

## Appendix 1

### Desk top review of existing LD clients

#### Background

1. As the EIT review of Learning disability services got underway it became clear that we did not have a comprehensive picture of the provision people with LD receive nor did we have an in depth knowledge of associated costs. Information was held in a number of places and databases and kept on an individual basis making it difficult to net up and analyse. Mapping current and future need and strategically commissioning on the basis of that need has therefore had its limitations.
2. CSED, a former efficiency arm of the Department of Health carried out a review of our LD services in 2010 at our request. The review identified an over reliance on residential care and this in part was due to lack of alternative provision in emergency situations. Practically this meant admissions to residential care when in some cases independent living might have been a more appropriate option. CSED also highlighted the predominantly risk averse care planning, the over reliance on traditional services, the lack of housing provision and the limited development of new choices and options for services.
3. Developing a comprehensive database for LD clients emerged as a priority. The objective was to create a single definitive data base which held details of every working age client in receipt of services, showing where we are currently in terms of provision of services and the distribution of costs. This data base which is now almost complete tells us where people are currently living and the variety of services they receive. The data base also includes clients identified as being in transition from children's services (this is important for our future planning).

#### Desk Top Review

4. The database we have now does however have its limitations as although it provides information on current packages of support and care it is based on traditional and somewhat risk averse assessments. The second stage to developing the database is therefore to undertake a desk top review of each client, the purpose of which is to think about a more empowering care assessment (six point plan to independence based on national good practice) with a view to identifying emerging needs, gaps in service provision etc. Although such desk based reviews initially lack client and carer input the idea is to give some quick high level information to inform this review about where clients could be if services were available. This, added to population trend analysis, detailed information on current spend etc and of course feedback from service users, staff and carers as part of the consultation on this review will provide a direction of travel in the strategic commissioning of services.

5. Careful thought was given to the information required from the case reviews to help future planning and direction. It was agreed the review would focus on individual clients and be carried out with full involvement from care managers. Taking into account the **Valuing People Now** national agenda the purpose of the desk top review should be to identify those clients who at this stage are seen as having an unsuitable package of care and who would benefit from a formal review to see if there could be changes to the care package. One example of this is the number of clients in residential care who are seen as being in “unsettled accommodation” and do not have a secure tenancy arrangement. The key question should be is residential care the most suitable option for this client or if other options were available would their needs be better served.
  
6. The desk top review has focused on each client and a number of standard questions raised. The senior social worker seconded to this review has taken the lead to provide consistency and a level of independence when judging the suitability of a package.
  
7. The information we are gathering is as follows
  1. Details of CURRENT PACKAGE and identification of any issues that will affect options for the future capturing for example any out of area issues such as does the client want to remain in that area, longevity of placement etc, including any life transitions that may affect support package.
  2. Is CURRENT PACKAGE SUITABLE or are there better alternatives which could be developed.
  3. PROPOSED PACKAGE, simple plans which need further exploration i.e. consider return to Stockton in supported living. (At this stage we are only mapping potential need/changes in service provision).
  4. DOES PROPOSED PLAN ENABLE USER? If plan is to move into supported living will this enable user.
  5. IDENTIFIED NEEDS THAT CAN BE MET BY CURRENT SERVICES
  6. IDENTIFIED NEEDS THAT REQUIRE COMMISSIONING, any gaps in service i.e. out of area day services, unsuitable respite care, no work placements etc.
  7. PROVIDER FOUND.
  8. RISK ASSESSMENT IN PLACE? Any areas of positive risks identified and addressed.
  9. ASSISTIVE TECHNOLOGY is this being used or can it be used.
  10. AGREED BY USER? Does the client agree with the plans?
  11. ADVOCATE NEEDED include if identified and in place
  12. CARERS VEIWS is the proposed plan supported by carer.
  13. CARERS AGE, mapping use only to predict services needed.
  14. HOUSE NEEDED, consider specific requirements – living alone, desire to share adaptations required etc.
  15. TENANCY ISSUES, consider if Court of Protection is needed and if client can sign own tenancy agreement.

## Update so far

8. The desk top review is well under way and on schedule to be completed by the end of August. As of end of the second week in August over half of the clients have so far been reviewed. Additionally discussions have been undertaken with the Transitions worker in the children's team to summarize the likely areas of need of those clients approaching adulthood.
9. Information from the database is getting updated on an almost daily basis as clients are reviewed. So far the database has shown the following:
  - 152 clients are in residential care, 69 of these are out of this area. Residential care is classed as unsettled accommodation and by this definition is an unsuitable placement. This may seem an all encompassing statement but it means that we need to look at each individual client and determine if there is an alternative to the unsettled accommodation or if it is in that persons best interest to live in residential care. Alternatives may be supported living, or extra care.
  - The out of area issue can be complicated. Clearly it is not as simple as returning each client to this area but is about exploring the right alternative for individuals which could mean supported living in the area of the placement.
  - The total number of clients whose placement cost over £900 per week is 70. These costs are high cost and there appears to be significant scope for reviewing costs and contractual arrangements.
  - 52 clients are recorded as receiving day care as well as 24 hour residential care. This appears to be a double financial hit as we may be paying extra for services when a client is theoretically receiving 24 hour care. This area requires further exploration. Benchmarking on day care will assist us with this.
  - Alternatives to day care require further exploration where a care manager has identified potential to move on from day services.
  - A number of clients are living in an adult placement scheme which is classed as residential. It would be beneficial to the clients to provide them with individual tenancies and create an independent living scheme.
  - A number of clients who attend out of area day services where the transport costs are substantial.
  - The young people in transitions have been identified and mapped out by their birthdays. There are 14 clients who are 18 this year, who have already been referred into the LD team and have an adult assessment under way or complete. In 2012, 2013 and 2014 there are 14, 14 and 13 clients respectively who will need services from the adult team. A couple may qualify for Continuing Health care services but the rest will need adults services at differing levels but all will likely to be substantial FACs criteria. There is ongoing work with transitions to develop this information further and as this is complete it will be fed into the database and commissioning team.

## Summary

10. As previously stated the desk top review is work in progress and is scheduled to be completed by the end of August. Trends are already emerging as referred to in

summary in this report but the final analysis can only be completed when the desk top review is completed. Two half days have been arranged in early September to consider in detail the emerging issues. This information will be analysed alongside LD population trends analysis, the CSED report, financial information, consultation feedback etc to form views of how LD services need to develop and change to meet needs and ensure value for money services.