



ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 28 OCTOBER 2020

LEARNING DISABILITY PRIORITY IMPROVEMENTS

REPORT BY GAIL SMITH, INTERIM CHIEF OFFICER

ABSTRACT

This report provides an update to the Integration Joint Board (IJB) on the current position in relation to the implementation of Learning Disability priority improvements. These are intended to address current challenges facing the service and to implement efficiency and sustainability actions in response to inflationary, demographic, and capacity demands. Our aim is to deliver sustainable services into the future within available resources.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) approves the new draft Learning Disability improvement plan for public consultation
- (ii) notes the current priorities
- (iii) requests a further progress report in February 2021, following public consultation and development of the action plan

2. BACKGROUND

On 10 January 2018 the IJB approved a service-wide approach to current and future priorities for the Learning Disability Service until March 2021 (report no. IJB 16/18). Regular updates have been brought to the IJB throughout this time period. These have included an update report in December 2018 (report no 97/18), June 2019 (report no 41/19), December 2019 (report no 81/19) and June 2020 (report no 24/20). A briefing update on the review of overnight support was also sent to members in August 2019.

This approach has supported a continuous focus on service improvement, addressed current challenges facing the service and has resulted in a range of efficiencies being implemented. At an update (report no IJB 81/19) brought to the IJB on 11 December 2019 it was proposed that a new Learning Disabilities Improvement plan was developed to continue the good progress that had already been made and include new service improvement priorities that have been emerging since the original plan was developed. This was agreed by the IJB board when an updated paper was brought to the IJB on 24 June 2020 (report no IJB 24/20).

It was agreed that the new plan would be devised for August 2020 that will commence the process of setting out the current pressures associated with this sector of the population, newly emerging priorities, our current position and early actions to achieve efficiencies. This will enable existing resources to be used for areas of greatest need and support the service to respond to increased demand in a planned way, including disinvestment in some areas to allow investment in others. Due to the impact of COVID 19 on management capacity, it was not

possible to submit this plan for August IJB and the initial draft plan is now presented for approval at today's meeting.

The Learning Disability Improvement plan will support the ambition within the Strategic Commissioning Plan of "shifting the balance of care to support more people in our communities and support people to greater independence for longer". It will support all 4 of the strategic priorities within the Strategic Commissioning Plan, specifically in relation to strategic priority actions regarding housing solutions for those with varying needs, growing technology for the future, maximising support for promoting independence and promoting wellbeing approaches, reviewing day care and improving integrated pathways. This will ensure we have an approach that helps mitigate overall demand and inflationary pressures, focussing available resources on those who need it most.

3. CURRENT POSITION

The first learning disability service improvement plan 2017 – 2020 provided focus on the following:

- progressing the replacement of the Gables Care Home with a supported housing development
- further review of care and support packages
- a review of college support
- a review of respite provision
- a review of overnight support
- The introduction of a Social Care worker post to the existing staffing structures where appropriate (Angus wide)
- the resettlement to community placements of remaining long stay hospital patients
- individuals who are funded in out of area placements

This approach and redesign have allowed existing resources to be used for areas of most need and enabled the service to respond to increased need through the management of change and the disinvestment in some areas to allow investment in others. It is vital that learning disability priority improvement actions continue to be progressed in order to address current challenges facing the service and to implement efficiency and sustainability actions in response to inflationary and demographic challenges, thus delivering sustainable services into the future within available resources.

To ensure that the pace of change can be accelerated, it was agreed that funding would be made available to adult services to assist with ongoing project work. The learning disability service is utilising this resource to secure additional expertise in the form of a seconded Development Officer with the required knowledge of learning disability practice and who also has experience of commissioning, project work and service improvements. The Development Officer commenced in her secondment in August 2019 for a 2-year period and is now progressing identified areas of improvement across the learning disability service. This resource had to be directed towards other operational priorities due to the COVID pandemic which has impacted on the progress made to date.

Due to current and anticipated demographic demand and sustainability pressures, further improvement work is required to ensure that the service is delivered as efficiently as possible, enabling resources to be directed to the areas of most urgent need and addressing current and future service delivery requirements. The main pressures are outlined in the priority areas of this report.

4. PROPOSALS

This report seeks approval for the new draft Learning Disability improvement plan to go out for public consultation on the priority improvement areas identified for the service. These are intended to address current challenges facing the service and to implement efficiency and sustainability actions in response to inflationary and demographic demands, thus delivering sustainable services into the future within available resources. The plan will then be finalised, and an action plan developed. 6 monthly progress reports will be provided to the IJB.

5. ENGAGEMENT

The updated Learning Disability improvement plan, and the main priorities for improvement for adults with Learning Disabilities in Angus contained within the plan, has been informed by feedback from users of services, carers, local people and stakeholders. This plan is based on what people have said about how things could be improved and what would make a difference. People have told us what is important to them through a variety of engagement activities, including focus groups and a survey monkey. Approval is sought to engage with the public on the updated improvement plan and the priorities it contains, as informed by initial feedback.

Engagement will continue through a variety of activities to make sure that local improvements and priorities continue to be informed by what is important to people, and that the range of services delivered are focussed on meeting local need. The impact of COVID 19 means that we will need to engage differently with people and, in doing so, it is important that individuals and families can be engaged in a way that is meaningful and accessible to them. This may include online workshops and focus groups, telephone conversations and other, more direct and personalised approaches.

6. PRIORITY AREAS

The priority action areas to be addressed by the updated Learning Disability improvement plan are detailed below:

6.1 Demographic Pressures

The Strategic Commissioning Plan for 2019 – 2022 identifies a growing demand for care provision. People are living longer with multiple and complex care needs that require more support from health and social care services. Local people have told us that they want to access care closer to home, and care which helps to maintain their independence with the support of their own community. Some of the main pressures which we believe relate specifically to the Learning Disability Service are:

- People's needs are changing
- People are living longer
- More people are living with more complex disabilities
- More people are living with multiple disabilities or health needs
- Carers are living longer and may have increased health needs and/or reduced capacity to undertake caring responsibilities.
- People with disabilities have a different pattern of health conditions from the general population

It is important that demographic pressures are identified so that we can anticipate new or increased demand and plan capacity in our services. The learning disability service is experiencing increasing demand for services due to demographic change, particularly in the areas of increased complexity of need, ageing carers and autism and learning disability.

Adults with learning disabilities are experiencing greater longevity resulting in a diverse range of health needs developing as people grow older. They are often cared for by aging parents. Anecdotal evidence also suggests the population of adults with a learning disability who have complex needs and co-existing conditions is also increasing.

Further data requirements have been identified to provide evidence of emerging demographic change. This will provide a clearer picture in relation to capacity and demand issues and identify the levels of complexity and/or enablement and trends related to demographic information. This will inform best use of resources. This is a priority as current data available to the learning disability service requires improvement.

6.2 Autism and Learning Disability

Autism is a lifelong condition. It is unique to each person. The number of people with autism and a learning disability has been rising every year. The 2019 statistics collated by Learning Disability Statistics Scotland (LDSS) say that 18.6% of adults with a learning disability in Scotland also have autism. In 2018 the figure was 18.7%. In Angus 23.3% of adults with a learning disability have autism. In 2019 the figure was 23% indicating a slight decrease. Angus is ranked 10th highest of the 32 local authority areas in Scotland and the number of people in

Angus with autism, although indicating a slight decrease in numbers from 2018 to 2019 is significantly above the national average. The statistics also show that the numbers of children being diagnosed with autism continues to increase at a fast rate. The table below illustrates the % growth in Angus over the past 10 years in comparison with the Scottish average figures. No national data was collected in 2016.

Local Authority	2009	2010	2011	2012	2013	2014	2015	2017	2018	2019
Scotland	8	9	11	13	15	15	17	20	19	19
Angus	11	11	13	16	17	20	22	22	23	23

As at September 2020, the learning disability service had 105 adults with autism known to the service. This is approximately 25% of the adult learning disability case load. 23 individuals have autism but no learning disability. All other individuals have autism and a learning disability. The 23 individuals with autism and no learning disability receive support from the learning disability service as there is no appropriate service provision within adult services to meet their acute and complex needs. In addition to these 23 people, there are other adults with autism and no learning disability who receive support from various adult service areas.

The annual cost in 2019/20 of providing support to people who have autism within the adult learning disability service is as follows:

Annual cost – Autism with no Learning Disability	£114k
Annual cost – Autism and a Learning Disability	£3,467k
Total annual cost	£3,581k

This equates to 31% of the budget that the learning disability service allocates for third parties such as day care, residential and support and care. This is less than the 2018/19 figure which was 38%. This may be attributed to the review of high cost care packages undertaken in 2019 which has enabled us to remodel our spend on this group of service users since 2018/19, by adopting a more local approach to meeting complex need.

There is currently only a small number of individuals in Scotland that have very extreme challenging behaviour, learning disability and acutely complex autism. These individuals will probably need to go to England to access specialist assessment and treatment to meet their needs. There is a specialist unit run by NHS England which is the nearest place to Scotland, within the United Kingdom, which can do this. After this, these individuals are likely to require a very specially designed environment unique to the individual in order to meet the very specialist sensory needs they have. They will also need a very large support package provided by a group of consistent, suitably trained and suitably equipped staff. Angus currently have one individual who may need this.

The main pressures experienced by the learning disability service in relation to autism are:

- The increasing number of people with autism requiring support
- There are no specific services for people with autism who have no learning disability. Autism is not a learning disability
- The unique and complex needs that people with autism and learning disability can present with.

6.3 Support and Care and Personal Care

Table 1 illustrates the total support and care planned hours for learning disabilities in a financial year. There has been a decrease in the amount of support and care hours allocated to care packages since 2017/18. This has been attributed to the review of high and low-cost care packages demonstrating that the review has enabled any growth to be contained within the existing budget. The more preventative work that is carried out within the learning disability service, the greater the likelihood of a high cost care package being put in place is reduced. For example, more innovative, local solutions are being identified that can better meet the needs of the individual. It is an example of cost mitigation where newly emerging assessed needs are being met in a more efficient and person-centred way.

Table 1**Total support and care planned hours for learning disabilities in a financial year**

	18 - 64	65 -74	75 - 84	85+	Total	% Year on Year change	% Cumulative Change between 2016/17 – 2019/20
2016/17	349,364	21,211	5,185	0	375,760	-	
2017/18	350,772	21,167	5,239	0	377,178	0.4%	
2018/19	336,385	23,214	5,005	0	364,604	-3.3%	
2019/20	307,220	33,052	6,736	0	347,008	-4.8%	

Tables 2 and 3 illustrate the cost of non-residential and residential high cost care packages and the impact the learning disability improvement plan has made to these. Priorities have included a review of high cost residential placements with a view to these becoming non-residential. It also aimed to reduce existing packages. Children transitioning into the service are an ongoing demographic pressure which is estimated at approximately £150k per annum. The learning disability improvement plan review of packages has resulted in a saving of £259k in financial year 19/20. This is largely as a result of the reduction in high cost residential packages shown in Table 3, and as a result of the shift in moving people into the community evidenced in the increase in non-residential packages shown in Table 2.

Table 2 - Non-Residential Packages

Approx. Package Cost Per Week (£)	Number of service user's 17/18	Number of service user's 20/21	Difference
Over £2k	12	11	-1
Over £1k	51	54	3
£650-£1k	21	30	9
Total	84	95	11

Table 3 - Residential Packages

Approx. Package Cost Per Week (£)	Number of service user's 17/18	Number of service user's 20/21	Difference
Over £2k	12	7	-5
Over £1k	6	11	5
£650-£1k	22	13	-9
Total	40	31	-9

Table 4 illustrates the total personal care planned hours for learning disabilities in a financial year. There has been an increase in personal care hours. This increase in demand is as a result of the introduction of Free Personal Care for Under 65's. This will continue to be monitored for further growth.

Table 4**Total personal care planned hours for learning disabilities in a financial year**

	18 - 64	65 -74	75 - 84	85+	Total	% Year on Year change	% Cumulative Change between 2016/17 – 2019/20
2016/17	70,327	6,482	403	0	77,212	-	
2017/18	73,434	6,372	403	0	80,209	3.9%	
2018/19	77,364	7,421	97	0	84,882	5.8%	
2019/20	77,794	8,156	91	0	86,041	1.4%	

Please note:

Table 1 focusses on support and care which includes help with things like cooking meals, seeing friends, keeping safe and being part of the community, it might also include emotional support at a time of difficulty and stress.

Table 4 focusses on personal care which includes help with things like eating and washing. Table 1 focusses on support and care.

6.4 Carers and Respite

The implementation of Self-Directed Support has brought with it a duty to assess the needs of unpaid carers. Further to this, the Carers (Scotland) Act 2016 (the Carers Act) places several duties in relation to support for unpaid carers on Angus Health and Social Care Partnership, Angus Council and NHS Tayside. The Partnership is committed to recognising and valuing the contribution of carers and, working with Angus Carers Centre, wants to ensure that they know how to access support when they need it. Unpaid carers of adults with a learning disability, or with both a learning and physical disability, have helped to shape this improvement plan through a survey. Carers have told us what matters most to them and how they can be better supported in their caring role.

The Learning Disability Statistics Scotland (LDSS) data for 2019 reports that there are 207 adults with a learning disability in Angus living with a carer. That is 43.1% of all adults with a learning disability known to us in Angus that live with a carer. That is the 10th highest number out of the 32 local authority areas in Scotland. The national average is 31.3%. Our data collection methods on carer age is incomplete. As a result of this, we only hold dates of birth for half of the carers known to us. From the 100 carers whose age is known, 53% are aged 55 and over. The impact of this is the increasing likelihood that people with a learning disability who currently live with and rely on family carers are at risk of a breakdown in care provision. It is projected that on average, 3 individuals annually will require a support package of 18 hours per week due to ageing carers. It is estimated the impact of this will be approximately £50k per year.

6.5 Accommodation

A review of all out of area placements has been undertaken and the needs of these individuals captured. There are some natural groups of individuals with similar support requirements that could return to the Angus area if an appropriate model of accommodation with specialist support was developed. In creating and developing such a model, visits to similar provision that exists across the country, require to be undertaken (suspended due to current restrictions) with a view to creating the most effective model locally. It has been proven that environment and a suitably trained and equipped care provider is key to getting this right. As environment is a key factor, purpose-built accommodation may be required, and this may involve a capital investment. In addition, there are several individuals identified who will require a more individualised and bespoke solution for them to return to Angus.

A review of current accommodation has resulted in the discontinuation of a block contract, creating the opportunity for young females currently in transition obtaining their own individual tenancies within a block. This has meant that support hours can be shared flexibly providing a more efficient way in delivering their support. It is also hoped going forward that technology enabled care can be piloted in this development and provide a further person-centred approach to supporting the individuals. Reviews of overall supported accommodation contracts have been delayed due to the COVID 19 pandemic and insufficient procurement capacity to progress these.

The accommodation database has recently been updated and shows a need for additional supported accommodation throughout the Angus area. The consultation survey identified that there is a need to identify the numbers of ageing carers continuing to provide care for their adult sons and daughters and the future accommodation they will require.

6.6 Day Centres and Community Opportunities

In Angus there are 3 Resource Centres that provide a day care service to adults with a learning disability. These are in Montrose, Arbroath and Forfar and operate 5 days a week, Monday – Friday from 09:00 – 16:00 hrs. Feedback from the recent consultation survey highlighted that this service is greatly valued by those that use the service, their families and by staff who work there.

Pressures continue to increase in relation to the capacity of the existing day care provision provided by the Resource Centres across Angus to meet demand, particularly in relation to individuals with complex needs whose outcomes are best met within a building base. The physical capacity of the existing buildings is almost full with need and demand continuing to rise for individuals with complex needs. Current Scottish Government COVID guidance in relation to reducing the numbers of people within the buildings at any one time will also need to be

considered. This will mean that the numbers of individuals attending the Resource Centres will be significantly reduced therefore reducing existing service user capacity.

In order to continue to meet the increased demand for quality day care we will need to undertake a review of our current provision and look at options for creating new and meaningful community-based outreach services. The consultation survey also suggested the consideration of extending opening over 7 days instead of 5 days as a means of increasing capacity.

We have managed to work creatively to accommodate 4 individuals with complex needs into the resource centres and in doing so were in a better position for their assessed outcomes to be met. We did this by appointing into the new Social Care Worker role. Our data tells us that there are people currently at school who will require a building-based day service in the future.

The consultation feedback also told us that during the recent lockdown there was an increased use of technology which people have valued and want to see this further developed.

6.7 Health Inequalities

Health inequalities are preventable and unjust differences in people's health. This can be across a community or between specific groups within a community. They do not happen by chance. Health inequalities have a very real impact on people in Angus: for example, in the most deprived areas of the county, men can live approximately nine years less and women three years less, than those living in the least deprived areas. Research tells us that people with learning disabilities have poorer health than the general population.

"People with learning disabilities have a different pattern of health conditions from the general population and different causes of death. It is therefore important that reasonable adjustments are made to include them in all health services and preventative health screening programmes aimed at the whole population, and design and deliver specific services and supports. These changes in the learning disability population will therefore impact on current and future service provision for this population."

(People with Learning Disabilities in Scotland: 2017 Health Needs Assessment Update Report)

The growing population of people with a learning disability, especially those with complex health needs brings about new challenges for health professionals and care services. The planning and provision of quality healthcare is crucial to improving the health and quality of life of people with learning disabilities. Therefore, In Angus we will source and gather local information to help us understand the health needs of people with a learning disability. Gathering health data about people who currently use our services will help us with the earlier detection and management of physical and mental health conditions, as well as timely and effective treatment for more urgent and serious medical conditions. The information gathered will inform our future priorities for Health Promotion and Health improvement.

7. FINANCIAL IMPLICATIONS

The overall financial planning environment over the coming years is extremely challenging and it is vital that the AHSCP use all available resources as effectively and efficiently as possible. The learning disability priority improvements are focussed on actions to mitigate the current and future challenges that the service is facing and to meet the growing pressures on a sustainable basis from limited resources. Specific pressures include containing the effect of inflationary pressures and managing the increased demographic pressures on service delivery.

As noted in other IJB reports (e.g. report 21/19, Strategic Financial Plan), the IJB still needs to resolve funding issues associated with complex / shared care packages with NHS Tayside. Due to the COVID 19 pandemic the savings target associated with the review of high cost care packages has been reduced from £183k in 2020/21 to £92k to reflect the complexities of social distancing requirements and the impact of this on progressing planned improvements. An assessment of the financial benefits is illustrated in Table 5 below.

Table 5

<u>Financial Commitments as at Sep 20</u>	<u>2019/20</u>	<u>2020/21</u>
	£k	£k
Demographic growth	300	200
Inflation	420	420
Total	720	620
<u>Financial Benefits as at Sep 20</u>	<u>2019/20</u>	<u>2020/21</u>
	£k	£k
Overnight Support	110	39
Review of high cost care packages	259	92
Review of low cost care packages	8	0
Review of block contracts	40	40
College Support	35	0
Total	452	171
<u>Overall Financial Position</u>	-	<u>2020/21</u>
	-	£k
Annual Shortfall	-	449
Cumulative Shortfall	-	449

Financial details for year 2021/22 have been removed from the above table as a new financial plan will be developed for the 2021-2024 improvement plan. Details of proposed savings and ongoing pressures will be drafted following the development on an action plan.

The intention is that the learning disability priority improvement programme is to help the service and the IJB manage pressures associated within learning disabilities. From the table above it can be seen that the current financial position remains challenging. Good progress is being made although this only covers c30% of the identified pressures. Ultimately the shortfall illustrated in the table above is a constituent part of the overall shortfalls that the IJB is currently projecting for the duration of the Strategic Financial Plan as described in report 15/20.

8. OTHER IMPLICATIONS – if applicable

An equality impact assessment has been completed.

9. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	X
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

REPORT AUTHOR: George Bowie, Head of Community Health & Care Services (South)

EMAIL DETAILS: tay.angushscp@nhs.net

List of Appendices:

Appendix 1 Learning Disability Priority Improvement Plan 2021 - 2024

Appendix 2 Equality Impact Assessment