

Shropshire Council  
Legal and Democratic Services  
Shirehall  
Abbey Foregate  
Shrewsbury  
SY2 6ND

Date: 23 November 2018

**Committee:  
Joint Health Overview and Scrutiny Committee**

**Date: Monday, 3 December 2018**  
**Time: 10.00 am**  
**Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND**

You are requested to attend the above meeting.  
The Agenda is attached

Claire Porter  
Corporate Head of Legal and Democratic Services (Monitoring Officer)

**Members of Joint Health Overview and Scrutiny Committee**

**Shropshire Council**

Cllr Karen Calder (Co-Chair)  
Cllr Madge Shingleton  
Cllr Heather Kidd  
David Beechey (Co-optee)  
Ian Hulme (Co-optee)  
Paul Cronin (Co-optee)

**Telford and Wrekin Council**

Cllr Andy Burford (Co-Chair)  
Cllr Stephen Burrell  
Cllr Rob Sloan  
Carolyn Henniker (Co-optee)  
Hilary Knight (Co-optee)  
Dag Saunders (Co-optee)

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# AGENDA

## 1 Apologies for Absence

## 2 Disclosable Pecuniary Interests

## 3 Minutes

The minutes of the meeting held on 26 November 2018 will be presented at the meeting on 17 December 2018 for approval.

## 4 Midwifery Led Services - Proposed New Service Model

To receive a verbal update on the proposed service model, the evidence supporting the possible hub locations and preparation for formal public consultation.

Jess Sokolov, Deputy Clinical Chair, Shropshire CCG and Fiona Ellis, Commissioning Lead, Women and Children, Shropshire CCG will be present at the meeting.

## 5 Community Learning Disabilities Health Services in Shropshire Telford and Wrekin (Pages 1 - 10)

To consider an engagement plan for proposed changes to Learning Disabilities services (attached)

Frances Sutherland, Head of Commissioning, Mental Health and Learning Disability, Telford and Wrekin CCG will be present at the meeting.

## 6 Future Fit

To receive a report analysing the results of the formal consultation on Future Fit and ancillary papers. The following papers will follow on 26/11/18:

Future Fit Consultation Findings Report 2018  
Summary of Key Stakeholders Responses  
Summary of Individual Responses  
Executive Summary: Draft Equalities Impact Assessment Report  
Travel and Transport Draft Mitigation Plan  
Shropshire Care Closer to Home Transformation Programme Update Report  
Neighbourhoods Programme in Telford Update Report

**7 Next Steps for Joint HOSC**

**8 Chairs' Update**

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**JOINT HEATH OVERVIEW & SCRUTINY COMMITTEE - 3 DECEMBER  
2018****COMMUNITY LEARNING DISABILITIES SERVICES****PART A) – SUMMARY REPORT****1. SUMMARY OF MAIN PROPOSALS**

The local CCGs have undertaken a review of specialist learning disabilities health services. They have found that the offer could be improved by providing more input in the community and ensuring mainstream health services are able to make the reasonable adjustments required. To make these changes a small respite unit in Shrewsbury would close as it does not meet the requirements from a physically building perspective or socially, for the 21<sup>st</sup> century. The released funds would be reinvested in community services to provide an intensive physical health outreach team. This change would have a positive impact for significantly more individuals. An engagement exercise was undertaken by taking Part in 2017 with Oak House carers to understand what they felt was important for them. Their comments have been considered in the development of the new community model. All carers wanted Oak House to carry on but many were not aware of alternatives. This paper describes the process that will be undertaken to engage with individuals who would be impacted if there was a closure of Oak House

**2. RECOMMENDATIONS**

The committee is asked to agree the plan to engage with those impacted if a closure of Oak House was undertaken

### 3. SUMMARY IMPACT ASSESSMENT

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to specific Co-operative Council priorities?	
	Yes/No	<i>If yes, please list relevant Co-operative Council priority(ies)</i>
	Will the proposals impact on specific groups of people?	
	Yes/No	<i>Yes- carers of a vulnerable group of 18 patients with severe learning disabilities and complex health needs and the people with learning disabilities themselves. The proposal will mean (on average) respite provision for this group of people reduces from 5 weeks per annum to 3 weeks per annum. Alternative respite will be offered and where this will be less than at present, a planned reduction over an agreed timeframe will be agreed. In some instances there could be a charge for the alternative respite. However, we will ensure this is not transferred in individual families over the next 2 years and any charges (do you mean charges?) would be introduced incrementally.</i>
<b>TARGET COMPLETION/DELIVERY DATE</b>	<i>Insert date and if more than 6 months after the date of the Cabinet report, list key milestones</i>	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes/No	<i>This must be decided by an officer from Finance. If yes, briefly summarise any impact(s) – financial impact must be completed by an officer from Finance</i>
<b>LEGAL ISSUES</b>	Yes/No	<i>This must be decided by an officer from Legal. If yes, briefly summarise any impacts – legal issues must be completed by an officer from Legal Services</i>
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	Yes/No	<i>If yes, briefly list any other significant impacts, risks &amp; opportunities- see separate guidance note for areas to consider</i>
<b>IMPACT ON SPECIFIC WARDS</b>	Yes/No	<i>If yes, briefly summarise impact(s) on specific wards – otherwise state Borough-wide impact</i>

## **Community Learning Disabilities Health Services in Shropshire Telford and Wrekin**

### **1 Introduction - What is this paper about?**

This paper gives a brief background to learning disabilities services locally, describes a process to move to a more comprehensive effective community service and the impact that would have on a cohort of individuals who access Oak House for carer respite.

### **2 Background**

People with learning disabilities have higher rates of physical health problems and because many may lack communication skills this can lead to behaviour problems and diagnostic overshadowing. In addition people with learning disabilities have higher rates of Mental Health issues than the rest of the population. People with learning disabilities can have difficulty accessing mainstream services and may lack understanding of mainstream services. Therefore services are required to support them to access mainstream and specialist services

#### **2.1 Local services:- What do we have now to support people with learning disabilities?**

Local specialist health services for people with learning disabilities (LD) are provided by Midlands Partnership Trust (MPFT). The services support in the region of 900 people. These services consist of:

- Community Learning Disability Team (CLDT): which provides specialist secondary health care inputs from a multi-disciplinary team and is available to people with learning disabilities and complex health needs with a GP in Shropshire. The team includes community nurses, psychiatrists, psychologists, speech and language therapists, occupational therapists and physiotherapists. Service users accessing the service will have a learning disability (IQ below 70) and complex mental, physical and/or behavioural needs which cannot be met via mainstream services. People's health needs may be associated with behaviours that challenge, physical health problems associated with the learning disabilities or other health problems where their level of cognitive and social ability makes the assessment, treatment and management of their health condition more of a challenge.
- Intensive Support Team (IST) - this small multi-disciplinary team provides intensive and proactive support for people who have behaviours that challenge and whose needs cannot be safely met and responded to by the CLDT alone

The above services work 9-5 Monday through to Friday although the Intensive support can provide some planned support out of hours. In addition to these services there is a 10 bedded unit in Shrewsbury (Oak House) that supports people with the most profound and multiple learning disabilities. The unit provides respite and health checks to approximately 18 people on a regular basis. This service has been in place for over 20 years. As an outreach function, two nurses (Acute Liaison Nurses) work in the two local acute hospitals to support reasonable adjustments within the hospitals.

All local health services need to make reasonable adjustments to ensure they are accessible for people with learning disabilities. These include GP practices and mainstream mental health services. The rate of annual health checks undertaken in GP practices is low in both Shropshire (36%) and Telford and Wrekin (42%). Both CCGs work very closely with their respective local councils to provide services for people with LD.

#### **2.2 What do we spend on these services?**

Telford and Wrekin and Shropshire CCGs pay for these services with MPFT as part of the block contract. The block contract has been split using activity and reference costs. It suggests that the CCG is currently spending the following **not** including individual care packages including CHC.

#### Adult Learning Disabilities (ALD) Planned Expenditure 18/19 Shropshire CCG

Learning Disability Services	Assessment, Treatment, Rehab & Health Respite	£663,540
	Intensive Support Service	£341,842
	LDS	£1,003,751
	LDS (n-f-t-f)	£466,817
<b>TOTAL</b>	<b>£2,475,950</b>	

#### Adult Learning Disabilities (ALD) Planned Expenditure 18/19 Telford and Wrekin CCG

Learning Disability Services	Assessment, Treatment, Rehab & Health Respite	£441,976
	Intensive Support Service	£75,038
	LDS	£786,515
	LDS (n-f-t-f)	£346,409
<b>TOTAL</b>	<b>£1,649,938</b>	

*NB The Assessment, treatment rehab line is Oak house. This is 25% of the total LD budget and supports 0.2% of the LD population*

### 2.3 What problems we are trying to solve?

The services we have in place at the present time leave gaps in service provision which means that people with learning disabilities -

- die earlier than other people
- are not assessing annual health checks at the levels we would aspire to
- are more likely to be admitted to hospitals and to stay longer once admitted
- have poorer health outcomes from NHS services because of the lack of reasonable adjustments
- current service models limit the number of people with learning disabilities who can be supported to proactively access primary care.

Locally we have high numbers of people in secure long stay hospitals compared to other areas. We also have low levels of annual health checks for people on LD registers at GP practices - they are often felt to be the forgotten few.

There is a lack of jointly agreed pathways between services; no clear range of options for respite support; poor support out of hours to support people with LD with both physical health issues and behaviours that challenge. The recent West Midlands Quality Review team highlighted there were opportunities to reduce length of stay in an acute hospital and improve discharge planning. We know the numbers of people with an LD are increasing with the demographic changes as people living longer but with increasing illness.

In addition we have Oak House which provides respite for 18 people with profound and multiple learning disabilities across both Shropshire and Telford and Wrekin. No new patients have accessed respite at this unit for the last 6 years. The local authorities have offered local choice of alternative provision for any recent applications for respite. The cost per patient in this unit is £58K per year or



nearly £7K per week. This unit has been in place for many years and would require significant refurbishment if it were to be used in the future. One of the two bathrooms has now been condemned and therefore the unit is functioning with one bathroom.

With these issues we need to change the way we deliver services to ensure we can meet these challenges, improve the lives of this vulnerable group and impact positively on a much higher proportion of people with learning disabilities who have complex physical health needs

#### **2.4 What do people who come into contact with the service want?**

Significant engagement has been undertaken in the development of a model for community Learning Disability services. Taking Part, an advocacy service for people with a learning disability, undertook a piece of work with users of services to understand what was important to them. They were also commissioned to work with the carers of those people who use Oak House (these patients were unable to provide their own feedback). Shropshire Council held a day with users of services and carers to look at what was important to them to live their lives to the full. Telford and Wrekin CCG invited carers to 2 events in Telford to understand what support they wished for their loved one. Telford and Wrekin Healthwatch undertook a Survey Monkey to ask users of services and their carers for their thoughts. In all over 90 users of services and their carers took part in these events and surveys during February, April and June 2017. The key messages to commissioners were that they wanted:

- To be treated as individuals and offered choices about where they live, what activities they do and access to work
- Clear easily accessible information about what the offer of support is
- Flexible offer of support
- Local services
- If they need health services they want them to be safe with continuity of staff
- Support 7 days a week
- Good annual health checks
- Services working together

Professionals were also consulted about their views as the evidence is that professionals are good patient advocates for the individuals they care for. GPs were consulted at the GP forum in Telford in January 2017 and SSSFT learning disability staff in June 2017. Key messages from all those groups work were:

- A team approach with good links between practices and the learning disabilities team
- Support in practices to undertake reasonable adjustments
- Improved links with acute hospitals
- A range of respite to be offered
- Out of hours service
- More proactive preventive work

#### **2.5 A proposed new model of care for people with a learning disability**

Given the information regarding issues with present model and engagement with users of services, carers and clinicians a new model has been developed. The model is based on national principles

(The White Paper, Valuing People 2001; Six Lives Progress Report 2010) and on the following locally agreed principles:

- The Right to an '*Ordinary*' life – to be included in your community, have choices, and be able to access to 5 ways to wellbeing (learn, connect, move, give, notice)
- Ensure communications are clear and easy to understand. There needs to be information that explains what there is to support individuals. That support and service provision should be equitable
- All services and support will build on your strengths
- All support will be based on 'Nothing about me without me'

The underlying principle of this model is:

**People with Learning Disabilities will be supported to access mainstream services where possible and mainstream services will be supported to make reasonable adjustments for them.**

A new Learning disability services shall minimise the impact of:

- Exposure to social determinates of poorer health such as poverty, lack of personalised meaningful activity, poor housing, unemployment and social isolation
- Health problems- including the associated genetic and biological conditions associated with LD
- Personal health risks and behaviours such as self-harm, poor diet and lack of exercise
- Communication difficulties and reduced understanding of health issues (health literacy)
- Difficulties related to access to healthcare provision

The new model would work with people and their families and carers to help them adapt to changing health needs and understand how best to manage these.

The services within the model would work with people wherever they are - at home, in hospital, hospice, in care settings, in GP practices and in a day assessment and treatment centre, supporting reasonable adjustments, effective communication and comprehension.

The model would work with individuals who have, in **addition** to their learning disability, significant physical, sensory, communication, behavioural, psychological or mental health needs and provide assessment, treatment, advice and guidance and training

In this revised module there will be 4 key areas addressed:

- Access to primary care services
- Access to acute hospital services
- Specialist learning disabilities services
- Wider health and wellbeing services – commissioned by local authority including public health

**Key roles and responsibilities of the health commissioned specialist learning disabilities service are:**

- to provide support for reasonable adjustments in GP practices, acute hospitals, mental health services
- to provide direct assessment, interventions for people whose condition cannot be managed in generic services
- Education and training for other providers

**Wider health and wellbeing services – commissioned by local authority including public health**

These services shall support:

- A range of Respite care to support the individual and their carers
- Accommodation – where choice is available to support the individuals personal needs
- Care packages to support activities of daily living
- Support to attend meaningful activities
- Support to carer

## **2.6 What has been considered in changing to a new model?**

Various alternatives have been considered and for various reasons discounted. The principles that underpinned that consideration were as follows:

- Engagement with service users and carers should be supported to live their lives as 'ordinary' as they can by having choices, information and feeling safe
- Good health care is imperative to diminish the health inequalities in life expectancy
- Financial envelop

Options considered:

- 2.6.1 No change - This does not solve any of the problems highlighted in sec 4 and therefore was not considered further
- 2.6.2 Re engineer present services to develop the model above with a focus on living an ordinary life which would mean the closure of Oak House and reinvestment of money into a more robust community service with greater reach and scope.
- 2.6.3 Re-engineer the present service to develop the model above but leave Oak House in place. This would cause a financial cost pressure – in the region of £400k non recurrently for the refurbishments and £250K for cost pressures of staffing the units. Plus an additional £100k p/a in rental costs for the building. This is due to SaTH having recently served MPFT with notice on the building and their request for a more "appropriate" building rental costs going forward. If the service remains in-situ, the building will require extensive refurbishment to meet modern standards. The unit requires higher staffing levels to remain with the same functionality. The service is not equitable as only a small cohort has access to it. This option would not increase the numbers of staff supporting more individuals in the community; it would not support us to achieve a wider range of positive health outcomes for people with learning disabilities; nor would it help us to deliver on recommendations arising from the LeDeR programme.
- 2.6.4 Keep present service but increase the use of the bedded units. This would also increase the costs as above and is not in the ethos of an 'ordinary life'. These individuals would be admitted to a bed based unit just because of their LD instead of being supported to live in their community and family. It is recognised that respite is required but local authorities have developed a range of options that have been utilised over the last 6 years to the satisfaction of other families and individuals.

Equality and a Quality impact assessment have been undertaken for Option 2.6.2 - the new model

## **2.7 Impact of the new community specialist learning disabilities service as described in the model and service specification**

The bedded unit would close and the money reinvested in an intensive health outreach service. It would support reasonable adjustments for people with Learning Disabilities in GP practices, acute hospitals, alternative respite provision and with specialist needs including challenging behaviour. In addition support for carers mental health needs would also be part of the new model.

## **2.8 CCG perspective**

Both CCG governing bodies have agreed that this is the new service model they wish to commission. Both have ensured clinical scrutiny of the model. The provider (MPFT) is also keen to move to this model to improve care for all people with LD and ensure reasonable adjustments and specialist health supports are provided more comprehensively across all settings.

## **3 Proposal for those individuals using Oak House**

- 3.1 Each individual and their carer/s will have a face to face assessment to consider the impact of any closure of Oak House. This will include their access to day care, respite options including the amount and impact of that respite and any financial implications for the families
- 3.2 This information will be reviewed and a forward plan developed for each individual. Key principles for these plans will be:-
  - individuals are not personally penalised financially by any changes in respite provision
  - Any reduction in respite care may be balanced with extra day care
  - Future planning for the individual will be undertaken
  - Any reduction in respite provision will be planned over an agreed period of time
- 3.3 This overall plan will be reviewed by Joint health overview and scrutiny committee prior to any agreement to close Oak House
- 3.4 Once agreement has been received from JHOSC the individuals will have another face to face meeting to discuss their plans and the implementation phase of the plans

*NB where any individual and or their carer wishes their care to be reassessed during this time frame and any changes requested prior to these time lines these will be accommodated by the CCGs eg some carers have requested a move to Telford day care and respite and this will not be held up due to this process*

## **10 Recommendations**

Health Overview and Scrutiny committee is asked to consider this paper and provide a recommendation regarding whether the engagement process proposed for this project is fair and proportionate.



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