

Adult Social Care Committee

Item No:

Report title:	Priorities in the learning disability service
Date of meeting:	7 November 2016
Responsible Chief Officer:	Catherine Underwood, Acting Executive Director of Adult Social Services

Strategic impact

Adult Social Care Committee has asked for information on the priority activities which will be undertaken within the Learning Disability (LD) service. Key to this will be building on good practice at local and national level to ensure our support to adults with learning disabilities fully meets the ambitions of our Promoting Independence strategy. This will be critical to allow us to provide good outcomes for people with learning disabilities within the available budget. At present the service is substantially overspent so actions focus also on immediate measures to reduce the overspend.

Executive summary

In 2015 the Committee agreed Promoting Independence as a strategy for transforming adult social care in Norfolk. The strategy was developed following detailed analysis of needs, existing patterns of social care provision in Norfolk and best practice both locally and from around the region. The principle proposed was that Promoting Independence is key to creating a service which delivers both better outcomes for citizens in Norfolk, is financially sustainable, and supports the organisation to work both effectively and efficiently to develop and deliver services that represent good value for money and meet identified need.

Setting out how Promoting Independence is realised for adults with a learning disability is a key priority and provides an opportunity to shaping future services with citizens and families. There is significant pressure on the adult learning disability budget. Recent initiatives have not had a significant impact on the learning disability budget overspend or demands on care. Some of the actions proposed in this report will make savings in the short term, however to bring the services into balance for the long term and invest in the future the actions detailed in this plan will take additional time for a cultural change, not only in the work force, but working with Norfolk citizens to change expectations of the service. The barriers to change have been both complex and historical and are inextricably linked and multi layered.

With reference to this, Professor John Bolton stated when reviewing a range of evidence for his paper 'Predicting and managing demand in social care'

"Before anyone might want to predict demand they need to understand the local policies and influences on practices that are drivers for demand for care".

This is particularly relevant to Norfolk and needs to change. This proposal sets out the early priorities identified by the new Head of Learning Disability Services.

Recommendations

Adult Social Care Committee is asked to:

- a) note and comment on the content of this report**

1. Proposal

- 1.1 To make the best use of resources Norfolk needs to work more effectively with individuals, their families and in partnership with other organisations to achieve cost effective support. However the scale of shift required for change from reliance on traditional formal social care services should not be underestimated. On the other hand there is a new energy and focus to deliver the Transforming Care agenda and Norfolk needs to take this opportunity to boldly tackle it's traditional model of service provision. The action plan at Appendix A is therefore timely and ambitious and sets out the initial and key priorities in that transformation. Norfolk needs to deliver a service that reflects this ambition that will enhance independence, improve wellbeing and increase resilience.

2. Evidence

- 2.1 This proposal will address the budget overspend in the short term and with long term cultural change financial sustainability for the future. Staff will be supported to deliver services that will enable people to gain the skills needed to build on their strengths and develop the skills to look after themselves, live fulfilling lives without becoming overly dependent on council support. This approach will support a new way of thinking that supports the promoting independence strategy.

3. Financial Implications

- 3.1 The application of additional resources in some areas in the short term will be determined within existing budget commitments.

4. Issues, risks and innovation.

- 4.1 In the short term there is a need for additional resources to focus on supporting the work force to complete a back log of reviews alongside promoting the strength based practice approach. This short term resource will become a building block to go forward and likely to produce savings in the longer term and produce better outcomes for service users.
- 4.2 Promoting Independence focuses on what people can achieve and to date Norfolk's traditional style services have not, and without change will not deliver outcome focussed support to enable people to live a fulfilling lives.
- 4.3 Without acknowledging that the barriers to change are both complex and long standing services will not move forward. However Norfolk does have the resources, commitment and desire needed to transform care and this is the right time to tackle this challenge boldly by building on innovative practice and work with those providers who have aspirational goals that will deliver the outcomes people want. This will include commissioning new models of care and support.
- 4.4 This new momentum will make those lasting changes for an aspirational future and will benefit from co-production and active engagement of all stakeholders to influence, design and transform services.
- 4.5 Continued examination of current practice with a strong emphasis on strengths based assessments and support plans that are proportionate to the level of need, will ensure that appropriate and efficient services will reduce residential high cost packages of care and deliver on the promoting independence strategy. Progress has been made with approaches such as assistive technology and equipment that is less restrictive and continues to reshape accommodation to enable service users to be independent at home or in supported living. Nonetheless more work and innovation is needed that will build the

right support and reduce the reliance and high financial cost of the traditional residential care and/or admission to hospital.

- 4.6 There is not a 'quick fix' for Norfolk although in some areas short term savings can be made alongside transforming care and practice. The demand for services will continue to rise because children with long term conditions are far more likely to survive into adulthood and Norfolk's adult population is living longer. Therefore services need to be fair, efficient and proportionate to deliver sustainable services.

Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

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Appendix A

To make the best use of resources Norfolk needs to work more effectively with individuals, their families and in partnership with other organisations to achieve cost effective support. However the scale of shift required for change from reliance on traditional formal social care services should not be underestimated. On the other hand there is a new energy and focus to deliver the Transforming Care agenda and Norfolk needs to take this opportunity to boldly tackle its traditional model of service provision. This action plan is therefore timely and ambitious and sets out the initial and key priorities in that transformation. Norfolk needs to deliver a service that reflects this ambition that will enhance independence, improve wellbeing, increase resilience.

Actions	Impact	Targets	Timeline
Weekly performance meeting in teams. Set targets for Reviews. Waiting lists, risk of admission to hospital and Void management.	Effective performance management.	All teams.	December 2016
Review with team managers the priority reviews to be completed and programme for completion.	Completion of Reviews will link in with strengths based workers coaching ready to move forward with new ways of working with realistic equal caseloads.	Team Managers to provide priority list for completion.	November 2016
Team Managers to review Practice Consultant/operational lead role.	Efficient and effective use of resources.	Target areas of need and support to team.	November 2016
Strength based practitioners to sit alongside workers to provide direct support that will embed strengths based practice to everyday practice and conversation.	Cultural shift and long term change. Efficient working that supports the promoting independence strategy.	Identify good practice and identify barriers and performance and productivity issues.	January 2017
Secure psychology led resource to provide 'enablement' plans for people with high level needs/challenging behaviour.	Team Managers to prioritise reviews for people who would benefit.	Development of outcome based support towards independence.	To start November 2016
Care arranging Service (CAS) will be used to support LD teams when arranging of care.	Social workers time better utilised to do reviews/social work. Efficient use of time more productive.	Contract manager agreed to undertake brokerage for LD	January 2017 onwards

Actions	Impact	Targets	Timeline
Travel training will be offered to service users who would benefit from opportunities for greater independence.	Build models of good practice.	Reduce reliance on ongoing need for transport where possible.	November 2016 onwards
Explore employment, apprenticeships and traineeships. In the short term the 160 service users identified as wanting to work will be looked at to identify if they are still looking for employment or have found work opportunities. To check if the individuals are receiving a service that supports and/or promotes employment.	Realistic picture of those seeking employment.	TM's to ensure CareFirst data is accurate regarding employment, volunteering, work experience. To relaunch the Owls project. Engage with local businesses that could provide employment opportunities.	January 2017
Adult conference work underway January 2017. To be co-produced	Re launch LD service Promote independence strategy and strengths based model.	Staff and providers	January 2017
An agreed and clear protocol and transition pathway for children 14+ pending the scoping of a wider transition programme with Children's Services.	A joined up approach will provide clarity for families and young people and manage their expectation.	Meeting with Children Services senior colleagues and set up a working group to produce a clear transition pathway.	December 2016 – Feb 2017
Protocol to be agreed with CCG's for all s117 aftercare to ensure parity of funding between CCG's and local authorities.	Savings to budget	S117 aftercare	December 2016
Review service provision of out of hours and outreach service (Enhanced Assessment and Treatment Service (EATS) and the Intensive Support Team (AST).	Reduction of admissions and readmissions to hospital.	To increase service provision to provide better joint working of out of hours support teams.	March 2017

Actions	Impact	Targets	Timeline
Work with health partners to accelerate progress on Transforming Care Plan (TCP)	Improve outcomes for service users.	Ensure the protection of Local Authority funding.	November – March 2017