

Commissioning service close to home: Note of clarification for commissioners and regulation and inspection authorities

Issue

Over recent months, a number of stakeholders have expressed increasing concern about the growing number and size of independent sector hospitals for people with learning disabilities. Many of the people who are in-patients in such settings are many miles from their families and originating authority.

This paper intends to:

1. clarify and reiterate the Government position on appropriate commissioning of services for people with learning disabilities. This includes those who require health placements as well as other 'out of area' placements such as specialist residential or nursing home provision.
2. clarify the information available to regulatory and inspection bodies to enable them to challenge service developments that are not in line with government policy and good practice guidance.
3. continue to encourage local commissioners from both health and social care to generate local solutions to meet the needs of individuals in their area and to work with neighbouring areas to consider regional resources.
4. build the capacity and confidence of local communities to support individuals with higher or more complex needs. Taking account of the concept of care in the 'least restrictive setting'.

Background

Whilst progress has been made to close the remaining long stay NHS hospitals for people with learning disabilities it is clear that the number of people in the independent sector

hospitals is increasing with the number of registered independent hospital beds approximately 1,000 (actual patients 850-900) according to a Healthcare Commission Survey (Healthcare Commission, July 2004).

People with learning disabilities who are currently in independent hospitals are usually formally detained under a section of the Mental Health Act (1983) and are often described as having 'forensic' or 'severely challenging' / mental health needs. Many of the hospitals offer services that are described as 'low secure'.

More than 5 years ago, research undertaken for *Facing the Facts* (DH 1999) found that only a third of authorities reported adequate forensic and mental health services and a significant increase in NHS secure accommodation was anticipated.

From a commissioning perspective, placing someone in an out of area independent hospital presents several challenges. Visiting that person creates logistical difficulties in relation to monitoring the quality and cost effectiveness of the service the person is receiving. The individual's relationship with their family and friends is vulnerable if they are many miles away. This is also true of their relationship with their care manager, which may be tenuous.

Costs of such placements can be high and may represent a significant percentage of the local area's budget for learning disability services. This can place local commissioners in the position where they recognise the need to develop appropriate local services but are unable to do so because of lack of available resources.

Policy context

The Government's White Paper *Valuing People* (DH 2001) and the subsequent implementation guidance *HSC 2001/016: LAC (2001) 23* sets out proposals for improving the life chances of all children and adults with learning disabilities and their families. *Valuing People* builds on previous government policies and implementation guidance documents that indicate the direction of travel for supporting learning disabled people including those who are described as having 'forensic' or severely challenging needs. Specifically, *Signposts for Success* (DH 1998), *Mansell Report* (DH 1993). *Reed Report* (DH/Home Office 1992).

Continued government commitment to the development of local services for local people and the reduction in the use of out of area placements is evidenced by a priority use of Learning Disability Development Fund:

- *Enabling local providers to develop specialist services for people with severe challenging behaviour: e.g. small step down facilities to enable people to move on from more secure accommodation, additional homes to reduce reliance on out of county placements, respite care homes. (DH – HSC 2001/016 LAC(2001)23)*

These documents form a framework for commissioners and reiterate the message that local needs should be responded to by local expertise and resources and adhere to the following key principles –

- 1. Individuals should have services provided as far as possible in community rather than institutional settings***
- 2. People should be supported as near as possible to their homes and families***
- 3. Development and expansion of the capacity of local services to understand and respond to challenging behaviour***
- 4. Individuals should be in conditions of no greater security than is justified by the danger they present to themselves and others***
- 5. Services should maximise rehabilitation and the individuals' chances of sustaining an independent living***
- 6. The differing needs of people with challenging behaviour should be responded to by highly individualised service planning and delivery***
- 7. Local specialist services should be provided which support good mainstream practice as well as directly serving people with the most challenging needs***