

Brighton and Hove Council

Learning Disability Review

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Executive summary

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Executive Summary

The severe financial pressures facing Adult Social Care, now and in the future, combined with growing complexity of needs and rising expectations are testing commissioners and providers alike to transform the sector into one fit for the 21st century.

In August 2014 Brighton and Hove Council Adult Social Care and the Clinical Commissioning Group, as part of the Health and Wellbeing Board commissioned an independent review of Learning Disability Services. The review was commissioned to consider:

- the impact of demographic trends and patterns on the future service provision
- how services are currently commissioned
- the configuration of services to meet current and future needs of the people with complex needs

The objectives identified were:

- Consider national policy and requirements in relation to the commissioning and provision of Learning Disability Services.
- Identify current expenditure in relation to Learning Disability provision and how this may be affected by future demands and changes in policy.
- Whether commissioning plans meet current best practice standards and whether services offer the best outcomes in community settings
- Formulate an action plan to support Brighton and Hove to meet the future commissioning intent.

The Review looked at range of information, met a number of different people and covered a number of areas.

Policy context:

The implementation of the Care Act will require the Council to take on new functions, including the legal requirement of people to have a personal budget and ensure that people have access to a range of services that prevent their care needs from becoming more serious.

From a national perspective, there are specific, ongoing financial pressures associated with services for people with a learning disability. The proportion of ASC expenditure directed to learning disability services continues to rise at the same time as needing to improve planning from childhood and improve the safety and quality of care.

Needs Assessment:

Brighton and Hove has seen an increase in the demand for all services and the JSNA (2011) estimated that there would be a 12% increase in the numbers of people with a severe or moderate disability by 2030.

Political context:

The Council, made up of three parties with no one majority and political decision making under a committee system, where there is no overall control, has impacted on the delivery of service change. There has been a lack of decision making about the future of Learning disability services, with the Council having a paternalistic approach to people with a learning disability and feels that people need to be kept safe.

Strategic vision and direction:

A number of people felt that communication, consultation and decision making was particularly weak and, in the past there had been no clear strategic plan or overarching commissioning intention. There needs to be a move toward committed leaders, with a will to drive through change, combined with a sensitive and robust approach to change management, which will then, enable positive change to happen in Brighton and Hove.

Commissioning:

Brighton and Hove clearly have a talented and well-resourced commissioning team able to lead changes to learning disability services, but it has apparently been difficult driving through the personalisation agenda and change in service development and design with the in-house providers. There needs to be a shift in culture and every opportunity taken for people to see personal budgets as a real alternative to traditional services. The commissioning intention needs to reflect this, to enable providers, both in house and private, to develop the market to meet current and future need.

Budget and budget management:

Brighton and Hove Council is facing savings of £6m per year for Adult Social Care over the next three years and there is agreement, at all levels of the organisation, that unit costs for people using Learning Disability services are more expensive than comparator councils (see CIPFA data).

The pressures facing Learning Disability services are not seen to be as great as other service areas and as a result there appeared to be a complacent view to budget management, with managers not taking responsibility for meeting efficiency savings and seemingly taking a very simplistic view that each service should meet the same level of savings. This includes those services which are providing value for money, promote independence, social inclusion and are seen by people who use them as important.

Current market position:

Many of the current learning disability services are shaped by the fact that Brighton and Hove Council directly provide services. A significant proportion of the overall budget, 22.5% (2014/15) is spent on these services. There is a strong

and skilled independent sector who feel that they are not able to compete with the in-house services on a level playing field and the council protect their own services at the cost of developing the market to meet current and future need.

People who use services:

The message from people who use services was very clear and simple. They want to be able to live independently, use public transport and have the opportunity to work. They want access to services that will support them to achieve this. *“It makes me feel very proud to come here on my own on the bus”. I learnt to do this with a travel buddy, we need more of them”.*

Family carers:

The most compelling message from the family carers was that they need someone to make a decision about the future. Even a message they don't want to hear is better than no message at all.

Current service provision:

The city has a skilled workforce committed to working with people who have a learning disability. In-house services however appeared to be protected from changes made in other service area by the Council and have not universally embraced the vision of a person led approach.

There are a range of service providers in the city, both in-house, provided by the council and commercial/third sector providers and a marked difference in the costs of these services, the in-house services are comparatively higher than the other providers.

Some services seem to lack ambition for service users, being service led rather than person centered, with relatively low number of people using Direct Payments or having personalised budgets or the use of telecare. Others have clearly developed a strong offer for service users e.g. Employment Team.

Recommendations:

The review has highlighted a number of areas for consideration:

1. Vision:

- To develop an agreed clear vision that is rooted in peoples' aspirations and priorities which stresses the promotion of independence, personalisation and social inclusion. This would include developing cross-party consensus and a commitment to transforming learning disability services.
- Once agreed, elected members and senior leaders should embrace and communicate a vision of Learning Disability Services and ensure that this vision is understood by everyone.
- Leaders at all levels communicate the vision at every opportunity, and make it real in the way they behave.
- That councilors remain actively engaged in setting high expectations and tracking progress.

2. Commissioning:

- Increase the synergy between Micro and Macro commissioning and ensure that services are led by the strategic commissioning team rather than the Learning disability team, being able to Micro commission through use of the in house providers.

2.1 Macro commissioning:

- An overarching strategic plan which sets out the vision and future direction of the learning disabilities service, is agreed, has sign up and is driven through regardless of obstacles that get in the way.
- Costs:
 - Continue the work on reviewing the cost of local services, and ensuring that they are cost effective, meet the assessed needs and are best value. To also take a whole system approaches i.e. the transport review and the impact of any outcomes and direct current resources to service that promote independence & social inclusion and are seen by people who use services see as important.
 - Commissioners to commission services with the whole budget and ensure that financial and other benchmarking is systematic across all services.
 - In partnership with all providers use the opportunity of efficiency savings to redesign and change the market.
- Commissioners are explicit about the outcomes they want services to achieve for people, and track these systematically.
- Develop a clear understanding of the local workforce, its size, shape, mobility and skill sets.
- As part of the integration with the NHS, review the whole commissioning system, including respective roles and responsibilities.
- Building the role of other council commissioned and provided services, such as leisure and transport, in helping people live full lives.

2.2 Micro Commissioning (assessment and support planning):

- The relationship between macro and micro commissioners to be clearer, to ensure that macro commissioners are made fully aware of any trends or issues.
- The introduction of personal budgets and direct payments should be seen as the first option for everyone regardless of the complexity of need.
- Support to people is based on identified need rather than best fit in existing services.
- Develop genuine person-centered planning, which is based on an ethos of citizenship and inclusion, and leads to tailored co-designed approaches.
- People are supported to access a range of networks, relationships and activities, to maximise independence, health, well-being and community connections.

3. Engagement and communication:

- Develop a clear engagement and communication strategy.
- Staff are positively encouraged to reflect on what they do, and to make suggestions about innovations and improvements.
- Actively engage people who use services and carers in the co design, development, commissioning, delivery and review of local support

- Be clear with people who use services and their family carers what decisions they can and cannot influence.
- People who use services and carers are informed at the outset of proposed changes to services; this would include the rationale, decision making process and timescales.
- There should be regular progress reports and communication about any decisions made.
- Through the involvement process, ensure council staff and partners understand and own the transformation agenda.

4. Providers:

- In-house provider managers to be responsible and accountable at all levels for spend and ensuring that they keep within budget and make efficiency savings where agreed.

Conclusion:

Brighton and Hove has a workforce which is talented, skilled and committed. The challenge is to make sure that this talent and skill is maximised and directed to serving as many people as possible, at the same time as promoting the individual's independence and meeting changing need. A clear well-articulated vision, strong leadership at all levels throughout the organisation and working with the energy, commitment and professional skills of staff will bring about innovative and new ways of meeting individuals' needs.