

# House of Lords debate: The NHS Long Term Plan to reduce the number of people with learning disabilities and autism in inpatient mental health care by 50 per cent by March 2024

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate. NHS Providers has all trusts in England in voluntary membership, collectively accounting for £104bn of annual expenditure and employing 1.4 million staff.

## Key Points

There has been a historical inequity in the development, commissioning and provision of learning disability and autism care and support, which has meant too many people are not receiving the care and support they need from the health and care system. Immediate action needs to be taken to ensure high-quality care and support is available for everyone, no matter where they live or the complexity of their needs.

The NHS Long Term Plan sets out an ambition to reduce inpatient provision by 50% by 2023/24, and the need to provide the right level and nature of support for individuals consistently. Key challenges impacting NHS trusts' ability to fulfil these intentions include: increasing demand, constrained funding for high quality services in the community and social care, and workforce shortages (particularly of specialist staff).

People with a learning disability or autism are more likely to experience health inequalities, as demonstrated by the [LeDeR Annual Report 2022](#). These inequalities need to be prioritised and national support given as the NHS and system colleagues across health and care seek to improve the care and support provided.

There is a lot that NHS trusts can share with commissioning and provider colleagues as they continue to develop and improve their services and demonstrate their commitment to coproduction and person-centred support.

## Context

There is a longstanding national policy intention to move people with a learning disability and autistic people, where they are inappropriately placed in hospital settings, into community-based care. The NHS Long Term Plan set the target to reduce inpatient provision by 50% by 2023/24 alongside other steps, such as improving community-based support and investing in workforce and training. The Transforming Care programme is tasked with driving these changes.

Demand for care is growing, with **referrals** to mental health learning disability and autism services 33.9% higher compared to pre-pandemic levels, and the number of **people in contact** with these services 27.8% higher than August 2019. The percentage of patients who have a learning disability and an autism diagnosis has **increased** since 2017-18 from 21.4% to 32.4% in 2022-23. Those without a learning disability who have a diagnosis of autism has increased from 0.5% to 1.0% over the same period.

The majority of wards and community services for people with a learning disability or autism are providing good care, according to **CQC's latest State of care report** (October 2023) and ratings as of 7 September 2023, and there are several trusts with learning disability and autism services that have been rated as 'outstanding'. However, there are several challenges impacting the system's ability to provide the right level and nature of support consistently across the country. A series of examples of poor-quality care show that progress in improving the availability of high-quality care in all settings has been unacceptably slow.

## Challenges

### Funding

**Historical underinvestment in the NHS' core capacity** to deliver services for people with a learning disability and autistic people has been exacerbated by a sustained period of cuts to local authority support. Lack of adequate levels of funding available to date has hindered the delivery of community services. These services are needed to support the discharge of people in hospital or help avert the need for an inpatient admission in the first place.

### Commissioning

**A split in the commissioning of health and social services** between NHS England, ICBs, and local authorities has, in some cases, led to disjointed and fragmented care. This is a particular challenge for

services funded by ICBs and local authorities if they lack commissioning expertise, particularly for those with more complex needs.

## Workforce

**There are significant shortages of staff with the right skills and expertise.** Trust leaders are concerned about learning disability nurse training and the disproportionate impact that ending the student bursary had on learning disability nursing applicants. There are also gaps in the number of occupational therapists, psychiatrists, psychologists and other allied health professionals with specialisms in learning disability and autism.

It is essential that staff are equipped with the right skills and feel confident in managing sometimes challenging behaviours. Staff also need time for supervision and reflection to maintain the ongoing learning, development and confidence of staff to manage the complexities of this area of practice.

## Delivering change

**The Transforming Care agenda has been described as “a paradigm shift”** in how care and support is delivered as it is as much about high-quality supported living provision as it is about health services. Meeting targets to reduce the number of inpatient beds has been the focus to date, in advance of ensuring high-quality, resilient, community-based alternatives and wider support packages. We would urge further attention on the latter aspects of delivering better care, as well as greater attention to the complexity of cases and level of resources and time required to implement the changes required effectively.

**We welcomed the government’s [Building the right support action plan](#)**, which we hope will help to improve commissioning and staff skills and awareness. We are also pleased that the plan recognises there will be times when admission to a mental health inpatient setting will be appropriate, as well as some capacity for forensic inpatient care being retained. However, we are concerned that it will not address wider, systemic challenges such as workforce gaps and funding for community alternatives.

## Steps trusts are taking to deliver high quality care

Our 2020 briefing, [Getting it right for everyone](#), highlighted the work of trusts to improve care, reduce inpatient beds and invest in community-based provision and infrastructure. Trusts are keen to share their learning from work undertaken to date, and to learn from each other. They continue to invest in improvement and work to date includes, for example:

## Investing in community-based provision and infrastructure

Almost 250 people were being successfully supported in the community by **Mersey Care NHS Foundation Trust's** specialist forensic learning disability teams, who would otherwise have had to receive care and support in a forensic inpatient setting.

**South West Yorkshire Partnership NHS Foundation Trust** was able to reduce its local bed base from 11 to 6 in 2016 and reinvested the savings made to establish intensive community support teams. A community assessment and treatment service and a regional forensic outreach liaison service were also established by the trust and system partners.

## Raising awareness, upskilling staff and reasonable adjustments

**Tees, Esk and Wear Valleys NHS Foundation Trust** has an established set of values and a behaviour framework which inform the questions used by recruitment managers when recruiting new staff. The trust always involves experts by experience from its service user reference group, supported by independent advocates, in the recruitment process of new staff.

## Co production and providing holistic care

Service users at **Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust** access their own clinical data dashboard so they can be part of conversations about managing their own care as part of the trust's Talk First initiative.

Several trusts are running employment and work experience schemes for service users. A significant number of the latest cohort of **South West Yorkshire Partnership NHS Foundation Trust's** scheme gained employment with the trust following their participation.

## Working collaboratively with local and system partners

**Kent and Medway NHS and Social Care Partnership Trust** is part of an alliance led by Kent County Council that brings physical health, social care and community services together to meet people's needs in a more joined up and strategic way. The alliance has involved pooling budgets and has been effective in supporting people with complex needs and those at risk of their current placement in the community breaking down.

## What more is needed

There continue to be areas where progress is needed to ensure that these groups receive high-quality care, as close to home as possible, including:

- **Health, social care and wider public services – including education, housing and employment support – need sustainable levels of funding.** This will enable systems to invest in high-quality services in the community that provide people and their families with the upstream support they need, and secure, high-quality housing provision in places where people want to live.
- **Improving national funding mechanisms and making them more transparent** to help guarantee funding reaches the frontline services that people with a learning disability and autistic people rely on and need the most.
- **Prioritising the NHS long term plan’s ambition to give people a personal health budget** where possible, with the appropriate governance and safeguards, so that funding follows service users, and they receive tailored and bespoke packages of care.
- **Greater action nationally and locally to tackle stigma** associated with learning disabilities and autism, and raise awareness of the need to improve the accessibility and quality of care and support. This is vital to ensuring appropriate support and priority is given to the full range of services people rely on, at levels which reflect the significant structural inequities these groups of individuals and services have suffered historically.
- **Ensuring discussions and decision making regarding the best approach to delivering high-quality, person-centred care in highly specialist and forensic settings are evidence-based,** taking into better account the nature of the care and support provided by these services and the geographic spread of their service user populations.