below.

#### *Contracts and Procurement*

19. The draft strategy proposes integrating the provision of mental and physical health care for people with learning disabilities with health mainstream services so that everyone in Oxfordshire gets their physical and mental health support from the same health services – whether or not they have a learning disability.
20. There are approximately 11,000 people living with learning disability in Oxfordshire, of whom approximately 2,000 are using services commissioned from the pooled budget at any one time. Most health care provided to this group is provided by mainstream health providers with the majority of that provided in primary care
21. A small number of people with learning disabilities (in the order of 1,200 in any one year, and 800 at any one time) receive mental and physical health support from a service provided by Southern Health NHS Foundation Trust and delivered by Community Learning Disability Teams.

22. This specialist healthcare includes inpatient beds, speech and language therapy, psychological therapy for mental illness, support around epilepsy and other health conditions, and support for the management of complex multiple conditions.
23. In thinking about delivering good health outcomes for people with learning disability the Big Plan addresses a number of challenges:
- (a) Most health care for most people is provided in primary care, which additionally acts as the care co-ordinator and referral and access point to most mainstream community and acute health services. Primary Care needs to have the capacity and capability to support the needs of people living with learning disabilities. Primary care is commissioned by NHS England and so outside of the scope of the pooled budget, but the Big Plan sets out how we can ensure that primary care works for the people of Oxfordshire living with learning disability.
  - (b) Many key health interventions that promote longer and healthier lives are commissioned by Public Health England and by Public Health at the County Council. These initiatives are also outside of the scope of the pooled budget, but the Big Plan ensures that these initiatives are accessible and work for the people of Oxfordshire living with learning disability
  - (c) Mainstream community, mental health and acute care (whether planned or unplanned) is mostly commissioned by Oxfordshire Clinical Commissioning Group from Oxford Health NHS Foundation Trust and Oxford University Hospitals Trust with a smaller amount commissioned from independent providers and providers in neighbouring counties (for people living in border areas).
  - (d) There are some specialist health care services delivered to people in Oxfordshire that are commissioned by NHS England under specialist commissioning contracts
  - (e) All of these services are accessible to people living with learning disabilities except where the specialist health care commissioned from Southern Health NHS Foundation Trust provides a dedicated service.
24. To deliver better health outcomes for people with learning disability in mainstream settings we will need to undertake a number of actions
- (a) It is the intention of Oxfordshire Clinical Commissioning Group, to vary those contracts in paragraph 24 (c) so that they meet the needs of people with learning disability and remove the need for a specialist service as currently commissioned from Southern Health NHS Foundation Trust. This may require a transfer of resources into these contracts from the Learning Disability Pooled Budget which are currently used to commission inpatient beds and community learning disability health teams from Southern Health Foundation Trust
  - (b) Constructs local services such that they ensure that those health interventions set out paras 24 (a, b and d) work most effectively to deliver the aims of the Big Plan.

25. The contract with Southern Health Foundation Trust for these services ends on 31 December 2015 and any variations and transfer would take effect then, or earlier subject to provider agreement.

**Key messages from consultation**

26. Significant number of people engaged with the consultation which ran from 10 November 2014 to 9 February 2015. There were 577 people who took part in the consultation, of which 118 people responded to the questionnaire online. There were 20 submissions by email from the members of the public and stakeholder groups/organisations, and one letter.
27. We have also carried out a number of individual interviews and two workshops with senior clinicians from a range of health professions and with clinical staff and social care staff from the current integrated learning disability teams. These have looked at mapping current services to understand what support is provided and the difference it makes to people. These have been externally facilitated by an independent consultant from Helen Saunderson Associates.
28. Overall there was support for the priorities and vision within the Big Plan, however there is some concern that the plan is too ambitious, and the timeframe too short for the degree of cultural and organisational change it demands.
29. People with learning disabilities welcomed more choice and control and families welcomed the concept of an intensive support team, with an additional respite resource for people who have high levels of need
30. There was a clear ambition for the whole of Oxfordshire to be part of supporting people with learning disabilities with a clear response that we all need to work together to change attitudes and culture and that communities could support people better but will need to learn how and also address risk issues
31. There was concern about a range of people with more complex needs, in relation to multiple medical conditions and in relation to people with very complex behaviour that challenges their living situation, and in relation to those with multiple conditions (such as learning disabilities and autism, or learning disabilities and dementia)

**Responding to the consultation**

32. A summary of the key issues raised, together with our proposed response is below. The full report is available as and our more detailed response are available at [www.oxfordshire.gov.uk/bigplan](http://www.oxfordshire.gov.uk/bigplan)

**Issue**

**Response**

33. While having more choice and control is generally welcomed, there are concerns about safety
- It is intended that, when operational, the Multi Agency Safeguarding Hub (MASH) in Oxfordshire will have clinical specialist staff input, and we will ensure that a Learning Disability specialist clinical

and exploitation of people with learning disabilities.

input in safeguarding remains.

The Well Being and Employment Service will work with providers and communities to develop local services. It is well known that when people are known in their local communities and have more friends and people who are not paid to be with them, they do better and are safer.

The County Council supports the Safe Places scheme around the county; and My Life, My Choice which campaigns on safety and access issues for people with learning disabilities.

34. The County Council and Clinical Commissioning Group need to work closely with many partners to ensure this works properly; there is a danger that some people will 'fall through gaps' - how will this be monitored? In monitoring services and success, people with learning disabilities are 'experts by experience' and need to be part of it.

Over the period of the strategy, Oxfordshire County Council and Oxfordshire Clinical Commissioning Group will monitor outcomes for people with learning disabilities along the same lines as with all their services, Adjustments will be made in response to this monitoring.

We will work in close partnership with those providers we contract with as well as others, such as the other parts of the NHS, employers, children's services, district councils, transport providers and charities. There are systems in place for this partnership working; the strategy is a joint one between social care and health.

The Reasonable Adjustment Advisory Service will include people with learning disabilities, their families and carers. Oxfordshire County Council already uses service users in procuring services and monitoring their effectiveness and we will continue to do this.

The Health and Well Being Board will oversee quality and outcomes for people with learning disabilities. There are mechanisms in place for ensuring that their recommendations are taken into service delivery. Healthwatch, who sit on the board, have statutory powers to view services and trigger Care and Quality Commission inspections

There are joint housing strategies in place which will link with work in this strategy, especially Priority 3: Living in the Right Home:

Currently leads in health and social care for all care groups are putting together a model of care

agreed across social care and community health teams.

It will deliver integrated person centred care and support, to meet the outcomes the public and patients have told us they want to see.

35. There is concern that mainstream health services won't be able to support people with learning disabilities who have dementia. Oxfordshire County Council and Oxfordshire Clinical Commissioning Group are commissioning a countywide Dementia Advisory Service in late 2015, and this will incorporate a learning disability specialism.

The Reasonable Adjustment Advisory Service will be able to raise concerns with providers and commissioners of mainstream health services if the service they provide is not adequate for people with learning disabilities.

36. The Intensive Support Team needs to be integrated with the mental health provision to be properly effective and to ensure no one falls through gaps. Original plans were for the intensive support function to be commissioned as a stand-alone service. Consistent feedback about the importance of integrating this service means commissioners will local mental health providers will instead develop an integrated learning disability intensive support function, along similar lines to that which already happens in children's mental health services (CAMHS).

This function will ensure appropriate support to people with autism spectrum disorders who present with complex behaviours and challenges and are at high risk.

As the local mainstream mental health provider is also our CAMHS provider this will also help address issues of transition from children's services to adult services.

37. More consideration needs to be given to the care of people who have medically complex conditions and those with multiple and profound learning disabilities. A Medically Complex Case Management function will be created to ensure that those (around 150) people who need it have an integrated health service.

This group of patients have multiple medical conditions and a range of complex interactions with multiple medical specialists. They are often lacking much formal language and require alternative communication and engagement strategies as well as attention to their best

interests and consent. The need for consistent coordination of the multiple complex medical inputs is clear.

38. Respite, both in the daytime and overnight, needs to be reviewed as a priority. We plan to review all respite provision during 2015. The Care Act 2014 puts obligations on Local Authorities to ensure that its respite provision is of good quality and availability so that carers' needs are served.

### **The way forward**

#### *Access to all the services that everyone else has*

39. This has two main implications. Firstly the integration of health support for people with learning disabilities in mainstream health services via contract variations and secondly the provision of a reasonable adjustments team. The reasonable adjustments advisory team will work with mainstream services to identify and share best practice, train staff at all levels in supporting people with learning disabilities, and challenge services that fail to provide appropriate access.

#### *Integration with mainstream health provision*

40. Integration of physical health support will require Oxfordshire County Council and Oxfordshire Clinical Commissioning Group to ensure that people who currently received physical health support from Southern Health Foundation Trust receive this support from mainstream provision. This will cover
- (a) Speech and language therapy
  - (b) Epilepsy Support
  - (c) Occupational therapy
  - (d) Physiotherapy
  - (e) Community Nursing (including delegated health tasks)
41. In some cases this will require the transfer of resources into these contracts. In some cases this will require the provision of expertise to enable the needs of people with learning disabilities to be met.
42. In services not currently commissioned from Southern Health NHS Foundation Trust it may be necessary to develop capacity and capability to ensure that existing mainstream provision delivers the aims of the Big Plan. For very complex needs this will be delivered in line with the intention set out at paragraph 50 below. For people with mental health problems this will form part of the integration set out in paragraphs 44-45 below. There is a wider group of people who may need to be supported in primary care and elsewhere. We will review the support that these people receive as part of their home care and supported living packages to ensure that it supports better health outcomes.
43. Integration of mental health support will require Oxfordshire County Council and Oxfordshire Clinical Commissioning Group to ensure that people who currently received mental health support from Southern Health Foundation Trust receive this support from mainstream provision. This will cover



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- (a) Support and treatment for people with mild to moderate mental health problems
- (b) Support and treatment for people with severe mental health problems
- (c) Support and treatment for people living with dementia

44. This includes the provision of inpatient beds where people require them – for example, in the event of a person being sectioned under the Mental Health Act. It will also integrate such housing, support and social care interventions delivered by personal budgets necessary to deliver better outcomes in line with the intentions of the Outcomes Based Contract for Mental Health that is currently being jointly negotiated by the County and Oxfordshire Clinical Commissioning Group with Oxford Health NHS Foundation Trust.

*An expectation of living a productive life, with minimal dependence on services*

45. Alongside shifts in the way that operational social care teams approach assessments and reviews we will commission a wellbeing and employment service. The wellbeing and employment service will work with people with learning disabilities to enable them to get paid work, volunteer, and form a part of the broader community of Oxfordshire. Universally available, this will be a volunteer focused and light touch service, with people with higher needs able to purchase additional support using their personal budgets.

*A smaller, focused, specialist co-ordinating resource*

46. We intend to provide a smaller and more focused specialist resource for people with health needs relating to their learning disability. This will include specialist support for people with complex behaviour that challenges and specialist support for people with significant medical complexity such as multiple co-morbid conditions, dementia, and end of life care.

47. We intend to provide specialist support for people with complex behaviour that challenges and the families and services that support them. This group of patients present with a complexity of need and challenging behaviour which cannot be safely managed by the person themselves, their family, and support provider. They are at high risk of a breakdown of their support arrangements (whether this be supported accommodation, residential care or the family home) and admission to hospital services. This includes people with autism spectrum disorders.

48. Based on the results of the consultation we intend to integrate this support with the provision of mental health support via contract variation. This work will be supported by the development of Personal Health Budgets for people with most complex needs as set out in NHS England's Operational Planning Guidance, *Forward View into Action*

49. We intend to provide specialist medical case coordination for the most medically complex clients. This group of patients have multiple medical conditions and a range of complex interactions with multiple medical specialists. They are often lacking much formal language and require

alternative communication and engagement strategies as well as attention to their best interests and consent.

50. This intervention will be delivered by a specialist health team that supports users and their families and carers, co-ordinates their care and helps them navigate complicated health pathways. It will work closely with primary care and other clinicians within those pathways, especially in relation to matters of capacity and consent to on-going treatment and to achieving better health outcomes.

### **Financial and Staff Implications**

51. The costs of varying contracts with mainstream health providers are subject to a negotiation by Oxfordshire Clinical Commissioning Group with those providers. This negotiation will be based on resources within the learning disability pooled budget to fund these services, excluding those resources used to fund the wellbeing and employment service and the reasonable adjustments advisory service. This is the funding that is currently used for commissioned health services (as at 13 above).

### **Equalities Implications**

52. No group will be particularly disadvantaged by these proposals. This is discussed in detail in the Service and Community Impact Assessment. This is available at [www.oxfordshire.gov.uk/bigplan](http://www.oxfordshire.gov.uk/bigplan).

### **Risk Management**

53. The proposed changes to health provision are a complicated and relatively large-scale service transformation involving at least four service providing organisations (Oxfordshire County Council, Southern Health Foundation Trust, Oxford Health Foundation Trust, and Oxford University Hospitals NHS Trust) and potentially more, depending on the award of tendered services.
54. These changes also potentially involve TUPE transfers of a number of clinical and professional staff. These changes will need to happen whilst services continues to support some very vulnerable clients. Close attention to service transition and support to clients during this transition is essential.
55. Failure to deliver the cultural and service changes that support the broader intentions of the strategy that will promote independence and manage demand, risk an on-going issue of reduced independence and choice for people with learning disabilities, and a continued budget pressure.

### **Key Dates**

56. The results of the consultation and future plans were jointly considered by Oxfordshire County Council and Oxfordshire clinical Commissioning Group at a Learning Disability Joint Management Group on 20 February 2015 and the approach set out above was endorsed as an appropriate response to the public consultation.

57. The current contract for Learning Disability Health Services with Southern Health Foundation Trust ends on 31 December 2015. It is Oxfordshire County Council and Oxfordshire Clinical Commissioning Group intention to have completed contract negotiations with mainstream health providers to vary existing NHS contracts held by Oxfordshire Commissioning Group for the provision of health services so that these cover people with learning disabilities, and to have completed procurement and started provision of any new services by this date.

### **Recommendation**

58. **The Cabinet is recommended to consider the results of the public consultation on Oxfordshire's joint Learning Disability Strategy 2015 – 2018 and approve the way forward as set out in this paper.**

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