

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	5 NOVEMBER 2015	AGENDA ITEM:	14
TITLE:	LEARNING DISABILITY TRANSFORMATION PROGRAMME - UPDATE		
LEAD COUNCILLOR:	CLLR EDEN	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT SOCIAL CARE	WARDS:	BOROUGHWIDE
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to update Members on the progress of the Learning Disability Transformation work, and to explain the key elements of the project. Members will be aware that improvements to our commissioning and delivery of services for people with learning disability are in progress. The continuation of the NHS England initiatives to review care and plan more integrated community based responses 'post Winterbourne' is work that we have been actively engaged with and we are taking this opportunity to embed this work in our plans.
- 1.2 In addition, our intention to 'co produce' the strategy with service users and carers as set out in the Care Act has required a longer timeframe to complete the work than originally planned.

2. RECOMMENDED ACTION

- 2.1 *Committee is asked to endorse the proposals for the Learning Disability Transformation Project and supporting Strategy*
- 2.2 *Committee is asked to approve the plan at Appendix 1, which outlines proposals to deliver the social care elements of the NHSE's Transforming Care initiative by April 2016*

3. POLICY CONTEXT

- 3.1 The Learning Disability Transformation Project is a significant piece of work sitting within the overall Adult Social Care Transformation Programme and is

required to contribute £1.975m towards the overall Adult Social Care Savings target for the 3 years to 2017-18

3.2 Key issues to be addressed as part of the project include:

- RBC offer a higher number (than statistical neighbours and English LA average) of high cost intensive care packages (across all service types) which are expensive to maintain and don't always support the promotion of independence that RBC aspires to deliver. Indicative of this, 58% of the Learning Disability budget in Reading is spent on residential care, as opposed to a National average of 38%. This would suggest that we are not able to offer the community based life opportunity focused services that we would expect to offer to our clients with learning disabilities.
- Also indicating an opportunity for improvement in enhancing lives within a community, we have a lower (than statistical neighbours and English LA average) number of people with learning disabilities in employment and a lower (than statistical neighbours and English LA average) number of people with learning disabilities accessing support via a direct payment. This suggests less focus than we aim to deliver in creating unique responses to individuals.
- The LD Transformation project includes target savings of £1.975m over 3 years, but is planned on top of an emerging in year overspend of £679,000. The Learning Disability Transformation Project is thus a significant and varied piece of work for which a report will need to come to Members with full proposals covering RBC, NHS, and service users ambitions and concerns

3.3 The LD Transformation project will be delivered in alignment with the key focus areas of the NHSE Transforming Care initiative. These are:

- a) Empowering individuals
- b) The right care in the right place
- c) Regulation and inspection
- d) Workforce
- e) Data and information

3.4 The plan at Appendix A addresses the specific milestones under NHSE's 'Transforming Care for People with Learning Disabilities - Next Steps' document, and the deliverables within it will form part of the overall project plan for the LD Transformation project

4. OUR APPROACH

4.1 The project will be delivered in accordance with Care Act requirements, in particular those relating to the wellbeing principle, promotion of independence and the personalisation agenda, incorporating consultation, engagement and co-production throughout

4.2 We know from our consultations with service users that being able to live safe and optimally independent lives with supportive social networks, good health,

a say in the services they use and realistic employment prospects is of particular importance to individuals and their families.

- 4.3 Our vision is to enable people to maximise their opportunities for inclusion within their local community and to support them to grow and develop as individuals. We will take a strengths based approach to our work, taking our starting point as considering what people can achieve now for themselves and what they could achieve in the future with support.
- 4.4 We will offer a range of types of support from which service users can receive a mix of services which match their individual requirements, recognising that the continuum of needs is wide and varied, and that solutions may be found within clients' own support networks, local communities and universal services, as well as more specialist provision.
- 4.5 Future provision will be firmly based on best value and best quality decisions, putting the individual at the heart of decision-making and considering alternative delivery models which will most likely be achieved through a mixed economy of in-house provision and external providers.

5. THE PROPOSAL

5.1 Over-arching project aims include:

- a) The transition to a more modernised co-produced model of day support across Older People, Physical Disability, Mental Health and Learning Disability services. This model may include centre-based services for those with the most complex needs and a broader range of community based offers to promote independence.
- b) Reviewing our current respite offer and making recommendations to meet assessed need in a cost effective way that supports family carers and provides an enjoyable break for people who are supported by their families.
- c) Active review of individual packages of care, based on a measured risk model to ensure that support is appropriate to needs and national eligibility criteria and is maximising potential for the use of assistive technology, whilst ensuring that support packages are proportionate and equitable.
- d) In support of the vision to create cohesive, attractive and vibrant neighbourhoods, plans include a shift in the belief that individuals are entitled to a tenancy, and in the balance of accommodation provision from residential care to supported living in local communities. This will enable us to offer more independent living solutions to a broader range of clients, which will support us in meeting the duty to promote independence.
- e) Proactive work to promote and encourage the take up of Direct Payments.

5.2 This is a large and complex piece of work requiring dedicated resource to co-ordinate and manage. Key elements of the programme include:

	Workstream	Key Milestones
1	Day Services	<ul style="list-style-type: none"> • Structured Review of Day Services customers with a view to hearing what they want from their lives and reducing reliance (where appropriate) on the traditional centre-based services • Improve take up of Direct Payments and investigate prepayment cards as an option • Review employment, and day opportunities marketplace to ensure sufficiency of choice and quality • Benchmarking provision against other authorities and 'best in class' • Review of current transport provision in light of any changes arising from other work
2	Respite	<ul style="list-style-type: none"> • Review current overnight respite provision to include: alternative booking process, unit costs, occupancy, benchmarking • Develop short breaks options
3	Shared Lives	<ul style="list-style-type: none"> • Review current systems and processes, benchmark against other schemes • Consideration of service developments for those with MH / dementia
4	SLASL Reviews (Supported Living Accredited Select List)	<ul style="list-style-type: none"> • Transferring clients to providers on the SLASL using a dedicated review team
5	Supported Living accommodation	<ul style="list-style-type: none"> • Review of current accommodation provision, analysis of future needs and research on what other LAs are doing • Focus on use of assistive technology in future service planning
6	Alignment with OPPD Day Services and accommodation with support projects	<ul style="list-style-type: none"> • Align continued development of LD day services and accommodation with support with that of OPPD work to maximise synergies and integration opportunities where appropriate
7	Engagement with the NHS led transformation of LD services for people with LD/MH/autism and challenging behaviour	<ul style="list-style-type: none"> • Establish skilled support in the community to work with health colleagues to reduce hospital admission and where admission is necessary reduce the length of that admission. • Establish accommodation with support for people whose current support breaks down and is unable to meet their needs • Work in a person centred way to ensure people and their families have confidence in our responses.

- 5.3 The whole project will be supported by an over-arching Learning Disability Strategy, Needs Analysis and Implementation Plan. This is currently being produced and will be brought back to ACE for agreement in March 2016, alongside the NHSE Transforming Care joint plans
- 5.4 A detailed communications plan will be developed as part of the overarching project plan to capture consultation and information sharing activities throughout the project
- 5.5 The Project Group will ensure close liaison with the Learning Disability Partnership Board, partners, service users and their families / carers throughout
- 5.6 Modernisation of services at the heart of all transformation work, and this must be delivered within the requirement to achieve the allocated savings target
- 5.7 A dedicated Project Manager has been agreed and is to be recruited imminently

6. CONTRIBUTION TO STRATEGIC AIMS

- 6.1 This project contributes towards Corporate Plan Priorities 1,2,3 and 6 below:

- 1. Safeguarding and protecting those that are most vulnerable;
- 2. Providing the best start in life through education, early help and healthy living;
- 3. Providing homes for those in most need;
- 4. Keeping the town clean, safe, green and active;
- 5. Providing infrastructure to support the economy; and
- 6. Remaining financially sustainable to deliver these service priorities.

7. COMMUNITY ENGAGEMENT AND INFORMATION

- 7.1 The over-arching Learning Disability Strategy is being developed in accordance with the outcomes of the Learning Disability Partnership Board's Big Voice and Beyond report.
- 7.2 An early deliverable for the new Project Manager will be the delivery of a communications plan which outlines proposals for consultation and engagement with staff, service users, carers and families, partners and other stakeholders such as the Learning Disability Partnership Board

8. EQUALITY IMPACT ASSESSMENT

- 8.1 An Equality Impact Assessment was completed as part of the establishment of a Supported Living Accreditation Select List (SLASL) in December 2014
- 8.2 Further Equality Impact Assessments are likely to be required for several other workstreams at a later stage, once more specific proposals are defined. These will be undertaken as part of the overall project planning process

9. LEGAL IMPLICATIONS

- 9.1 The Care Act (2014) creates a new statutory duty for local authorities to promote the well-being of individuals. This duty - also referred to as 'the well-being principle' - is a guiding principle for the way in which local authorities should perform their care and support functions.
- 9.2 Section 2(1) of the Care Act places a duty on local authorities to provide or arrange services that reduce needs for support from people with care needs and their informal carers, and contribute towards preventing or delaying the development of such needs. Developing and maintaining a day activities offer and a variety of independent living options to meet a range of needs for service users with learning disabilities is an important part of discharging the Council's wellbeing and prevention duties.
- 9.3 The Children and Families Act, places a duty on Local Authorities to work to ensure smooth transition into adulthood and to work with families to encourage aspiration and promotion of independence.

10. FINANCIAL IMPLICATIONS

- 10.1 The Learning Disability Transformation Project will contribute £1.975m towards the overall Adult Social Care savings target of £6.709m. It is therefore a significant element of the overall savings programme.

11. BACKGROUND PAPERS

- 11.1 Learning Disability Transformation Project PID
Business Case for LD Project Manager role
Transforming Care for People with Learning Disabilities - Next Steps
- 12. **APPENDIX A** - RBC Response to 'Transforming Care for People with Learning Disabilities - Next Steps' (one page action plan)

APPENDIX A

Transforming Care for People with Learning Disabilities – Next Steps (NHS England)

RBC response to the NHSE project to improve health and social care support for people with LD/MH/autism whose behaviour can challenge

Key Focus Areas	What RBC will do	Who will lead	When	What we will achieve	Risks Identified for Management
Empowering Individuals	<ul style="list-style-type: none"> Ensure advocacy support is able to support this group of people Ensure transitions planning protocol is embedded in practice 	<p>Lead commissioner</p> <p>Disability Service Manager (SM)</p>	<p>Monitoring of Q3</p> <p>Dec 2015</p>	<p>People will be able to access good quality advocacy that supports them and their family.</p> <p>Staff will use the tool effectively to ensure people are fully involved in decision making</p>	<p>Advocacy providers have not got the skills to deliver.</p> <p>Delay in protocol development.</p>
Right Care in the Right Place	<ul style="list-style-type: none"> Work with existing SLASL providers to ensure they are able to meet the needs of this group. Identify specialist providers to work with high end needs Include needs of this group in Accommodation with Care and LD strategy. 	Lead commissioner and SM	<p>Ongoing</p> <p>Nov 15</p> <p>Nov – Dec 15</p>	<p>Specialist providers to work with this group and enable them to remain at home or return home asap.</p> <p>Accommodation being planned as part of implementation of Accommodation With Care Strategy.</p>	Providers unable to deliver, small numbers of people(not allowing economies of scale), therefore cross Berks planning and implementation necessary
Regulation and Inspection	<ul style="list-style-type: none"> All support providers will be quality checked and CQC inspections scrutinised. Outcomes of client reviews used as an ongoing learning and improvement process Feedback from people with 	Lead RBC commissioner, operational teams and Quality Assurance Teams, families	ongoing	<p>Highlighting good practice and areas for improvement</p> <p>Certainty and consistency in relation to quality via routine integration of feedback</p>	Insufficient capacity for proactive and ongoing learning, particularly for out of borough placements

	learning disabilities and their families			into quality management	
Workforce	<ul style="list-style-type: none"> Working with BHFT and RBC LD service to develop positive behavioural support and intensive intervention service 	Lead Commissioner in CSU, BHFT operational Manager and SM	Target April 2016	Range of flexible and specialist health and S/C community support in place	This has to be a cross Berks or at least West of Berks initiative and so needs engagement of other L/As.
Data and Information	<ul style="list-style-type: none"> Transitional planning tool to be used to highlight future demand for specialist support. Feedback from providers and quality assurance reviews 	Lead RBC commissioner and SM. QPM team	ongoing	Greater understanding of levels and type of need.	Development work required to ensure collection systems and data quality are sufficiently robust and reliable