

CABINET ITEM COVERING SHEET PROFORMA

**AGENDA ITEM**

**REPORT TO CABINET**

**17 MAY 2012**

**REPORT OF ADULT  
SERVICES AND  
HEALTH SELECT  
COMMITTEE**

**CABINET DECISION**

**Adult Services and Health – Lead Cabinet Member – Councillor Jim Beall**

**Housing and Community Safety – Lead Cabinet Member – Councillor Steve Nelson**

**EFFICIENCY, IMPROVEMENT AND TRANSFORMATION (EIT) REVIEW OF LEARNING  
DISABILITY SERVICES – INTERIM REPORT OF ADULT SERVICES AND HEALTH  
SELECT COMMITTEE AND PROPOSALS FOR CONSULTATION**

1. Summary

The Adult Services and Health Select Committee is undertaking the EIT review of Learning Disability services. This report outlines progress in the review to date, and details a number of proposals for changes to services.

These proposals are subject to a statutory period of public consultation. Cabinet is required to approve the proposals for future service delivery in order for these to go forward for public consultation, and approve the associated consultation plan.

The results of the consultation will be used by the Select Committee to formulate its final recommendations. A final report on the review will be prepared and submitted to Cabinet in the autumn.

2. Recommendations

The Committee recommends that Cabinet:

1. note the progress of the review to date and the work to improve commissioning and internal working practices, and the development of proposals for future service delivery ;

2. approve the proposals outlined at **section 4 (page 20)** of the report for the future delivery of learning disability services in order for these to be subject to a 12-week public consultation;
3. agree the consultation approach, subject to further work by the Adult Services and Health Select Committee on the detail of the consultation plan.

3. Reasons for the Recommendations/Decision(s)

Cabinet approval is required before the proposals for services changes outlined in the report are put forward for public consultation. A further report will be submitted to Cabinet in the autumn with the consultation results and the Committee's final recommendations on the review's proposals.

4. Members' Interests

Members (including co-opted Members with voting rights) should consider whether they have a personal interest in the item as defined in the Council's code of conduct (**paragraph 8**) and, if so, declare the existence and nature of that interest in accordance with paragraph 9 of the code.

Where a Member regards him/herself as having a personal interest in the item, he/she must then consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest (**paragraphs 10 and 11 of the code of conduct**).

A Member with a prejudicial interest in any matter must withdraw from the room where the meeting considering the business is being held -

- in a case where the Member is attending a meeting (including a meeting of a select committee) but only for the purpose of making representations, answering questions or giving evidence, provided the public are also allowed to attend the meeting for the same purpose whether under statutory right or otherwise, immediately after making representations, answering questions or giving evidence as the case may be;
- in any other case, whenever it becomes apparent that the business is being considered at the meeting;

and must not exercise executive functions in relation to the matter and not seek improperly to influence the decision about the matter (**paragraph 12 of the Code**).

**Further to the above, it should be noted that any Member attending a meeting of Cabinet, Select Committee etc; whether or not they are a Member of the Cabinet or Select Committee concerned, must declare any personal interest which they have in the business being considered at the meeting (unless the interest arises solely from the Member's membership of, or position of control or management on any other body to which the Member was appointed or nominated by the Council, or on any other body exercising functions of a public nature, when the interest only needs to be declared if and when the Member speaks on the matter), and if their interest is prejudicial, they must also leave the meeting room, subject to and in accordance with the provisions referred to above.**

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**SUMMARY**

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**RECOMMENDATIONS**

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1. note the progress of the review to date and the work to improve commissioning and internal working practices, and the development of proposals for future service delivery ;
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## DETAIL

### Section 1 - Background

1. Stockton Council provides services to over 560 working age people with a learning disability in our borough. The over 18 learning disability population in Stockton is projected to grow by 11% by 2030 and as a result of improvements in healthcare and lifestyle the numbers of older people with a learning disability are increasing. A significant number of younger people coming into service are telling the Council that they do not want some of the more traditional services we currently provide and this presents significant challenges. The Council currently spends circa £14.6 million gross and £11.5 million net on Learning Disability Services for working age adults.
2. There are various definitions of a learning disability but the term broadly covers a situation where a person has difficulty learning in a typical manner. This means they may have difficulty understanding new or complex information, learning new skills, and/or coping independently. In addition a person with a learning disability may have other conditions including autism. People with learning disabilities have a wide range of capabilities. A person may have a mild learning disability and be able to live independently, and there are also people who have multiple and profound needs who need a high level of care.
3. People with a learning disability may or may not be eligible for community care services. This will depend on their level of need following an assessment process.
4. Service users may enter services through a number of routes, for example after having been in receipt of children's services and continuing to be eligible for adult services, or sometimes in crisis when family members are no longer able to cope with providing care. A person may enter services at a relatively old age having had no previous contact with Council services. Potential service users are assessed by the Learning Disability Team in Adult Services, or by a combination of teams in complex cases.
5. Under the Community Care Act 1990 and associated guidance, Councils are able to set their own level of eligibility criteria for access to adult care services; in Stockton clients who are assessed as having Substantial or Critical needs will be eligible for community care services. However, the guidance makes clear that appropriate signposting and information services, universal community services that are open to all, and targeted community services, should be in place for those not eligible for social care, but who will need some form of access to support and activities to prevent them from deteriorating to the point at which they will become eligible.
6. If a client is assessed as having eligible needs, a care package would be put in place tailored to an individual's needs. This may consist of residential care, or a mixture of day services and home care for example. Clients receive an initial 6-week review of the care package, followed by an annual review of their care or more often if needs change frequently.
7. Services for people with learning disabilities should be provided within the context of the 'Valuing People Now' framework. This is the national strategy for learning disability services and makes clear that those with learning disabilities are people first, and

should therefore have the same opportunities and responsibilities as anyone else, and be treated with dignity and respect. The strategy has the following priorities: including everyone, personalisation, having a life, people as citizens, and making it happen. Valuing People Now builds upon the original Valuing People strategy announced in 2001.

8. Many people with autism have a learning disability although estimates vary. Services for people with autism have been examined as part of this review. The duty to assess someone who may have needs under the NHS and Community Care Act applies to people with autism. In addition, the Autism Act 2009 required the Government to produce an autism strategy and also statutory guidance for local authorities. This is detailed under 'Legal Implications'. The review is aimed at improving the information held on the needs of residents with autism, and the development of local services for them.

### **Current Services**

9. The Learning Disability care management and assessment function is provided by the Learning Disability Team of social workers within Adult Services. In-house services (including daytime activities, Brighter Futures, respite, residential, community support) are provided by Stockton Council employees but are line-managed through Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) via a partnership arrangement. Some clients access the STEPS service which is based within the Reablement section of Adult Services.
10. Externally provided services (including homecare/community support, day services, residential care, supported living services) are commissioned via the Adult Strategy Team. In addition, some clients choose to opt for direct payments as part of their care package and this can be used to fund a range of activities including short breaks, and day time activities.
11. There are a range of independent sector providers. For example the Rievaulx Resource Centre day service in Billingham is provided by CIC, and almost all residential care is provided by private and charitable providers. Residential placements are spread across the Borough and also across the country.
12. The 2011/12 budgets for the expenditure within the scope of this review are set out in the following tables.

	Total cost	Income	LA Cost
	£'000	£'000	£000
<b>Operational services</b>			
In-house residential services	865	(316)	549
In-house day care services	2,076	(136)	1,940
In-house comm. supp. services	296	(108)	188
Transport Services for clients	111	0	111
Other services	48	( 30)	18
<b>Total operational services</b>	<b>3,396</b>	<b>(590)</b>	<b>2,806</b>
<b>Commissioned Services</b>			
Commissioned residential services	7,858	(2,447)	5,411
Commissioned day care services	1,102	(55)	1,047
Commissioned comm. supp. services	761	(4)	757
Supported Tenancy	1,467	(9)	1,459
<b>Commissioned services total</b>	<b>11,188</b>	<b>(2,515)</b>	<b>8,673</b>
<b>Total budget within scope</b>	<b>14,584</b>	<b>(3,105)</b>	<b>11,479</b>

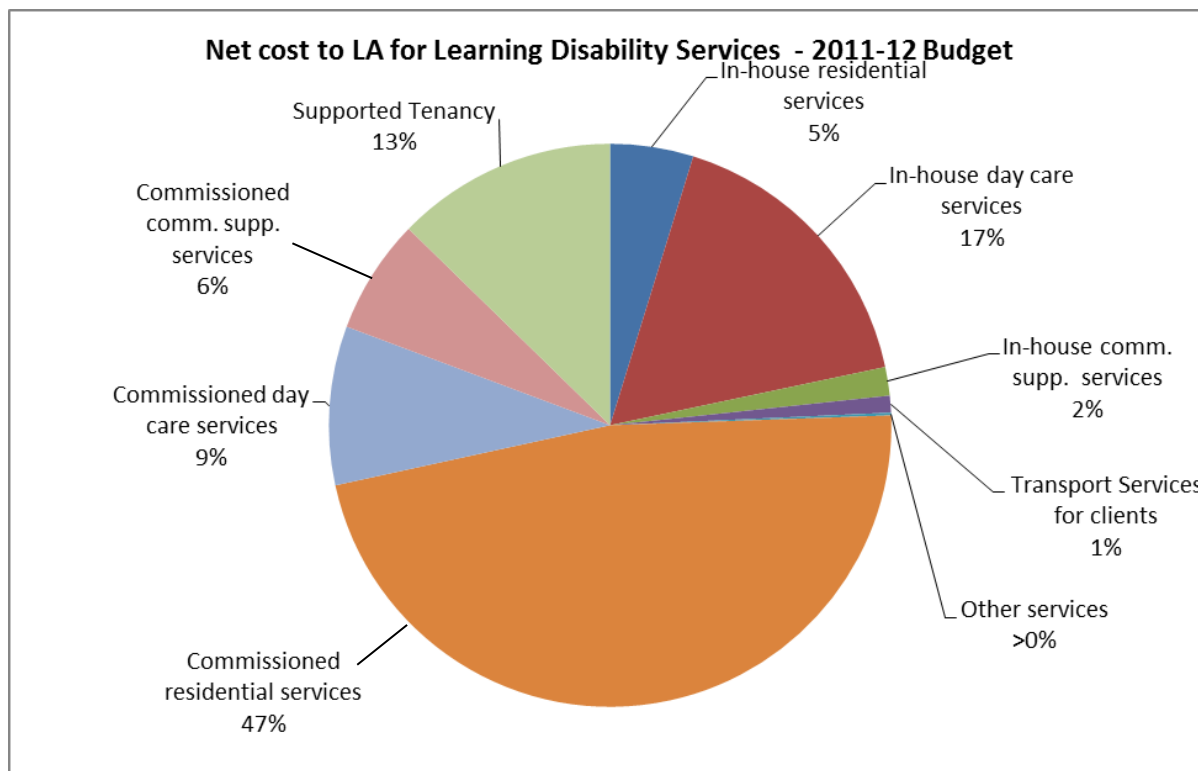
#### Analysis by expenditure type

	£'000	
Employee direct costs	2,691	(100% operational services)
Employee indirect costs	65	(100% operational services)
Premises	120	(100% operational services)
Transport	254	(100% operational services)
Supplies & services	308	(77% ops 23% commissioned)
Third party	11,116	(99.995% commissioned)
Income	(3,075)	
<b>Total budget</b>	<b>£11,479</b>	

#### Analysis of income

	£'000
Government Grants	540
Client contributions	445
Health Income	2,025
Other income	65
<b>Total income</b>	<b>3,075</b>

13. The chart below illustrates the proportion of expenditure by type of LD services both in-house and commissioned:



### The Review so far

14. The Committee has received detailed evidence from a number of sources. The Committee has considered baseline information on Stockton's current services, examples of service provision from other local authorities, a presentation from Durham County Council in order to examine its commissioning approach, detailed benchmarking information and comparisons with regional and comparator authorities, and the feedback from an initial phase of consultation which was conducted to gather views in relation to current services.
15. The Committee has also undertaken a site visit to a variety of sites within the Borough, and this enabled Members to see independent (Lorne House) and in-house (Oak Road) residential care, respite care at Lanark Close, a supported living scheme at Doncaster Crescent, Allensway day services, Stockton Central Day Services at Ragworth Neighbourhood Centre, and Rievaulx Resource Centre. The Committee's thanks go to all those who have hosted visits or attended Committee meetings, and supported the review to date.
16. The Committee is particularly grateful to the four service users who attended a Committee meeting alongside representatives of Stockton Helps All, in order to present their findings from their consultation with current service users.



## Initial Consultation

17. This initial consultation took place during the summer of 2011, and a number of consultation sessions were held with service users, carer and families, and those in transition from children's services. This was aimed at gathering some initial feedback on what people thought about how services were currently delivered.
18. All consultees were asked what is good about current services, what was not working so well and what services may need to be developed. The key messages were:
  - There was a lot of support for building based day services as people felt safe but some felt they were too big and noisy and not enough space for quiet time.
  - Some concerns about day services closing in the summer
  - Too much repetition in day care activities.
  - Some people felt that in day services people with more complex needs got all the attention of staff and they weren't given as much attention as a result.
  - Some limitations on choice in day time activity, little choice of alternatives and confusion over direct payments and personal budgets.
  - Too much time spent travelling on buses and inflexible transport.
  - There was a lot of support for doing more things in the community and some wanted to volunteer or get work. Things to do on a weekend and evening were also mentioned (our current day services operate on a day time 5 days a week basis).
  - Young People in transitions were asked what they wanted to do with their life and many aspired to have a job and to travel independently but acknowledged they may sometimes need help to achieve these things and needed support to achieve things at a pace they were comfortable with.
  - A significant number of people especially young people said they wanted to live independently from their families perhaps with friends, accepting they might need help to do this.
  - Independent travel training was seen as very important to some and a lack of this was a barrier to achieving increased independence.
  - Money was seen as a big problem as many people had no experience of dealing with money, budgeting or paying bills.
  - Too much protection from family/carers was a barrier for some.
  - Concerns about the transition from children's to adult services and sometimes confusion over the services that can be expected.
  - Concern over lack of service provision locally, specifically autism services including local college provision and day time activities.
  - Perceived lack of input from carers and support for carers, including not enough respite, although the current respite at Lanark received lots of positive feedback.
  - A high level of satisfaction with the Brighter Futures service.
  - There was support for more community enterprises and business development.
19. The Committee has found that there is scope to both improve the services that the Council provides or commissions, at the same time as achieving better value for money. A number of findings and proposals are set out in the sections below.
20. Learning disability services need to support the national agenda, Valuing People Now, the national strategy for people with a learning disability. This strategy very much promotes inclusion and independence.

## **Section 2 Findings from the review to date and changes to working practices**

21. The Committee has reviewed how services are currently provided. All aspects of service area budget have been reviewed to identify efficiencies. The Council has a statutory obligation to meet identified need for those clients assessed as being eligible for services in line with the Council's eligibility criteria for adult social care. Therefore, although the services must meet identified need, the Council must also ensure that they are providing value for money.
22. The learning disability budget is complex and over half of it (£6 million) is spent on providing residential care through a range of contracts with providers. Reviewing this area is very important but involves individual care management reviews as well as the development of new contracts, terms and conditions. A refreshed approach to contract review and renewal has commenced and as the review progresses we will be better able to identify the level of efficiencies which may exist. These will be reported at a future date.
23. A number of changes to internal working practices have been identified at this stage and are being implemented as part of ongoing improvements to the Council's ways of working. There are also a number of changes to services which will require a twelve week consultation period with clients, carers and stakeholders. These proposals are outlined below and require Cabinet approval before going out to consultation.
24. At an early stage in the review the Committee considered the results of the CSED (ex-Department of Health) review of Stockton's learning disability provision that was undertaken in 2010. The Review's own work has subsequently endorsed CSED's findings. CSED found that:
  - residential numbers were high, but switching to independent living was constrained by the availability of local and cost effective support services;
  - a high proportion of new entrants were being placed into residential rather than independent living;
  - there were a lack of suitable housing options;
  - there were significant opportunities for financial savings.
25. CSED recommended that the Council needed to seek to reduce the flow into residential care and over time transfer, where appropriate, people from existing residential placements to appropriately supported community settings, ensure community support is value for money so that people directed away from residential care can be supported at lower cost, and review high cost cases to ensure appropriateness of care provision and value for money.

### **Working Practices**

26. The Committee found that currently care managers (social workers) have a significant role in commissioning care packages. They are in a good position to develop creative community packages for individuals and play an important part in person centred planning. However, whilst staff display a strong commitment to the

promotion of independence they are hindered by a resource intensive process for provider selection and in some cases a lack of choice in commissioned services.

27. Lack of local services is one of the key reasons why so many service users have taken up residence out of borough in the past. Care managers have told us how time consuming it can be to arrange care packages as they are faced with a large list of providers to choose from with limited information and guidance on selection criteria.
28. Care managers will have varied skill levels in negotiating with providers. This inevitably results in different financial 'deals' depending on the quality of an individual's negotiating abilities and leads to inconsistencies in value for money.
29. Commissioners and procurement staff have a background and skills in negotiation and managing the market but these are not being used as well as they should be in the arranging of care packages, and care managers may not have the skills to effectively negotiate packages.

### **Changes to Roles and Responsibilities – Care Management and Commissioning**

30. It was established that there was a need to change and improve both the care planning and commissioning roles in the future playing to the strengths and professional backgrounds of our staff.

### **Changes within Commissioning**

31. In future commissioners will have a much greater role in the selection of care providers. Commissioners will create suitable commissioning frameworks that include fully accredited providers. All services commissioned will provide personalised support for people with a learning disability following the principles of Valuing People Now guidance. All service users are now offered the opportunity to secure services via a Personal Budget and commissioners will work with providers to ensure appropriate services are available, encouraging and generating new services as needs are identified.
32. Plans are being formulated to create electronic procurement systems for the efficient procurement of home care services for people with a learning disability. They will be designed so that commissioning, operational and procurement staff are all aware of their roles and responsibilities. The systems will create efficiencies in terms of the processes used by the Council and stimulate the market in terms of competition.
33. Commissioners are working with procurement and legal staff to develop formal procedures for the procurement and contracting process; this will identify where responsibility lies at each stage of the process. Mechanisms will be put in place to ensure ongoing monitoring of contracts to achieve high quality value for money outcomes.
34. Commissioners will develop new contracts, and terms and conditions to ensure ongoing value for money and there will be a significant piece of work to do upfront. The Head of Adult Services in CESC is considering whether capacity is sufficient in the commissioning team to undertake the level of work in this review and going forward.

35. Consideration should be given to any future role the Council's procurement team who have significant experience of contracting might have in the contracting process for LD services. For example the Corporate Procurement Team could have an ongoing role in regularly refreshing contracts, terms and conditions freeing up commissioners to identify unmet need. This would help support the workload of commissioners.
36. It is suggested that in future the commissioners have a defined role in ensuring quality and value for money in both commissioned and in house services. Currently commissioners have limited knowledge and understanding of in house services and this can result in differing standards. An overview of all services will assist commissioning in making strategic decisions in future about whether services should be commissioned or be in house.
37. The review is also recommending that commissioners develop Service Level Agreements with in house services detailing performance and other information required for contract compliance and performance management.
38. The review has identified some difficulty in gathering relevant information on which to base commissioning decisions. This must be addressed in future and consideration needs to be given to how and who will collate this information and on what frequency (this will include national and local data, intelligence from operational staff, benchmarking data, financial information, utilisation of services etc). Commissioners could work with in house services and finance to determine ongoing areas for efficiency and budget adjustment in addition to growth areas which may have a negative impact on the budget. The importance of this intelligence cannot be underestimated and will be key to more effective budgetary control. It is suggested that the database created as part of this review be used in the short term to capture changes in individual care packages/costs, also capturing new entrant to services. Longer term a view needs to be taken of the capability of the new Care Director IT system to produce relevant reports.
39. Capacity to gather detailed data in the commissioning function will need to be considered. However it could equally be a central function and it may be appropriate to consider this alongside the need to gather similar information in other CESC areas to improve strategic planning.
40. A working practices handbook is in development, a written document designed as a reference guide to ensure everyone is clear how information is passed and captured between commissioners, operational staff and housing staff, which staff are responsible, frequency of information exchange, format etc. The idea is to bed this approach into team work as custom and practice. Much closer working between operational and commissioning staff is the key. A robust commissioning framework which ensures services are available locally unless not appropriate is also essential.

### **Changes within Operational Services**

41. Concerns have emerged in this review that some care plans appear risk averse. In response to this operational staff received briefings on a refreshed approach to care planning designed to maximise independence within acceptable risks. Ensuring this new approach to care planning is embedded is an important part of this review and will need be monitored by quality assurance checks as part of supervision and team management. A new corporate risk policy has been developed and operational staff will require the appropriate training to ensure implementation.

42. Care managers have struggled to undertake detailed client reviews on stable cases due to the absence of a dedicated review officer. The review process should be used to robustly review care packages and the cost of care but this is resource intensive and consideration needs to be given as to whether there are sufficient resources to carry out these reviews in the level of detail they are required. If packages are not robustly reviewed then care packages may be oversubscribed or clients placed where there are charges for specialist services which the client does not require for example speech and language therapy, psychiatry and psychology services.
43. A review officer has recently been appointed and will be responsible for:
- carrying out all reviews that are in the review system, ensuring that outcomes are identified (if none in place) and if outcomes are in place measuring whether they have been achieved;
  - ensuring best interest assessments are carried out within the review process to help determine future planning;
  - co-ordinating the reviews which are open to the care managers within the team – ensuring that the above are achieved;
  - ensuring that any interim packages agreed are reviewed and moved on appropriately.
44. Currently a panel of senior staff exercise a scrutiny role on care packages costing over £320 per week. It is suggested this role be strengthened and extended to ensure monitoring of practice and that risk averse care planning is challenged.
45. The netting up of need will be a key role for panel in future. A review of the placement panel process and terms of reference is being undertaken by the Adult Strategy Manager and Head of Service (CESC) and the detail of how it will operate in the future to achieve its objectives is being explored.

### **Section 3 - The development of service change proposals**

#### **Residential Provision**

46. The Council currently spend circa £6 million net on residential care (over half of the net LD budget). There is only one six bed residential provision in house with a value of £600,000 so the majority of residential provision is commissioned. Residential provision frequently presents budget pressures.
47. We do not have robust contracts in place as many contracts are out of date, require renewal and do not have detailed terms and conditions. This can lead to confusion about what is included in the care contract. For example we have people in residential care who attend day services and we appear to double fund. Residential provision is 24/7 therefore any assessed day time activity to meet need should be paid for by the residential provider whether in house or commissioned externally.
48. Around 150 people live in residential provision and there are 54 providers. 34 (64%) of providers only have one client each but 6 (12%) have between 9 and 13 clients. A review of contracts should take place annually as part of the client review. This process needs to be much more robust in future and it is suggested that where providers have more than one client (this equates to 19 providers) negotiations take

place around all the placements. New contracts will be standardised with the agreed care plans forming the individual service specification.

49. The updated Commissioning Plan will identify both the approach and timescales for reviewing current contracts.
50. CSED during their review of LD services commented on the high number of people living in residential provision many of whom were out of borough. Much of the out of borough provision has been commissioned due to the lack of in borough provision. The lack of quality 'intelligence' on netting up of needs has meant such gaps in provision remain particularly in autism specific services and therefore people continue to take up provision out of borough either living outside or travelling to day service provision. This can be very expensive and must be addressed. Significant work on a Tees Valley basis has been undertaken to map needs and service gaps with a view to creating joint provision but the pace of change is slow so work is now underway to map out current and emerging needs with a view to creating our own provision.
51. The cost of residential provision varies tremendously as do the needs of service users. Our highest cost case which is out of borough is currently £4,253 per week net and the lowest cost £242 per week net. Some clients clearly require residential provision but for many, alternative provision such as living in supported housing or with relatives/carers are good options. There is a trend to move more people into independent living in line with the national agenda but we do need to be mindful of reasonable costs and must be prepared to challenge independent living if need can be met through residential provision and independent living is significantly more expensive.
52. The review is introducing a number of changes to working practices in order to improve the provision of residential care services. These include:
  - conducting regular meetings between colleagues in housing and social care to identify needs and to ensure these are reflected in future housing commissioning plans (cross tenure with the aim is increase access to housing for people with learning disabilities;
  - reviewing high cost residential places to ensure they meet need and represent value for money;
  - identifying and pursuing appropriate cases for ordinary residency to determine the responsible local authority;
  - commissioning, supported by procurement, will review residential contracts, terms and conditions to ensure greater consistency and value for money.

### **Supported Living Tenancies**

53. The Council currently has five independent living schemes at a cost of circa £1.5 million. We have already reviewed one of the schemes at Doncaster Crescent. The remaining four schemes at Grangefield, Junction Road, Sycamore and Frederick St are reviewed as part of the commissioning action plan. The review will reassess clients to ensure they have the correct care plan in place and also that hourly rates of care are competitive.

## **Housing Choice and Pathways**

54. A significant piece of work is being undertaken to map out current and future housing needs of LD clients. There is much room for improvement in this area and housing expectations will need to be much more realistic in future. It is also proposed to develop a range of more accessible housing options documents as a result of this review.
55. Consideration of the housing needs of those with learning disabilities should be part of the work of the housing options team which considers housing requirements across all client groups including those with specialist needs. There is currently an LD housing officer who works in CESC. The post holder has been recently seconded over to the housing options team to enable a thorough review of this role so that recommendations for the future can be determined. Independent living should of course, in line with the national agenda, be promoted but it needs to be cost effective/affordable and the Council must also give close consideration to the new welfare reform proposals and potential changes to supported housing costs to determine impact on this client group.

## **Independent living skills**

56. Our approach to developing the skills and training individuals need for independent living is currently ad hoc and needs to be more systematic. Work is underway to develop a menu of options to ensure clients are properly prepared for independent living. In future support providers will be expected to work to a more detailed outcome focused support plan
57. The Committee is proposing a number of changes to residential, housing and independent living services and these are outlined at **section 4 (page 20)**.

## **Day time activities**

### **In-house and Commissioned Day Services**

58. Almost 300 of our service users receive day care. If a client has an assessed need for day time activities they can either take up a commissioned service or use a personal budget to find their own provision. The take up of personal budgets is limited and this review has identified the need to develop a menu of alternative options that clients can take up. However either way clients will have a budget for these services so cost reductions in day service provision can only come from greater take up of universal services (community bridge building is designed to achieve this) or from unit cost reductions on commissioned or in house services. Costs for in house services need to be brought in line with benchmarked similar day provision.
59. Currently most of our day service provision is provided in borough at Allensway and Rievaulx (our large day building based day services), in Brighter Futures and through Stockton Central Day services. However some people receive day services out of borough (currently around 40 people) either because they live outside of borough and access provision there or because they live in borough but services are not available locally. Our aim, in line with the national agenda 'Valuing People Now', is to move away from providing or commissioning building based day service provision.

60. Our day care is a mixture of more traditional style day services (Allensway and Rievaulx) with community based activities in local neighbourhoods (Central Stockton Day Services) and Brighter Futures which currently provides community based activities for young people up to 25 years. Services are also provided for small numbers of clients in out of borough placements such as TASC and Upsall Hall in Middlesbrough and Catcote Specialist College in Hartlepool.
61. The in house building based service has 100 places and is based at Allensway in Thornaby. This is a purpose built facility. The commissioned service at Rievaulx is based in a former school. This building is not fit for purpose as it has some large spaces which do not lend themselves to quiet activities and some service users have complained about the level of noise.
62. The unit costs for running Allensway are £44.73. The unit costs for running Rievaulx are £33.98 plus a separate charge of £11.63 per day for each client receiving additional one to one support. The review has also looked at the people in our day services some of whom are inappropriately placed (this is identified in care plan reviews).
63. In the in-house building based services a two course lunch is provided for service users. At the in house service at Allensway staff are provided with lunch as they sit with clients and assist where appropriate. A large commercial kitchen is run by staff who cook these meals. Not all service users take a meal as some choose to bring a packed lunch. For those who opt for lunch a charge of £3.50 is made but examination of the budget has shown us that the cost of meals is not covered by charges and is subsidised. Meals are very popular with clients but to prevent savings in other areas it is felt changes need to be made to the arrangements. The Manager of the Council's in house catering service has been consulted on proposed changes and has offered advice and assistance. Alongside the running of the dining kitchen there is also a café which some clients choose to pay and use. The café is also open to the general public and staff. Proposed changes to these services are outlined at **section 4**.
64. It is proposed to review the staffing structures across our in house day services (Allensway, Brighter Futures, Central Stockton Day Services) including management arrangements ensuring they are fit for purpose and that unit costs compare favourably with similar benchmarked provision. The Council will follow its Management of Organisational Change Policy in relation to the consultation on any employee implications in respect of change in organisational structures.

#### **Grangefield Project**

65. The Grangefield project is run by the Shaw Trust and provides a range of day time activities for 28 clients. There is a service level agreement between the Shaw Trust and SBC to the value of £35,000 and a budget transfer of circa £20,000 in the current year to reflect the loss of a previously seconded SBC member of staff. The project has been running for 12 years and was set up to help clients into work placements or paid work. There is a strong relationship between Shaw Trust and the Council's STEPS into work project. Activities include gardening, customer service, cooking, art self advocacy, wood work and crafts, recycling and administration. There is currently a waiting list for this service due to its popularity. The service is cost effective but cannot be expanded until the financial arrangements are confirmed in the longer term. The action arising from this review is for commissioning to review the arrangements and agree a more detailed specification and funding terms.



## **TASC**

66. This service provides day time activities in a building based service in Middlesbrough for people with LD who also have a high level of physical disability. Currently 12 clients attend and there is a waiting list of 6 people from Stockton. Commissioners need to consider if there is sufficient need for a service in our borough or whether these clients could be accommodated in Allensway in the future.

### **One off day service provision**

67. There are a number of either one off day services provisions out of borough or services that accommodate a small number of people such as the four people that attend Upsall Hall. Many of these individuals have been within such services for a considerable period of time. It is not proposed to review these day services as part of the EIT review however the cost and appropriateness of these services needs to be reviewed in line with the overall care plan. In future every effort will be made to commission day service provision in borough.

### **Community Bridge Building (CBB)**

68. Community Bridge Building will support and strengthen our support for independent living. CBB supports individuals with learning disabilities to access mainstream services to meet their need for social inclusion. From 2 April 2012 STEPs has been delivering a one year CBB pilot.
69. The pilot will enable people to make choices in life, and not be restricted by what was traditionally provided by day services - in special buildings or rooms for the sole use of people with learning disabilities.
70. In order to standardise the approach to assessment; individuals will be assessed against an eligibility criteria that will identify those who are ready and willing to be involved in community activity. The assessment will allow for the service to gauge the individual's level of understanding around the practical aspects of community participation; to identify any potential barriers and the level and type of support required to successfully sustain them in their chosen community activity.
71. The service will encompass a wide range of initial support, enabling and empowering clients to have a more fulfilling life with choice and control. We will initially support individuals into the following six domains:-
- Arts & Culture;
  - Sport & Leisure;
  - Faith;
  - Education;
  - Volunteering;
  - Employment.
72. Community Bridge Building is about providing the opportunity to do the type of things individuals would like to do. Supporting them to find out about and access the mainstream activities and pursuits of their choice. CBB ensures a strong person-centred value base and in an innovative way supports individuals and families to build their life and to strengthen the capacity of communities to welcome and include disabled people.

73. It is anticipated that bridge building will ensure much greater use of personal budgets in the future. The proposals from this review is to gather views on Community Bridge Building at the same time as reviewing the results of the pilot scheme.
74. As the Council more robustly reviews clients' needs for meaningful day time activity, it is likely that some people will move into different provision as current provision may not meet identified need. Some care plans have already identified the need for increased independence and services such as community bridge building can support some of these clients (this could include developing options for using personal budgets, accessing activities within the local community, accessing work or volunteering). Such changes will mean that utilisation levels within services will require regular review and it is anticipated commissioners will carry this out as part of their enhanced new role/monitoring of in house service provision.
75. In addition, in order to assist with increasing the range of accessible activities in the community, the review is also proposing to raise awareness within SBC of the need for Changing Places-type facilities for people with complex needs in order to ensure they can access more community based activities. This could be through inclusion in specifications for new developments or changes to existing buildings where appropriate and subject to funding availability.
76. Proposals for changes to day time activities are outlined at **section 4**.

### **Home Care**

77. We commission home care from a number of different providers. The cost of the home care varies significantly. The Council is reviewing its home care services for older people and it is recommended that home care for Learning Disability clients is reviewed at the same time. Tendering will begin in April and contracts should be in place by September 2012. In the meantime work will take place to ensure that procurement systems are in place to stimulate competition and an exercise to review the current home care arrangements that are in place in independent living will look to manage efficiencies from the current financial commitment.

### **Respite**

78. In-house respite services in the borough are currently provided at Lanark Close. Other models of respite exist and a small number of people use direct payments to source and pay for their own provision although alternatives have not been developed locally. Both consultation feedback and an analysis of unmet need show us there is currently not enough respite provision in our borough to meet identified need. Respite is a vital service providing a welcome break for both client and carers. It is only available to people who live with family/carers or independently and not to those who are in residential care as there are paid carers in those arrangements. The need for more respite provision was a key area for carers in the first stage of consultation on this review.
79. Lanark can take 9 clients at any one time for respite but currently only provides beds for 6 and this is not cost effective.
80. Meals in the respite provision are currently provided by a cook and are expensive. No charges are made for meals as respite is classed as residential care.

81. TEWV also provides respite facilities at Aysgarth for those with high level health needs. Our service is for clients with lower level needs but we may wish to provide one joint facility in the future. It is proposed to work with Tees, Esk and Wear Valleys NHS Foundation Trust to explore the possibility of a joint respite facility.

### **Autism**

82. The Committee has identified the lack of in borough services for people with Autism. The autistic spectrum is wide. Some individuals function independently only accessing universal services whilst, at the other end of the spectrum, there are those with profound needs that require very specialist services. Historically this has meant people access services out of borough often at great expense. Autism is a growing area in terms of numbers and complex clients and new local services (living and day time activity) must be developed as a priority by commissioners to prevent spiralling costs.
83. A piece of work has been undertaken on a Tees wide basis to look at current services and identify gaps/opportunities for new service provision but the pace of this is slow so work has commenced to map both current and future need for services in borough (including those emerging from transitions). This will result in provider engagement and the commissioning of new in borough services. We are unable at this stage to identify the level of efficiencies this may generate but it should be noted that costs for those with high level autism are significant with 6 service users currently attending ESPA at Sunderland and costing £188,000 annually including transport.

### **Community Support**

84. This service runs at a cost of £296k, £188k net of a contribution from the NHS. We currently have an in house community support team consisting of 8 staff. Support is provided to around 90 service users in their homes. Levels of support vary from low level support of around an hour to high levels of support and cover activities such as helping someone prepare a meal, taking them to the bank, helping them engage in community activities etc. A full review of the community support service is to be undertaken and the results will be considered as part of this review.

### **Transitions**

85. The transition from children's to adult services should be as seamless as possible. A timely understanding of the services a young person can expect is important to the service user and parents/carers. The aim is to improve the transition from children's to adult services by better planning from the 14 plus review stage. Capturing emerging need will assist us in planning further education, support and accommodation services. Consultation has told us planning around transitions could be improved and we have evidence of some young people accessing services and education outside of the borough due to lack of local provision. The Council has been looking at special educational needs provision as part of other review work and are working across Tees Valley to map need and to decommission new services developing close relationships with local colleges. There are a number of thoughts and suggestions emerging from this review:

86. Regular meetings between transitions and adult commissioners are required to ensure appropriate information flow, identify emerging trends and ensure appropriate commissioning.
87. Information on clients with autism requires specific identification as local services are lacking specifically for clients with high level autism. Commissioners should use the autism framework to develop new local services and the approach timescales etc will be incorporated into the new commissioning plan for learning disabilities.
88. Consideration should be given to a Community Bridge Building service for young people in transition. This service will ensure young people are provided with an early assessment to determine the suitability of Bridge Building ensuring maximum independence in line with the national Valuing People Now agenda. Without a transitions bridge builder it is possible that young people will continue to move into traditional services. There is no longer a defined budget for this worker as previous funding streams have now ceased. There is partial funding for the role in 2012/12 but this leaves a shortfall of £19,000 and £40,000 in future years if the service is to continue. An invest to save bid is being considered.

### **Older Carers**

89. As people with LD achieve greater life expectancy with improvements in health then the number of older carers increases. In Stockton we have 54 older carers, 35 carers who are between 70 and 80 years, 16 between 80 and 90 years and 3 who are aged 90 plus. The Committee found that a better understanding the needs of those carers will be important if we want to try to control the numbers of emergency admissions to residential provision. It is proposed to undertake some specific consultation with this group to determine support requirements, access to respite etc at a future date.

### **Transport**

90. This review does cover community transport as the whole of the Council's transport service is being reviewed separately. However we acknowledge that learning disability service users will need to be consulted as part of this review as many are currently accessing community transport. This review will commence in 2012. There will need to be close links between the consultations related to both reviews, and the impact of the transport review on learning disability clients will need to be considered.

## **Section 4 - Proposed Changes to Services**

91. The following section outlines the proposals that have been developed using the findings outlined above. These proposals, if approved, will be put forward for public consultation. The proposals have been developed with the aim of wherever possible promoting greater independence and choice for service users. It is important to note that any changes to an individual's care package would only take place following a re-assessment of their needs.

**Proposals in relation to residential care, independent living and housing options are as follows:**

92. We propose that residential provision should usually be recommended if independent living would not meet assessed need or if the independent living scheme would not provide value for money. Independent living should be promoted and supported but it must be affordable.
93. For all placements, including those out of borough, the annual review will robustly assess whether a placement is still suitable to meet the needs of the service user, whether a more suitable out of borough placement is required or whether it would be preferable and affordable to provide /create a placement locally (this reflects the fact that in the past some people have gone out of borough to live as their needs could not be met locally). Some very specialist services may only be available out of borough. Service users will be at the heart of any decisions taken and their rights under the European Convention on Human Rights will be respected.
94. We aim to increase the range of in borough residential provision to prevent people being placed out of borough. Regular information on the emerging and sometimes changing needs of people with learning disabilities will help us determine unmet need and commission new services in a timely manner.
95. We propose to work with those in residential care who are ready to move into independent living, and as part of this developing a range of affordable housing choices with appropriate care and support;
96. It is proposed to review our in house residential provision at Oak Road to see if it should become a supported living scheme.

**Proposals in relation to day time activities:**

97. The Committee found that there should be only one building based service in the future and that in line with the national agenda the majority of our services will be provided in community settings (currently we have Central Stockton Day Services and Brighter Futures which follow this model).
98. We believe the building based day service should be based at Allensway as this is a fit for purpose building. The proposal is that in future Allensway will cater for complex needs clients who require building based provision and that more able current client's move into other services best suited to their needs.
99. We propose that no new high level needs clients will be referred to Rievaulx. Providers at Rievaulx have identified the desire to move away from the building based service (they are already starting to do this) and describe a model of day time activity similar to that provided by Stockton Central Day services. We intend to work with the care providers at Rievaulx to develop this model. Service users from the Billingham and north Stockton area will be offered the new service in Billingham.
100. Once the new model at Rievaulx is developed, existing clients who require a building based service will be offered alternative provision. We propose that no new day care provision will be commissioned out of borough unless we are satisfied we cannot

currently meet the need locally or cannot commission locally. For those people receiving day services out of borough who currently live in borough work we recommend that commissioners determine whether enough need exists to commission services locally thereby enabling people to move to more local provision (subject to their needs being met).

101. We propose to no longer subsidise meals. Our intention is not to provide meals from the dining room but instead to provide a café style approach where clients can purchase food or they can bring a packed lunch if preferred. The café will run on a commercial basis and advice is being sought on how to operate the café in the future to ensure it is cost effective. As with the in-house service it is proposed to no longer subsidise meals at Rievaulx and provide a café style facility where service users can purchase food or can bring a packed lunch.
102. In the immediate future clients who live in residential provision would not have to pay for lunch in the café as this will be funded as part of their care plan (residential providers will be expected to pay for this in future to prevent any double funding).
103. We will consult with service users and carers to decide whether day services should close during the set holiday closure periods. Any changes would have to be implemented for 2013 as staff and service users/carers may already have booked holidays for this year on the basis of set closure dates.
104. We will deliver and assess the results of a Community Bridge Building pilot to support individuals to increase their independence, further integrate into local communities and where appropriate access volunteering opportunities and paid employment. A group of individuals who are suitable for bridge building will be identified by care managers in consultation with service users and carers. Depending on the successful outcomes of the pilot the intention would be roll this service out.
105. We propose to review the popular Brighter Futures Service to determine the future purpose of the service, access criteria etc ensuring move on from the service where appropriate via links into community bridge building. It is anticipated that this service will provide a transitional approach catering for younger clients to the age of 25 in a community based setting and as an alternative to going to college.
106. We will actively work with the Council's partners to encourage the development of community business opportunities for service users.

**Proposals in relation to short breaks and respite services:**

107. We propose to increase capacity by 50% to meet current unmet need whilst making efficiency savings. In the short term this will mean an additional 3 beds at Lanark. The staffing structure will require a review to support these changes. We will also change the way we provide meals at Lanark as the current arrangements are very expensive. As noted above we will also work with TEWV NHS Trust in order to explore the potential of a joint respite unit, taking into account the views of NHS commissioners.
108. In the longer term commissioners will develop a menu of short breaks for people to access and these services could either be commissioned or accessed via personal budgets.

### **Proposals in relation to autism services:**

109. Autism is a growing area in terms of numbers and complex clients. The proposal is to increase the range of services for people with autism through a better understanding of their needs.
110. As part of this we will seek to develop autism specific services locally.

### **Section 5 - Next Steps and Public Consultation Period**

111. Work to drive out some of the identified efficiencies has already commenced as outlined in sections 2 and 3. Areas such as improved commissioning on existing contracts and ordinary residency etc are internal matters and part of our ongoing approach to improve value for money therefore we do not need to wait until the second stage consultation has finished to begin this work.
112. The proposals for changes to services in section 4 will be subject to public consultation. Consultation will last for 12 weeks and then a report will be presented back to Select Committee with consultation feedback in order to inform the Committee's final recommendations in relation to the review. It is anticipated that this will take place during September with a view to present a final report to Cabinet in the autumn.
113. The consultation will involve service users, carers and families, stakeholders and the wider public. The consultation plan for approval by Cabinet is attached at **Appendix 1**, and the current version of the draft public consultation document is being developed

### **FINANCIAL IMPLICATIONS**

114. The review is aiming to achieve both service improvement and efficiencies from this review in order to ensure that services are value for money.
115. The Council currently has significant differences in the cost of residential provision. Work has already commenced to renegotiate a number of high cost residential placements with providers. A small team of negotiators with staff from commissioning operations and the Council's Corporate procurement team is now looking at all the identified cases. Savings may arise from the review of an individual's care plan and or the hourly cost of care/how the care is delivered. It is difficult to project any actual savings at this stage as this will depend on the success of the negotiations. Care management are prioritising residential cases for review and this, alongside the development of new contracts, will enable us to better project if we are able to drive out efficiency savings. The overall aim of this work is to ensure that the Council is paying a fair cost for care.
116. With regard to ordinary residence there are a number currently under review. All cases are being discussed with legal services and there is significant input from care

managers. It is important to note that such cases can take a considerable period of time to pursue as service users usually require independent advocacy and of course there are frequently delays in responses from receiving local authorities. On this basis it is difficult to determine both the level of savings which may be returned or when they could be achieved at this stage.

117. There are a number of other savings that may be achievable following changes to services and dependent on the results of the public consultation. For example, potential in house day service and respite savings could be delivered by changing the type of day care we provide, considering appropriate staffing to support the changes and no longer subsidising meals. This is be a key area for consultation with clients and staff. However there are also some current staff vacancies which will help us achieve partial savings in the short term pending the outcomes of consultation.
118. Home care savings may be achieved via the retendering of these services scheduled to be completed by September 2012.

## **LEGAL IMPLICATIONS**

119. The NHS and Community Care Act 1990 sets out the need to ensure that people live safely in the community. It identifies that Councils with social care responsibilities should assess the needs of people and arrange provision of social care services to meet these needs. Guidance on eligibility criteria was renewed in 2010 and is now called 'Prioritising Need in the context of Putting People First' (previously called 'Fair Access to Care Services' - FACS).
120. The Equality Act extends protected equality characteristics to include age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation, marriage and civil partnership status. People with those characteristics have protection under equality legislation. There is a legal duty on the local authority when carrying out its functions to have due regard to the need to:
  - eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
  - advance equality of opportunity between people who share a protected characteristic and those who do not;
  - foster good relations between people who share a protected characteristic and those who do not.
121. Having 'due regard' means consciously thinking about the 3 aims of the Equality Duty as part of the process of decision making. This means that consideration of equality issues must influence the decisions reached by public bodies including the development and review of policy, service delivery, and commissioning and procurement.
122. Having "due regard" to the need to advance equality of opportunity involves:
  - removing or minimising disadvantages suffered by people due to their protected characteristics;
  - taking steps to meet the needs of people from protected groups where these are different from the needs of other people;



- encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
123. The duty is a continuing one and “due regard” must be given before and at the time a particular decision is being considered which may affect people with protected characteristics.
124. In addition to any or all, of the other protected characteristics, people eligible for learning disability services are covered by the Act as a protected group due to their disability.
125. Also relevant is the Autism Act 2009. This required the Government to produce an autism strategy and also statutory guidance for local authorities. The guidance was published in December 2010, and is called 'Implementing Fulfilling and Rewarding Lives: Statutory guidance for local authorities and NHS organisations to support implementation of the autism strategy' and must be taken into account by both local authorities and the NHS.
126. The Autism Act required that the guidance cover the following:
- the provision of relevant services for the purpose of diagnosing autistic spectrum;
  - conditions in adults;
  - the identification of adults with autism;
  - the assessment of the needs of adults with autism for relevant services;
  - planning in relation to the provision of relevant services to people with autism as they move from being children to adults;
  - other planning in relation to the provision of relevant services to adults with autism;
  - the training of staff who provide relevant services to adults with autism;
  - local arrangements for leadership in relation to the provision of relevant services to adults with autism.
127. As outlined below, an Equality Impact Assessment has been developed in order to inform these proposals and will be refreshed upon completion of the consultation, prior to a final decision.

## **RISK ASSESSMENT**

128. This EIT review of Learning Disability Services is categorised as low to medium risk. Existing management systems and daily routine activities are sufficient to control and reduce risk.

## **SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS**

129. This review is particularly relevant to the following ambitions within the Healthier Communities and Adults theme: ‘Increase the independence of vulnerable people’, and ‘Increased choice and voice of service users’.

## EQUALITIES IMPACT ASSESSMENT

130. A pre-consultation equality impact assessment has been developed in order to inform the options appraisals process for this review. The current proposals have been scored as having a positive impact. An action plan has been developed in order to inform the review's ongoing work.
131. Work to assess the equalities impact is ongoing and is integral to understanding the options for service changes, informing the consultation process, and then the final decisions on the review. When providing, and proposing changes to, services the local authority must have due regard to the general equality duty under s.149 of the Equality Act 2010, and the EIA will assist with this. The EIA will be revised to take into account the results of the consultation, and the revised version will be considered when final decisions in relation to the review are taken in the autumn.

## CONSULTATION INCLUDING WARD/COUNCILLORS

132. The initial stage 1 consultation was held with service users and carers in order to gather views on current services. This took place during summer 2011 and the results have been used to inform the development of proposals for changes to services. Stockton Helps All, an independent advocacy service, spoke to 125 individuals with learning disabilities in day services, residential settings and at Abbey Hill School to gather their opinion. Six sessions were held with carers and this was backed up by a questionnaire (63 returned). Parents of those individuals in Brighter Futures asked for a separate meeting to discuss this service.
133. During the review to date members of staff and the unions have been updated, and will be asked to input their views during the public consultation. All Members were sent a briefing in April outlining the progress of the review and next steps.
134. The proposals in this report have been developed in consultation with the Cabinet Members for Adult Services and Health, and Housing, and the Corporate Director of Children, Education and Social Care, in addition to support provided to a wider project team consisting of relevant Council service areas, and partners including TEWV and NHS Tees.
135. The proposals outlined in **sections 4** of this report are subject to a statutory period of consultation in order to inform the final decisions in relation to this review. Full consultation with service users, families, carers, stakeholders and the wider public will take place during the proposed consultation period.
136. The consultation plan is outlined at **Appendix 1**, and current draft consultation document is being developed. The Committee considered an outline plan at its meeting of 23 April, and requested to consider the consultation approach in more detail at a meeting prior to the start of the consultation. A meeting has been arranged for 21 May for this purpose.

## Report of Adult Services and Health Select Committee

Chair: Cllr Mohammed Javed

Vice-Chair: Cllr Kevin Faulks

Cllr Paul Baker

Cllr Evaline Cunningham

Cllr Elliot Kennedy

Cllr Ray McCall

Cllr Mrs Sylvia Walmsley

Cllr Norma Wilburn

Cllr Mrs Mary Womphrey

**Name of Contact Officer:** Peter Mennear

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Education related? No

Background Papers

Ward Councillors

The proposals as a whole are not ward specific. The proposals outline potential changes to the services currently based at Rievaulx Resource Centre which is in Billingham Central Ward (Cllrs McCoy and Woodhouse).

Property

The review impacts upon a number of Council properties, particularly the proposals in relation to Rievaulx Resource Centre as it is proposed to move away from building based service in the Billingham and north Stockton area. The review is being conducted with reference to the separate review of Assets.