

# Adult Social Care Committee

Item No:

<b>Report title:</b>	<b>Learning Disabilities and Autistic Spectrum Disorder Service</b>
<b>Date of meeting:</b>	<b>10 July 2017</b>
<b>Responsible Chief Officer:</b>	<b>James Bullion, Executive Director of Adult Social Services</b>

## **Strategic impact:**

Adult Social Services' ambition is to transform Norfolk County Council's approach to meeting service user and carer needs for the 21<sup>st</sup> century in line with our Care Act statutory responsibilities. Approval is required for the policy approach, the scale of change required, and an understanding of the lead-in time required to achieve successful and sustainable change.

## **Executive summary:**

The report sets out the ambition and implementation plans for transforming the support for people with Learning Disabilities and Autistic Spectrum Disorder. This is one of the key priorities for Adult Social Care within our Promoting Independence Programme.

The report builds on previous reports to Adult Social Services Committee in March and November 2016. The reason for bringing a report at this time is threefold:-

Firstly, the need to bring Norfolk's approach and spend in line with comparator authorities, and the significant change required to develop and embed models of good practice.

Secondly, to highlight the challenges facing the current service, and the requirement for assessment and care management practices to become fully Care Act compliant.

Thirdly, to highlight the commissioning challenge and progress a new service model alongside social work practice changes so that new services are available. At present, this is dominated by institutional day and residential settings, with built-in duplication of costs, and reliance on transporting people from one setting to another, sometimes over considerable distances.

In summary, there is need to work with users, carers, providers and professionals to develop new approaches to care and support which really promote independence, engage people in their communities, reduce costs, are not buildings-based and enable individuals to fulfil their potential to live ordinary lives.

## **Recommendations:**

### **Committee is asked to:**

- a) Agree the overall approach set out in this paper to transform services for people with LD and Autistic Spectrum Disorder**
- b) Agree to strengthen transitions arrangements across Adults and Children's services as pivotal in securing good opportunities for further education, work and independence for young people as they reach adulthood**
- c) Agree a strengthened approach to commissioning that increases alternative forms of care and support that deliver personalisation and promote independence**
- d) Agree to monitor and ensure that the new developments bring the budget in line with previously agreed savings requirements**

**e) To agree Adult Social Services' approach to co-production of a strategy for people with learning disabilities and autistic spectrum disorder referred to at point 2.2.1 in this report**

## **1. Background**

- 1.1 Care Act implementation requires a new approach towards care and support which is about preventing, reducing and delaying the need for ongoing statutory services. This is reflected in Adult Social Services' vision to support people to be independent, resilient and well.
- 1.2 Improvements in health, resulting in increasing life expectancy over the last 30 years, have been very positive and have improved survival rates for babies and children, also resulting in an increase in young adults with complex needs. In planning terms, it is important for us to maximise individual opportunities for independence and focus resources well in order to protect and preserve the greatest level of support for people with the most complex needs.
- 1.3 With increasing life expectancy the number of parents and carers for people with learning disabilities and autistic spectrum disorder who are over 65 is increasing. As well as improving the way we work with those in transition from childhood to adulthood we need to prepare for carers to retire from physical care but be supported to maintain involvement with their adult child in a planned way.
- 1.4 The legislative basis for care and support is broadly defined within the Children and Families Act, The Autism Act 2009, the Care Act, Continuing Health Care frameworks, Mental Health Act and Mental Capacity Act. There is additional statutory guidance on Autistic spectrum disorder which was published in December 2015 which makes specific reference to the requirements for how people with autistic spectrum disorder are to be supported. A significant number of people with autistic spectrum disorder may also have a learning disability or mental health need and many of the young people entering adulthood will also have a dual diagnosis of Learning Disability and/or Autistic spectrum disorder as well as Mental Health and/or Physical disability.
- 1.5 Adult services have a responsibility to work with people from 14 upwards until end of life. In the main, people with a learning disability and/or autistic spectrum disorder are a defined and known population in which young people who meet statutory Care Act eligibility are likely to require ongoing support from the age of eighteen for 50 to 60 years. For this reason it is critically important to ensure each person is supported to be able to live as independently as possible and is able to acquire and develop skills in personal care, daily living, working and volunteering wherever possible.
- 1.6 Children's Services are committed to working in partnership with Adult Social Services to review current transition arrangements to ensure that disabled children receive a robust and integrated service as they transition into adult services. This forms part of the Children's Services Improvement Plan and was identified as a priority action in the report to Committee on 7 November 2016 entitled 'Priorities in the Learning Disability Service'.
- 1.7 Some people within this group may also be subject to the requirements of the Criminal Justice system and be placed in a specialised health or prison setting. Planning and preparation to move on/step down from these settings is a key part of the Adult Social Care remit in the same way as helping people move on or step down from nursing and residential placements. Much of this work is undertaken in conjunction with our Health Partners and a key example of this is the joint work undertaken within the Transforming Care Partnership, or TCP. This is a national requirement to put local arrangements in place to address the problems identified in the Winterbourne Review and ensure that,

wherever possible, people are supported in their communities rather than in institutions.

- 1.8 Current practice and service provision in Norfolk has not yet fully addressed the potential of this group nor kept up with major changes in attitudes and expectations over the last 30 years. Therefore, Norfolk needs to develop an approach that recognises individual potential, skills and capabilities and works with people to plan for the medium and long term.
- 1.9 Our ambition, put simply, is to give each person the opportunity to fulfil their potential and to have the same opportunities and support to lead an ordinary life with similar hopes, aspirations and expectations as the wider population. To do so takes time, particularly when many individuals have not been given the chance to explore opportunities outside more traditional forms of residential, nursing and day care.
- 1.10 Programmes of support that build skills and confidence can take between six to 18 months but will provide the basis on which people can build many further steps in independence throughout their lives. It will, however, require a change in cultural approach with care and support providers, carers and families playing a critical ongoing role.
- 1.11 The revised plans and recommendations in this report build on the 100 day plan introduced to members last year, which is now incorporated into the Younger Adults work stream, as the approach also benefits working age adults with mental health issues and physical disabilities. The work stream is building capacity to prioritise reviews and reduce the significant backlog.
- 1.12 Progress towards meeting the timelines and ambitions in the earlier reports has been hampered by a number of senior management changes and capacity issues within the operational teams that are now being addressed.

## **2. The Proposal and Progress to date**

- 2.1 There are a number of key areas which are being addressed:

### **Prevention**

- 2.2 Information, advice guidance is being developed as part of the Entry Points work stream of the Promoting Independence which will be tailored for and available to the wider public. It is imperative that it is also relevant to people with a Learning Disability and Autistic spectrum disorder particularly around opportunities to gain skills in managing money, support to start volunteering and work experience, availability of safe services and low level support including assistive technologies and safe havens when people may be facing a difficulty.
- 2.3 Opportunities to engage in activities within communities to share interests and build friendships, contacts and information will be important as will knowing where there are reduced costs or access to community and leisure services that may meet specific needs e.g. autistic spectrum disorder friendly cinema screenings.
- 2.4 This work will strengthen the work underway in Transitions, as many of the young people supported within Children's services may not meet eligibility for Adult Social Care but will require signposting and transitional support as they progress into adulthood to give them a good start. The purpose will be to help young people acquire skills to manage a home, budgeting, looking after your health and wellbeing, keeping

safe and knowing when and where to seek relevant advice and information to build skills and resilience

## **Commissioning**

- 2.5 A clear strategy for commissioning support for people with learning disabilities is being co-produced with users and carers, with the engagement of providers and professional staff. This was identified as a vital piece of work in the report to Committee dated 7 March 2016, entitled 'Learning Disability Service Plans. This concise strategy and action plan will support effective positioning of the market and agencies operating within it. It will reflect models of best practice which will be shaped to meet the needs of the population here in Norfolk. The strategy will address the legislative requirements, changing ambitions and expectations of the target population, and lead to plans for transformation of services which are realistic, affordable and sustainable in the light of changing demographic needs.
- 2.6 The current annual spend on services for people with a learning disability is £119m, and at any one time this is used to support around 2,600 service users. 63% of the budget is spent on accommodation and 19% on day services. Within this there are significant infrastructure costs associated with buildings and building maintenance, and transporting people between them. A significant proportion of this, with good planning, could be released to better support individuals to build skills and competencies to meet individual goals and aspirations.
- 2.7 There are good practice examples which exist nationally and within the region including Essex, Thurrock, Suffolk and Peterborough which have adopted this approach and demonstrate different ways of working. They may be considered as part of the strategy development in Norfolk as part of determining how we can use the considerable resources available more expediently, to deliver the outcomes required in a way that is sustainable and can be future proofed. A number of commissioning initiatives are in the planning stage:-
- 2.8 Key Commissioning initiatives are in place for 2017/18:

## **Day Services**

- 2.9 Norfolk County Council's vision for day services is to provide services that offer choice and develop skills and confidence whilst supporting outcomes for people that are positive and person centred.
- 2.10 Our current offer is primarily building based and follows a traditional model that provides services for adults with learning disabilities (LD) usually a "day centre" along with other people with learning disabilities in the area. We need to transform the support offered and the way it is funded by supporting people with learning disabilities to do more activities in settings such as workplaces, colleges, sports and leisure centres and community centres based in their local community.

## **Accommodation Options**

- 2.11 People with a learning disability need a range of options for support and accommodation that can meet their needs but also flex as people develop greater independence or their needs change. We are exploring a number of options such as:
- a) Shared Lives schemes are registered by the Care Quality Commission (CQC). They can provide day support, respite or a short or long-term home for adults (and sometimes 16/17 year olds) who need support and/or accommodation. Shared Lives carers are matched for compatibility with those they support, and they share their family and community life with them

- b) Accommodation including supported living and housing with care should offer a flexible range of care and support options and needs to be available across the county. Work with providers and users of services seeks to maximise availability of suitable accommodation and support options

## **Enablement Offer**

- 2.9 An enablement model is being developed which is therapy led and offers support to meet the goals and ambitions jointly agreed with the service user to acquire skills, confidence and abilities in personal care, routines of daily living, managing money, travelling and work opportunities. Clear goals and milestones will be agreed to measure progress and build on achievements. This approach will support young people through transitions, and move on opportunities for people in residential, day centres and supported living arrangements to achieve their potential over an agreed timescales. Safeguarding and positive risk taking will be fundamental aspects of enablement.

## **Transition**

### **2.10 Transition to adulthood**

The review of current transition arrangements is underway with a view to developing a specialist standalone transition service that will ensure timely, consistent practice with the focus and expertise to help individuals maximise their potential. The target for delivery of this service is April 2018.

Many of the young people being supported through Children's services will have had Education, Care and Health plans and they may have ongoing need for health as well as social care support throughout their lives. Others who may have been well supported within education and Children's Social Care may not meet Care Act eligibility criteria but will require Information, Advice and Guidance and some 'enablement' to help them transition successfully to living and working independently.

### **2.11 Transition into later life**

We need to acknowledge the need for planning for people with LD who are themselves older people. Like anyone else, they need to be prepared for all the issues that might require support ranging from bereavement, loneliness and isolation, changes in functioning ability and illness associated with ageing as well as conditions such as dementia which may affect this population earlier than expected chronologically in the wider population rather than from the point of crisis.

## **Employment**

- 2.12 Research and best practice shows that having a job is likely to significantly improve the life chances and independence of people with learning disabilities, offering independence and choice over future outcomes. This indicator has been identified within the County Council Plan as vital to outcomes around both the economy and Norfolk's vulnerable people.
- 2.13 Historically Norfolk's performance kept pace with the family group average, but poor performance over the last two years - and with a current rate of 3.3% of long term service users with a learning disability in employment - means that Norfolk is now significantly below the family group average percentage of 5.1% (Mar 17).
- 2.14 To improve this performance, the suite of measures outlined in Appendix A of the Committee report dated 7 November 2016 are in place, with more planned, to include a review of the NCC LD Employment Support 'Match' service. A review of day service providers is currently underway to ensure that providers who say they provide support

for people to find work deliver on this. Following this review we will ensure effective contractual arrangements support targets with providers offering employment, work-related activities and volunteering.

- 2.15 The OWLs (Opportunity, Work and Learning) project now has the full support of the County Leadership Team and is progressing. In addition, funding has been made available for a post to lead and co-ordinate Adult Social Services' approach. This capacity will allow us to build on the success of approaching employers directly rather than applying to the open market and develop our community approach further, perhaps with local events being organised to encourage employers to pledge work experience/voluntary work.

### **Assessment and Review: New Social Work Model**

#### **2.16 Strategic Leadership**

In February 2017, new leadership and senior management arrangements were put in place together with a Learning Disability Steering Group (which includes health and social care) which is chaired by the Executive Director to oversee the changes required. Extensive work to review our integration arrangements with NCH&C will take place over the next two years to ensure the service is as good as it can be.

#### **2.17 Operational Management and social work**

Following an extensive analysis of capacity, management roles are currently being recruited to reduce the span of control in the existing operational management structure and facilitate a clear social care focus. This capacity will provide managers with the space to embed the strength-based model of social work practice and the enablement model mentioned previously. As with any cultural change it will require time to ensure consistency and confidence for professional staff to work differently with users and carers. However, the additional capacity will enable the service to deliver on the performance priorities outlined in Appendix A of the Committee paper dated 7 November 2016.

- 2.18 Further work is underway to understand the capacity required to address the significant backlog of work and focus reviews on the priority areas defined for significant change

### **3. Financial implications**

- 3.1 The 2016/17 expenditure on services for people with a Learning Disability was £119m and represented a significant financial pressure against a budget of £105m. The Council has realigned and invested for 2017/18 and the gross expenditure budget is now £120m. Elements of funding were provided to enable a sustainable baseline, but also £3.7m of monies were added to cover additional anticipated pressures resulting from demography and transition. The provision of purchased formal care for service users, including hired transport, represents 93% of this budget.

- 3.2 While there has been investment, under the Promoting Independence change programme, significant demand management savings are still required to be delivered from the budget relating to working age adults, a little under £15m over the period 2017-2020. However, the proposals in this paper do not require savings over and above those already agreed. In addition to this, the department intends to review its Day Care and Transport provision, to which people with a learning disability are substantial users, and deliver £3.5m and £3.8m of savings respectively.

- 3.3 The learning disability service will benefit from the additional social care funding – a separate paper about the funding is elsewhere on this agenda. Specifics include the investment of £0.276m in five LD team managers, and further analysis will need to be

undertaken to understand any further capacity requirements in the service, particularly to address backlogs in reviews and assessments.

- 3.4 In addition to the regional best practice referred to in this report, recent external support has indicated that the areas being focussed on have yielded financial gains to other local authorities. It is therefore clear that without a strong preventative and enabling approach, complimented by a smooth and effective transition process, and for those with the most complex of needs, a range of alternative models of care, that there is a significant risk to the ability to drive out the level of saving required.

## **4. Issues, Risk and Innovation**

- 4.1 The above proposals and work will ensure the department is well placed in terms of Care Act and Autism Act compliance.
- 4.2 The key risks include the scale of change and the need for close alignment between social work and commissioning.
- 4.3 Family and carer concerns about reducing reliance on day centres in favour of models that place greater emphasis on independence and pathways to work.
- 4.4 These risks can be mitigated by ensuring the strategy which is being co-produced informs the direction of travel, that there is clarity about the need for buildings based solutions for people with the most complex needs and that the changes will not be undertaken prior to any assessments and reviews of the needs of each individual person.
- 4.5 The proposals will make significant progress in enabling a consistency of approach and a strong voice from service users and carers in developing the future of care and support in Norfolk.
- 4.6 Other Council departments, health partners and providers will be actively involved and engaged in developing the new models of care and support as laid out within the Care Act and Autism Act.

## **5 Recommendations:**

### **5.1 Committee is asked to:**

- a) Agree the overall approach set out in this paper to transform services for people with LD and Autistic Spectrum Disorder**
- b) Agree to strengthen transitions arrangements across Adults and Children's services as pivotal in securing good opportunities for further education, work and independence for young people as they reach adulthood**
- c) Agree a strengthened approach to commissioning that increases alternative forms of care and support that deliver personalisation and promote independence**
- d) Agree to monitor and ensure that the new developments bring the budget in line with previously agreed savings requirements**
- e) To agree Adult Social Services' approach to co-production of a strategy for people with learning disabilities and autistic spectrum disorder referred to at point 2.2.1 in this report**

## **6. Background Papers**

- 6.1 [Care Act 2014](#) and [Statutory Guidance](#)  
[Autism Act 2009](#) and [Statutory Guidance December 2015](#)  
[Adult Social Services Committee Report March 2016](#) page 56  
[Adult Social Services Committee Report November 2016](#) page 56

## Officer Contact

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

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