

Development of services for people with learning disabilities or mental illness in England



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**Presented to Parliament pursuant to section 11 of
the Disabled Persons (Services, Consultation and
Representation) Act 1986 as amended by the Health
and Social Care Act 2001**

FOURTEENTH REPORT ON THE DEVELOPMENT OF SERVICES FOR PEOPLE WITH LEARNING DISABILITIES OR MENTAL ILLNESS IN ENGLAND pursuant to section 11 of the Disabled Persons (Services, Consultation and Representation) Act 1986 as amended by the Health and Social Care Act 2001.

1. This is the fourteenth report to be laid pursuant to section 11 of the Disabled Persons (Services, Consultation and Representation) Act 1986 as amended by the Health and Social Care Act 2001 which requires the Secretary of State to lay annually before Parliament:
 - a report containing such information as he considers appropriate with respect to the development of health and social services for persons with mental illness;
 - a report containing such information as he considers appropriate with respect to the development of health and social services for persons with learning disabilities;
 - such other information as he considers appropriate.
2. A report under section 11 has not been published since 2003. We have published information about service and policy developments, but apart from the Departmental annual report, this information has not been laid before Parliament and therefore does not meet the statutory duty. The Department apologises unreservedly to Parliament for this oversight.
3. This report highlights developments since 2003 in services for people with mental illness and learning disabilities. It also provides the statistical data required under section 11(1) (b) of the Act.

Overall vision for services

4. In developing services for people suffering from mental illness or who have learning disabilities, the Department was guided by its then objectives, primarily:
 - empowering people to live independently;
 - offering safe and effective care delivered when and where it is needed;

- empowering people in their choices; and
- tackling inequalities.

Legislation

5. The Mental Health Act 2007 (the 2007 Act) amended the Mental Health Act 1983 (the 1983 Act). The then Government stated that its purpose was to:
 - ensure that patients receive the treatment they need to protect themselves and the public from harm;
 - bring mental health law into line with modern service provision by introducing new roles and greater flexibility for professionals; and
 - strengthen patient safeguards and remedy incompatibilities with human rights legislation.
6. Most of the changes that the 2007 Act made to the 1983 Act came into force on 3 November 2008, including the introduction of supervised community treatment which allows certain people who have been detained in hospital to be discharged onto a community treatment order. Statutory independent mental health advocacy services across England came into effect in April 2009 to provide help and support primarily for people subject to compulsory measures under the 1983 Act.
7. The 2007 Act amended the Mental Capacity Act 2005 to introduce new safeguards for people who are deprived of their liberty in care homes or hospitals in their best interests and who lack the capacity to make the relevant decisions about the most appropriate arrangements for their care or treatment.
8. The 2007 Act also amended the Domestic Violence, Crime and Victims Act 2004 to give the right to receive certain information and express their views about the discharge of the offender in question to a wider group of victims.
9. Direct payments are monetary payments made by councils directly to individuals who have been assessed as having eligible needs for certain services. From 9 November 2009, the Health and Social Care Act 2008 extended the scope of direct payments to individuals who lack the capacity to consent, or who are subject to mental health and certain criminal justice legislation.

Secure services

10. Mental health secure services provide treatment for people with mental health disorders who are at significant risk of harming themselves or others. The Secretary of State has responsibilities set out in legislation to provide oversight of the high secure element of these services and the Department ensured that this oversight was maintained.
11. *Best practice guidance: specification for adult medium secure services* was published in 2007 and in 2008 new performance management and commissioning arrangements were put in place for high secure services. A range of work took place to improve services across the patient pathway including:
 - consultation on new safety and security Directions for high secure psychiatric services;
 - development of learning resources on relational security to improve patient care and reduce serious incidents;
 - consultation on environmental design principles for medium secure services;
 - commissioning a formal evaluation of a pilot of women's enhanced medium secure services;
 - commissioning development of guidance on low secure services;
 - reissue of high secure licences to NHS trusts to enable them to continue to deliver high secure services;
 - establishment of a project to reduce waiting times for transfer between prison and mental health hospitals under the Mental Health Act.

Access to Psychological Therapies

12. In 2007 there was an announcement of new funding over three years, rising to £173 million in 2010-11, to build new local psychological therapy services around the country. To enable primary care trusts (PCTs) to comply with NICE guidance on treating the common mental health problems of depression and anxiety, the Improving Access to Psychological Therapies (IAPT) programme prepared a training programme for therapists.
13. More PCTs have launched psychological therapies services, bringing the total to 112 sites nationwide. Over 2,300 people have completed training courses and are now delivering high and low intensity therapies. More than 230,000

people have used IAPT services and the range of therapies offered included cognitive behavioural therapy.

14. A key aim for the programme was to help people get back to, or stay in work if their mental health has put their job at risk or prevented them getting one. An employment support function was established to work alongside therapists. Top-up training was promoted to equip some qualified therapists to provide the required level of supervision to trainees and support the more rapid expansion of new services across the NHS.

Personality Disorder

15. Following 2003 policy guidance '*No Longer a Diagnosis of Exclusion*', a national programme in the Department and the Ministry of Justice was established in 2004, testing effective treatment options for people with a personality disorder. Emerging research and best practice evidence showed improving outcomes for individuals, improvements to public protection and cost effectiveness within the health and criminal justice systems.
16. NICE guidelines for both anti-social and borderline personality disorder were published early in 2009 and this was followed by '*Recognising Complexity*', Departmental commissioning guidance for personality disorder services. The *Bradley Review* of people with mental health problems or learning disabilities in the criminal justice system made recommendations regarding personality disorder that led to an integrated work programme across the Department and the Ministry of Justice, delivering amongst other things, an interdepartmental strategy for the management of all levels of personality disorder within both health and criminal justice services.
17. 2009 saw the completion of a training and development programme in personality disorder called the *Knowledge and Understanding Framework* and a joint implementation strategy was agreed with the Ministry of Justice.
18. The Department, in partnership with the then Department for Children, Schools and Families and the Youth Justice Board, developed evidence based community interventions for children and young people with complex needs and their families. Pilot sites were established across England, working with children aged 11–17 at risk of placement away from home into care or custody. Two further specialist pilots were commissioned during 2009 examining child abuse and neglect and problematic sexual behaviour.

19. A series of 10 regional events held during July 2009 and the first national personality disorder congress in November 2009 increased the understanding of personality disorder within mental health policy.

Stigma and discrimination

20. The Department continued to work closely with *Time to Change*, the charity sector anti-stigma and well-being campaign and funded the SHiFT anti-stigma programme. SHiFT was launched in 2004 as a five-year national programme to tackle the stigma and discrimination associated with mental illness. Its main focus was the two key areas of employment and media representation and it contributed to Dame Carol Black's cross-government strategy on mental health and employment published in December 2009.

Inequalities

21. *Delivering Race Equality in Mental Health Care* (DRE) was published in 2005 as an action plan to tackle inequalities experienced by people from black and minority communities in mental health services, including groups of people such as asylum seekers. DRE reached its formal conclusion in January 2010. There are now over 450 community development workers in post helping to build links between mental health services and communities.
22. The annual *Count Me In: mental health and ethnicity census* was first published in 2005.
23. The publication of *New Horizons* in December 2009 highlighted the need to eliminate variation between services for people over the standard age of retirement compared with those for younger adults. The Department worked with the Royal Colleges of Psychiatry and of General Practitioners on ways of improving the detection and treatment of depression in older people.

Services for asylum seekers and refugees

24. Health assessments funded by the Department for all asylum seekers in the early stage of their asylum application were established in 2002. These aimed to identify and address immediate healthcare needs and recognise on-going issues, including if people had been the victims of torture or had clearly identifiable mental health conditions, so they could be referred for treatment.
25. Ethnicity, culture, faith or language are recognised as potential barriers for asylum seekers and refugees accessing mental health services and these were

addressed by local services and latterly also through psychological therapies and community development workers.

26. The Department worked with the Medical Foundation for the Care of Victims of Torture and with Newcastle PCT to develop and implement a model of good practice for counsellors and primary care mental health workers working with survivors of torture. The Department, along with the UK Border Agency (UKBA), also provide funding and support to the Refugee Council's specialist health team in Brixton who operate an assessment, referral and casework service for asylum seekers with mental health and well-being needs.

Care Programme Approach

27. In March 2008, following a national consultation, the Department issued revised guidance to trusts and commissioners to refocus the Care Programme Approach (CPA) within mental health services. Whilst care planning remained important for all mental health patients, refocused CPA concentrated on people with complex needs who required multi-agency support.

Suicide prevention

28. The National Suicide Prevention Strategy for England was launched in 2002. It had set a target to reduce the death rate from suicide and injury and poisoning of undetermined intent by at least a fifth by the year 2010; from a baseline of 9.2 deaths per 100,000 population in 1995-7 to 7.3 deaths per 100,000 population in 2009-11. The latest available data for the three years 2006-08 shows a rate of 7.8 deaths per 100,000 population – a fall of 15.2 percent from the baseline.

Workforce

29. The *New Ways of Working* programme continued to the final report in 2005, promoting flexible working across professional groups based on competencies and capabilities to meet the needs of service users and carers.
30. Measures were taken to expand community provision of mental health services, particularly for people who would otherwise require hospital admission. In 2008-09 118,000 home treatments were provided.
31. As of September 2009, there were 3,886 psychiatrists, 43,476 mental health nurses and 6,706 clinical psychologists in post. Data is full time equivalent.

Funding

32. Expenditure for all ages mental health services was £10.4billion in 2008-09. This accounted for 11 percent of the NHS gross expenditure. (*data source: DH Programme budget data*).
33. £108million of capital was available centrally in 2005-06 for improvements in mental health facilities. The funding was invested in improving security in high secure hospitals, developing facilities for people with Dangerous and Severe Personality Disorder and the transfer of some patients into more appropriate care settings. Capital was also invested to support the development of specialist facilities for particular user groups and to improve local and general psychiatric intensive care units.
34. An extra £130million of capital funding was made available in 2006-07 to continue the development of safe and therapeutic in-patient environments and to ensure access to places of safety.

Learning disabilities

35. The Department issued a range of guidance and reports to improve the lives of people with learning disabilities and autism. This built on the 2001 *Valuing People White Paper* and focused on:
- capturing the views and experiences of service users, their carers and families;
 - ensuring fair, high quality and integrated health and social care – particularly for children, people from Black and minority ethnic communities, older people and people with severe needs;
 - addressing local needs with local expertise and resources;
 - helping people into work and into full participation and equality in and access to society;
 - more personalisation, control and independence; and
 - achieving better outcomes and reducing inequalities through local leadership.
36. The Department continued to support cross-government delivery of *Valuing People Now: A New Three-year Strategy for People with Learning Disabilities* (DH, January 2009). The strategy set out cross-government action to improve outcomes for people with learning disabilities particularly in the areas of better health, housing and employment opportunities. The

delivery plan, published alongside the strategy, set out roles and responsibilities and action for 2009–10.

37. Key deliverables in 2009-10 included:

- promoting effective leadership at all levels and across all agencies. In particular, the Department published a resource pack on implementing *Valuing People Now* in March 2009; and *Good Learning Disability Partnership Boards: Making it Happen for Everyone* guidance (DH, October 2009) and a resource pack for partnership boards including a self-assessment template in November 2009;
- all regions set up regional boards and developed regional delivery plans by November 2009;
- publication of a cross-government employment strategy *Valuing Employment Now – Real Jobs for People with Learning Disabilities* (DH, June 2009) to help more adults with learning disabilities known to councils get into real jobs;
- agreed a joint programme of work with the Department for Communities and Local Government to get more people with learning disabilities known to councils into settled accommodation; and
- work to improve healthcare and health outcomes for people with learning disabilities including:
 - implementing annual health checks for people with learning disabilities through a directed enhanced service for general practitioner practices;
 - publication in November 2009 of world class commissioning guidance to help PCTs improve health services for people with learning disabilities and guidance for the NHS on including people with learning disabilities in single equality schemes;
 - issued invitations to tender in December 2009 for a Confidential Inquiry and Public Health Observatory to improve evidence, data and information about the healthcare of people with learning disabilities; and
 - working with NHS bodies and local authorities to support action to respond to the Ombudsmen's recommendations in their report *Six Lives: The Provision of Public Services to People with Learning Disabilities* (The Stationery Office, March 2009).

Valuing Employment Now

38. The cross-government strategy set out to increase the number of people with moderate and severe learning disabilities in employment by 2025. The aim was to close the gap between the employment rate of people with learning disabilities and that of disabled people generally and to increase the proportion of people with learning disabilities working more than 16 hours a week. The current employment rate for disabled people as a whole is 48 percent. Closing the gap in today's terms would mean 48 percent of people with moderate to severe learning disabilities in England in real jobs. This compares with the current employment rate of 7.5 percent of people with learning disabilities known to local councils.
39. The *Valuing Employment Now: The Delivery Plan* (DH, June 2009) set out the priorities, including setting up, supporting and evaluating demonstration sites *Getting A Life*; *Project Search*; and 'Support Broker' (now called *Jobs First*) to show how social care personal budgets can be used to help with the costs of helping someone get and keep a job. *Jobs First* will be closely aligned with the *Right to Control* trailblazers.
40. Regional Deputy Directors of Social Care all arranged launches of *Valuing Employment Now* and worked with Government Offices and strategic health authorities to agree a regional work programme to support implementation.

Tables

41. The data below is derived from information provided direct from the NHS. They show the number of estimated unfinished provider spells in England at 31 March. Figures are rounded to nearest 100 and therefore may not add up. Where “-” is shown, this denotes nil or less than 50.
42. **Table 1:** The number of unfinished in-patient provider spells in NHS hospitals where the patient was under the care of a mental illness consultant, by age and length of provider spell.

	2003	2004	2005	2006	2007	2008	2009
<i>Length of stay</i>							
All ages							
All durations	35,100	37,300	31,800	35,000	11,000	8,700	9,600
Under 6 months	9,700	10,500	13,200	12,600	7,400	6,400	6,400
6 months-under 1 year	2,900	2,600	3,000	3,300	1,800	1,400	1,600
1 year-under 2 years	6,800	5,000	4,800	5,100	700	400	700
2 years-under 3 years	4,300	5,700	3,200	4,000	300	200	300
3 years-under 5 years	5,800	6,400	3,200	5,000	400	200	300
5 years and over	5,700	7,000	3,200	4,600	400	200	400
unknown				160	-	-	
Under 15							
All durations	300	300	300	200	80	-	-
Under 6 months	100	100	100	100	50	-	-
6 months-under 1 year	-	-	-	-	-	-	-
1 year-under 2 years	100	100	-	-	-	-	-
2 years-under 3 years	-	100	-	-	-	-	-
3 years-under 5 years	-	-	-	-	-	-	-
5 years and over	-	-	-	-	-	-	-
15-44							
All durations	15,100	16,200	14,200	15,500	4,700	3,800	4,400
Under 6 months	4,300	4,600	5,800	5,500	3,000	2,600	2,700
6 months-under 1 year	1,300	1,200	1,500	1,500	800	700	800
1 year-under 2 years	3,000	2,300	2,300	2,500	400	300	400
2 years-under 3 years	1,700	2,500	1,500	1,800	200	100	200
3 years-under 5 years	2,500	2,700	1,800	2,400	200	100	200
5 years and over	2,200	2,800	1,100	1,700	200	100	200
unknown							
45-64							
All durations	7,600	8,300	7,300	8,000	2,500	2,000	2,400
Under 6 months	2,000	2,200	2,900	2,700	1,600	1,400	1,600
6 months-under 1 year	600	500	600	800	400	300	400
1 year-under 2 years	1,400	1,100	1,000	1,200	200	100	200
2 years-under 3 years	1,000	1,300	700	800	100	-	100
3 years-under 5 years	1,200	1,400	1,000	1,200	100	-	100
5 years and over	1,400	1700	900	1,300	-	-	-
unknown							

	2003	2004	2005	2006	2007	2008	2009
65-74							
All durations	4,600	4,800	4,000	4,400	1,200	1,100	1,100
Under 6 months	1,100	1,300	1,500	1,600	900	900	800
6 months-under 1 year	300	300	300	400	200	200	200
1 year-under 2 years	900	600	600	500	60	-	-
2 years-under 3 years	600	700	400	500	-	-	-
3 years-under 5 years	700	900	600	700	50	-	-
5 years and over	900	1,100	500	700	-	-	-
not known				-	-	-	-
75 and over							
All durations	7,500	7,800	6,100	6,700	2,200	2,000	2,000
Under 6 months	2,200	2,300	2,800	2,700	2,000	2,000	1,000
6 months-under 1 year	500	500	500	600	300	200	200
1 year-under 2 years	1,400	900	900	800	100	-	-
2 years-under 3 years	1,000	1,100	600	700	-	-	-
3 years-under 5 years	1,300	1,400	800	1,100	100	-	-
5 years and over	1,100	1,400	500	800			
not known				-	-	-	-

To note:

Changes in NHS practice may have resulted in the decrease in activities from 2006-07. For example, apparent reductions in activity may be due to a number of procedures which may now be undertaken in outpatient settings and so no longer included in admitted patient HES data.

43. Table 2: The number of unfinished in-patient provider spells in NHS hospitals where the patient was under the care of a learning disabilities consultant, by age and length of provider spell.

	2003	2004	2005	2006	2007	2008	2009
<i>Length of stay</i>							
All ages							
All durations	5,600	6,000	4,400	4,700	700	300	800
Under 6 months	300	300	200	300	200	200	200
6 months-under 1 year	200	200	200	200	100	100	100
1 year-under 2 years	700	400	400	300	100	-	100
2 years-under 3 years	700	700	300	300	-	-	100
3 years-under 5 years	1,000	1,200	900	800	-	-	100
5 years and over	2,600	3,100	2,400	2,800	200	-	200
Under 15							
All durations	500	500	200	200	-	-	-
Under 6 months	-	-	-	-	-	-	-
6 months-under 1 year	-	-	-	-	-	-	-
1 year-under 2 years	-	-	-	-	-	-	-
2 years-under 3 years	-	-	-	-	-	-	-
3 years-under 5 years	-	-	-	-	-	-	-
5 years and over	400	500	200	200	-	-	-
15-44							
All durations	4,000	3,700	2,600	2,900	400	200	600
Under 6 months	300	200	100	200	100	100	200
6 months-under 1 year	200	100	100	100	100	-	100
1 year-under 2 years	500	300	200	200	-	-	100
2 years-under 3 years	400	400	200	200	-	-	-
3 years-under 5 years	700	800	500	400	-	-	-
5 years and over	2,000	1,900	1,500	1,800	100	-	200
45-64							
All durations	1,700	1,500	1,300	1,300	200	100	200
Under 6 months	100	100	100	100	100	-	-
6 months-under 1 year	100	100	100	-	-	-	-
1 year-under 2 years	200	100	100	100	-	-	-
2 years-under 3 years	200	200	100	100	-	-	-
3 years-under 5 years	300	400	300	300	-	-	-
5 years and over	900	600	600	700	-	-	-
65-74							
All durations	300	200	200	200	-	-	-
Under 6 months	-	-	-	-	-	-	-
6 months-under 1 year	-	-	-	-	-	-	-
1 year-under 2 years	-	-	-	-	-	-	-
2 years-under 3 years	-	-	-	-	-	-	-
3 years-under 5 years	-	-	-	-	-	-	-
5 years and over	100	100	100	100	-	-	-

	2003	2004	2005	2006	2007	2008	2009
75 and over							
All durations	100	100	100	100	-	-	-
Under 6 months	-	-	-	-	-	-	-
6 months-under 1 year	-	-	-	-	-	-	-
1 year-under 2 years	-	-	-	-	-	-	-
2 years-under 3 years	-	-	-	-	-	-	-
3 years-under 5 years	-	-	-	-	-	-	-
5 years and over	100	-	100	-	-	-	-

To note:

Changes in NHS practice may have resulted in the decrease in activities from 2006-07. For example, apparent reductions in activity may be due to a number of procedures which may now be undertaken in outpatient settings and so no longer included in admitted patient HES data.



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402441 1p 175 copies Oct 10 (FMP) Gateway ref: 13854
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