

## Scrutiny Committee

Meeting to be held on 18<sup>th</sup> September 2015

Electoral Division affected: All
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### Learning Disability: Challenges and Opportunities

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#### Executive Summary

The County Council has established arrangements in place to meet its legal responsibilities for assessing the needs of individuals with learning disabilities, determining their eligibility for support funded by the Council, for working with NHS partners and commissioning from providers to ensure the right services are available to meet their needs. In the context of rising demand for services, and the significant financial pressures facing the Council and its public sector partners this report highlights some of the key challenges, risks and opportunities in improving outcomes for people with learning disabilities while at the same time delivering savings to ensure the sustainability and affordability of services.

There is a particular emphasis on the current work across Lancashire on 'Transforming Care' and a draft plan which was submitted to Department of Health on 7 September 2015 is provided for comment at Appendix 'C'.

#### Recommendation

- (i) To note the analysis of challenges, risks and opportunities contained in the report and its potential impact in the context of the County Council's Corporate Strategy and Medium Term Financial Plan of the Council.
- (ii) To note the draft Fast Track Plan for Transforming Care for People with Learning Disabilities and Autism and to contribute views for further consideration by the Transforming Care Fast Track Programme Board and by Lancashire's Health and Well Being Board.

## **Background and Advice**

### Overview

The County Council has recently begun its consultation on its draft Corporate Strategy. Published alongside were Cabinet reports setting out the extremely challenging financial position facing the Council, together with details of the base budget review.

Adult Social Care Services makes up 41% of the Council's overall net budget for 2015/16 and operates in the context of statutory legislation such as the Care Act, Mental Health Act and Mental Capacity Act. There are responsibilities to provide information and advice and arrange access to universal and preventative services to the whole population, but more specific requirements to assess and meet the needs of a wide range of vulnerable adults, including some with highly complex needs. For those individuals who are 'eligible' for services under the national eligibility framework contained in the Care Act, a Personal Budget may be provided to enable them to arrange services which may be provided by the council or commissioned from external organisations. Increasing numbers of individuals choose to make their own arrangements themselves by arranging to take their Personal Budget as a Direct Payment.

Within this broader group of vulnerable people are a significant number whose needs arise from a 'learning disability'. At the last count there was 3,331 such adults in receipt of service from the Council but Appendix 'C' 'the 'Baseline Assessment' (pp 7 – 19) shows this number in the broader population context.

Like other local authorities, Lancashire has a mix of approaches to meet the needs of individuals with learning disabilities. Many of these were established in response to the policy framework known as 'Valuing People', with plans for new services and improvements co-produced with partners, providers and most importantly with citizens with learning disabilities and their families. Services were designed to improve outcomes for individuals with learning disabilities in the areas which matter for all citizens such as health, housing, employment, education, leisure, and personal relationships.

Furthermore, much of the pioneering work in Lancashire on embedding the principles underpinning Personalisation such as 'Choice and Control', 'Building Social Capital', 'Developing Prevention', and the use of 'Universal Services' was led locally by individuals, groups and organisations committed to advancing the status and participation of individuals with learning disabilities in the community, to ensure they can 'enjoy an ordinary life'. This might involve providing information, advice and support to enable access and the use of 'universal' services for people in areas such as leisure, employment and housing. However significant numbers (including clearly the 3,331 individuals referred to above in receipt of services funded by LCC) require a more bespoke response to access services and / or may need personal support. This usually involves the use of specialist services provided or purchased by the Council or by the individual him / herself by use of a Direct Payment.

In Lancashire, we have a mixed economy of organisations supplying support to people with a learning disability, so that some of these specialist services are

provided by the County Council itself, but the majority are provided by independent sector organisations, many of which are 'not for profit'. Services include a range of models of 'accommodation with support' ranging from CQC registered residential care, to supported accommodation, to 'shared lives' where individuals are matched to live with families who are specially recruited, trained, supported and paid. There are also a range of day services, and respite services which primarily support individuals who continue to live with their families.

Organisations delivering services across the county range hugely in size, from large statutory organisations such as Lancashire Care Foundation Trust, Calderstones NHS Trust, and the County Council itself, some very large national companies run for profit, to small to medium size organisations who may be operating either on a not-for-profit or profit making basis.

Joint commissioning arrangements between the Council and NHS partners have a long history in Lancashire. Pooled budgets are in place with Clinical Commissioning Groups across Lancashire, although in the last 3 years those have been less significant in fostering integration across Health and Social Care commissioning intentions than in the past. This dates from the DoH's national decision to transfer lead commissioning responsibilities and a substantial amount of NHS funding to local authorities in 2010/11. The local NHS CCG contributions to the pools since then have been relatively small and now chiefly represent commitments to pay for specialist healthcare input or contributions to individual packages of support.

The accompanying Appendix 'C' 'Transforming Care for Individuals with a Learning Disability or Autism' contains a wealth of strategic, demographic, and financial details about Lancashire which provides further insight into this area, drawing upon the JSNA and NHS data sources together with national policy documents.

### Financial Context

In financial terms this is clearly a major area of spend for Lancashire County Council:

- In its plans for 2015/16, the Council is currently budgeted to spend £109.2m on learning disability services for adults.
- Appendix 'A' shows how Lancashire County Council spending on Learning Disability compares with other local authorities.

The Council's current net forecast expenditure for 2015/16 on supporting adults with learning disabilities is £120.1m, of which:

- £91.2m is forecast to be spent on services purchased from and provided by the independent sector, including residential, supported living, and day services
- £28.9m is forecast to be spent on in-house services, including transport, day services, supported living, Shared Lives

The breakdown on different types of services is currently as follows:

- 282 adults are in registered residential or nursing home placements, at an average unit cost of £980 per week. The forecast spend on this service is £12.8m for the year.
- 3,244 adults are being supported in their own homes in a variety of combination of accommodation with support, including those living on their own, with their own families, in supported living arrangements or in 'Shared Lives' arrangements. Some of these individuals are purchasing services by use of Direct Payments. Average unit costs are around £550 per week but this covers a very wide variation of weekly costs across those who use these services. The total forecast spend for the year is around £95.6m.
- 787 adults are using day services. This service is forecast to cost £12.1m for the year.
- 239 adults are receiving some form of respite care service in response to the need to support their families and principal carers. Total spend for the year in this area is £3.0m.
- Other spending includes £2.4m on transport, primarily to enable individuals to access services; £5.8m on LCC staffing including social work;
- And the service is forecast to receive £11.6m of income, primarily from service user charges and contributions from the Learning Disability pooled fund.

So to summarise there has been and continues to be a relatively well resourced, and broadly effective set of arrangements and services for adults with learning disabilities across Lancashire. However, there are clearly a number of major challenges and risks, some of which are specific to the learning disability sector, but others which come from the wider pressures, particularly financial, facing the health and social care system. Nevertheless as always there are also opportunities to do things differently and sometimes better.

The rest of the report highlights a number of issues under two main headings – the 'Financial Challenges', and 'Transforming Care for Individuals with Learning Disability and Autism'. Both of these are likely to be salient for the development of the Corporate Strategy and the Council's financial plans.

#### Financial Challenges

Cabinet received reports in August 2015 detailing some of the risks of non-delivery of savings which Adult Social Care was agreed to deliver. A significant area of this saving was due from Learning Disability Services, where £44.4m was due to be delivered over the three years 2015/16 to 2017/18. However, following a review of existing project plans and the risks associated with their technical feasibility, their delivery timescales and the scale of savings realistically achievable, it is currently judged that £18.6m of those savings are effectively non-deliverable.

Table 5 and 6 in Appendix 'B' illustrates the current forecast.

Major areas where savings are still due to be delivered include:

- A Revised Resource Allocation System, which sets the framework for determining the size of an individual's Personal Budget offered following assessment. This will affect how much of any service combination an individual can afford;
- Re-commissioning and procurement activity, including for supported living services. This is about agreeing a new more affordable price structure, but the procurement has already been subject to substantive challenge by providers, and so further consideration of the approach is underway;
- Building on some analytical work from earlier this year which set out the scope for increased productivity across adult social care. This was based on work undertaken by Newton's Europe, a consultancy that has worked with many other local authorities on reshaping their social care services to ensure improved efficiency, productivity, and affordability.

Opportunities are now also being formulated for the further development of an 'All Age' or 'Life Long' approach to learning disability services, integrating children's and adults' assessment, support planning and service provision where appropriate to ensure a seamless service as children move into adulthood.

The Base Budget Review will also identify where spending on learning disability services are statutory or non-statutory and this may present a further basis to make savings in the council's spend on learning disability services.

The development of the Corporate Strategy, with its focus on allocation of resources guided by Marmot Principles, the development of a neighbourhood approach, and the proposed consolidation in the range and use of premises also provide opportunities for achieving similar outcomes but in a targeted and more affordable way.

However, the risks attached to the delivery of nearly all savings plan are considerable. Few individuals or families readily accept reductions in Personal Budgets and thus in their purchasing power to buy support, and some more affordable service options such as Telecare and Shared Lives are not favoured by significant numbers of potential users. Nationally and locally, social care providers are increasingly concerned about the rising costs of service delivery and the prospective future fees available from councils. This anxiety is exacerbated by the planned introduction of the National Living Wage and various legal rulings under EU Working Time Directives. The expectations around the use of Best Interest Assessors and the implementation of Deprivations of Liberties Safeguards also can significantly challenge the speed at which change can be agreed and implemented in an individual's services.

So there are positive and progressive options that can and indeed will need to be introduced to deliver savings, but one cannot assume that other stakeholders –

individuals with learning disabilities, their families and providers, or indeed our statutory partners, will agree with our intentions. Complaints and challenges both to the Council itself, and to external regulators or even to the courts are likely and will, in themselves, consume significant resources and time.

### Transforming Care for Individuals with Learning Disability and Autism

Incidents that occurred at Winterbourne View, a residential care setting for people with learning disabilities, were publicised by a Panorama documentary in 2011 and subject to a review and inquiry by the Department of Health and CQC. A subsequent Serious Case Review was published after criminal proceedings had reached their outcome with 11 individuals prosecuted and sentenced.

In December 2012 the Department of Health published 'Transforming Care, A National Response to Winterbourne View Hospital: Final Review Report'. (An interim report also published in June 2012).

The above report set out "a programme of action to transform services so that people no longer live inappropriately in hospitals, but are cared for in line with best practice based on their individual needs, and that their wishes and those of their families are listened to and are at the heart of planning and delivering their care". The programme covered quality and appropriateness of care, governance and accountability, corporate responsibility, regulation, inspection and monitoring. Follow up and progress reports have been published since 'Transforming Care One Year On', 'Transforming Care Two Years On'.

In 2014 NHS England asked Sir Stephen Bubb, ACEVO (Association of Chief Executives of Voluntary Organisations), to Chair a Steering Group and produce recommendations to accelerate the changes required, given the initial deadline of June 2014 had passed without the corresponding transfers out of hospital care being achieved. A publication known as the 'Bubb report' was produced: 'Winterbourne View - A time for change'.

This was followed in July 2015 by an Independent Progress Review published by ACEVO 'Winterbourne View – Time is running out' with a further call to address the inpatient reduction requirement. Other criticisms in this report included the lack of dialogue with social care providers. Some progress was noted in Care and Treatment Reviews and the NHS England programme of work.

The ACEVO 'Winterbourne View – Time is running out' report is available to view via input of the following link - <http://tinyurl.com/pevdzko>

Transforming Care is now overseen by a Transforming Care Delivery Board, which brings together the six national partners: NHS England, the Association of Adult Social Services (ADASS), the Care Quality Commission (CQC), Local Government Association (LGA), Health Education England (HEE) and the Department of Health (DH). The focus remains on the five key areas of: empowering individuals; right care, right place; workforce; regulation; and data. The most recent Progress Report can be found on NHS England webpages for Transforming Care.

Bringing the chronology up to the current point – where Five Transforming Care Fast Track areas have been identified as; Greater Manchester and Lancashire; Cumbria; North East, Arden, Herefordshire and Worcestershire, Nottinghamshire and Hertfordshire. This aims to bring together, health and care to accelerate service re-design and transformation, with access to a £10m Transformation Fund based on the success and robustness of local Fast Track Plans.

Lancashire's draft Fast Track Plan is attached at Appendix 'C'. This has been submitted to the Department of Health following a very tight timescale and it is expected that it will need significant further development before final sign off, which will include by Lancashire's Health and Well Being Board.

Most of the Lancashire cohort of individuals who are the focus of the Fast Track live at Calderstones Hospital near Whalley. Only a proportion of the patients at Calderstones are potentially the County Council's responsibility, but along with Manchester we do have a much greater number than other NW Councils and there are around 40 'Lancashire' individuals who are currently in scope of this programme.

This programme is a challenge to local NHS Commissioning organisations and the County Council to work more closely together to ensure service design, workforce and finance plans are robust and can be delivered to a demanding timescale. Calderstones itself will face a challenging time during this system transformation which of course also comes on the back of significant safeguarding concerns documented by CQC following their last inspection which received widespread media publicity, and have been a focus of concern at Lancashire's Safeguarding Adults Board. Ultimately Calderstones will be smaller and more focussed in its purpose. But that in turn means Learning Disability specialist community services will need to be geared up for supporting a group of individuals with much more complex needs who may have forensic histories and continuing challenging behaviour.

Funding for the long term costs of supporting these individuals still has to be resolved. The Fast Track Funding is only to establish project management and clinical capacity to ensure the changes happen. There are discussions of a 'dowry' approach with the money to pay for support following the individual following discharge, or of local CCGs funding under its arrangements for people with complex packages of care, but none of this is yet to be confirmed. The County Council alongside other local authorities has to ensure it has a significant voice in this work so that it minimises the risks of significant additional longer term financial pressures in relation to this programme.

Feedback on the draft Fast Track Plan from Members would be helpful for sharing with the Leader in her role as Chair of the Health and Well Being Board. The Director of Adult Services is attending a Fast Track Evaluation session with Department of Health colleagues on the 15 September 2015 and will provide a verbal update to Scrutiny about the feedback received on the draft plan.

The final version of the Fast Track Plan will require sign off by Lancashire's Health and Well Being Board which is currently scheduled for October 2015.

**Consultations**

There have been health and social care partnership arrangements for developing the Fast Track Plan and this has included consultations with a stakeholder group.

**Implications:**

This item has the following implications, as indicated:

**Risk management**

Programme and Project Board arrangements are in place to oversee the major areas of savings and the Transforming Care Programme.

**Legal Implications****Financial Implications**

As detailed in the report

**Local Government (Access to Information) Act 1985****List of Background Papers**

Paper

Date

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