



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 25 AUGUST 2021
LEARNING DISABILITY PRIORITY IMPROVEMENTS
REPORT BY GAIL SMITH, CHIEF OFFICER

ABSTRACT

This report provides an update to the Integration Joint Board (IJB) on the current position in relation to the implementation of the Learning Disability priority improvements. These are intended to address current challenges facing the service 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) Notes the current priorities and outcome of the public consultation
- (ii) Approves the final version of the plan, (Appendix 1)
- (iii) Approves the action plan, (Appendix 2)
- (iv) Seeks an interim report in February 2022
- (v) Approves continued funding for dedicated Development Officer resource

2. BACKGROUND

The new draft Learning Disability Improvement plan was brought to the IJB on 28 October 2020, (report 67/20). The plan highlights the current pressures associated with this sector of the population, newly emerging priorities, our current position and early actions to achieve efficiencies. The plan 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. It was agreed by the IJB board that the second public consultation process could begin in order to gather feedback on the priorities identified in the plan. Following the completion of the consultation process, feedback received has been used to finalise the plan and inform the action plan.

The Learning Disability Improvement plan supports 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 supports 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 included progressing the replacement of the Gables Care Home with a supported housing development. This action is still in progress. As a result of the COVID pandemic, delays and economic factors have impacted on the costs of the development. In addition, there have been changes in service user need. Therefore, slight alterations to the original plans are required and all units will now be individual flats. A planning application has now been submitted and the building warrant will be submitted in August. The contractor has started tender negotiations with a view to having a draft tender report for consideration in October and contracts awarded November/December 2021. It is anticipated that work will start on site in early 2022 and work is expected to take 12 months. The replacement of the Gables Care Home is included in the new action plan.

Progress made to date has been impacted due to the COVID pandemic, including the redirection of the dedicated Development Officer resource towards operational priorities during this time. This post is resourced on a temporary basis however it is proposed that funding is made available for the three year duration of this plan to ensure delivery.

The main pressures are outlined in the priority areas of this report.

4. PROPOSALS

This report seeks approval of the finalised Learning Disability improvement plan and corresponding three-year action plan. This plan addresses the current challenges facing the service and aims to implement efficiency and sustainability actions in response to inflationary and demographic demands, thus delivering sustainable services into the future within available resources. An interim report will be provided to the IJB in 6 months.

5. ENGAGEMENT

In order to engage inclusively, copies of the improvement plans were required to be made available in both British Sign Language and Easy-Read. A longer timeframe was required to produce these materials which therefore extended the engagement period. The future pathway for document translation into British Sign Language and Easy-Read has been refined to ensure future requests can be completed timeously.

The engagement process was advertised online via the Angus Health and Social Care Partnership website and through social media. Key stakeholders were contacted directly to ensure they were aware of the process and had an opportunity to provide their views. Paper copies of both the plans and feedback form were made available on request for those who do not access online resources.

The finalised Learning Disability improvement plan has been informed by feedback from users of services, carers, local people and stakeholders. The plan and corresponding action plan are 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. The results of the engagement show that people welcome the plan and that the priority areas identified are of the utmost importance to service users, families, carers and staff.

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 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 focussed working groups and updates via the Angus Health and Social Care Partnership website.

6. PRIORITY AREAS

The priority action areas being addressed by the 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 learning disability with autism.

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 ageing 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 will include national benchmarking with other local authorities in relation to the eligibility criteria. 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 and is unique to each person. The number of people with autism and a learning disability has been rising every year. National statistics show that the numbers of children being diagnosed with autism continues to increase. As at July 2021 the learning disability service had 105 adults with autism known to the service, this represents approximately 25% of the caseload.

The annual cost in 2020/21 of providing support to people who have autism within the adult learning disability service is as follows:

Table 1 – Annual cost of Autism provision

Annual cost – Autism with no Learning Disability	£194k
Annual cost – Autism and a Learning Disability	£3,039k
Total annual cost	£3,233k

This equates to 29% of the budget that the learning disability service allocates for third parties such as day care, residential and support and care. This is a significant cost to the service.

There are currently a small number of individuals from Angus that have extreme challenging behaviour, learning disability and acutely complex autism. These individuals are likely to require a purposely provided environment unique to the individual in order to meet their specialist environmental needs, A significant support package will be required and provided by a group of specialists, consistent, suitably trained and equipped staff.

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

Tables 2 and 3 illustrate the cost of non-residential and residential high cost care packages and the impact the previous 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, although the numbers of children are relatively low the cost of this fluctuates year on year. We are estimating that the impact of this will be £200k in 2021/22, £300 in 2022/23 and £300k in 2023/24, this is significantly higher than the previous estimation in the IJB financial plan.

The previous learning disability improvement plan review of packages resulted in a saving of £259k in financial year 19/20. This was largely as a result of the reduction in high cost residential packages shown in Table 3, and the shift in moving people into the community evidenced in the increase in non-residential packages shown in Table 2. The ongoing review of care packages is now embedded in business as usual practice.

Table 2 - Non-Residential Packages

Approx. Package Cost Per Week (£)	Number of service user's 17/18 (pre-improvement plan)	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 (pre-improvement plan)	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 support and care planned hours for learning disabilities in a financial year. The ongoing decrease in hours has been attributed to the review of high and low-cost care packages.

Table 4

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 2018/19 – 2020/2021
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%	
2020/21	291,930	33,478	6,546	0	331,954	-4.3%	-12.4%

Table 5 illustrates the total personal care planned hours for learning disabilities in a financial year. There has been an increase in personal care hours. Now that Free Personal Care for Under 65's has been implemented; further interrogation is required to explore this rise in more detail.

Table 5**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 2018/19 – 2020/21
2018/19	77,364	7,421	97	0	84,882	5.8%	14%
2019/20	77,794	8,156	91	0	86,041	1.4%	
2020/21	81,934	7,030	2,892	0	91,856	6.8%	

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, and 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.

Our data collection methods on carer age is incomplete, but we believe that over half 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 due to relying on an ageing carer. 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. As environment is a key factor, purposely commissioned accommodation may be required, and this may involve a capital investment. We will work with providers to explore potential accommodation options.

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. This has meant that support hours can be shared flexibly, providing a more efficient way of delivering support. It is 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 has started; this is an action in the learning disability action plan.

The accommodation database has recently been updated and shows a need for additional supported accommodation throughout the Angus area. We continue to work collaboratively with our housing colleagues through the Housing, Health and Social Care Strategic Planning Group to identify any future housing requirements. The engagement survey identified that there is an ongoing 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 service to adults with a learning disability. 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 service 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. Prior to the COVID pandemic, the physical capacity of the existing buildings was almost full, with need and demand continuing to rise for individuals with complex needs. Current Scottish Government COVID guidance in relation to physical distancing has reduced the numbers of people able to access the centres at any one time. This means that the number of individuals attending the Resource Centres is currently significantly reduced.

In order to continue to meet the increased demand for quality day services, we will need to undertake a review of our current provision and look at options for creating new and meaningful community-based outreach services.

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.

6.7 Health Inequalities

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.

The learning disabilities service has received one off funding of £392k from the Scottish Government through the Community Living Change Fund, which is to be used to redesign services, reduce delayed discharges, and repatriate those living in out of area placements.

As noted in other IJB reports (e.g. report 04/21, Strategic Financial Plan), the IJB still needs to resolve funding issues associated with complex / shared care packages with NHS Tayside.

An action plan has been developed which identifies potential areas of savings. As work progresses on these actions, the financial impact of these changes will become clearer and will further inform the ongoing development of the financial table below.

An assessment of the financial benefits is illustrated in Table 6 below.

Financial Commitments as at July 2021			
	<u>2021/22</u>	<u>2022/23</u>	<u>2023/24</u>
	£k	£k	£k
Demographic Growth	200	300	300
Inflation	400	405	420
Complex Care	90	0	0
Total	690	705	720
Financial Benefit			
	<u>2021/22</u>	<u>2022/23</u>	<u>2023/24</u>
	£k	£k	£k
Review of high cost care packages	180	50	30
Review of low-cost care packages	40	0	0
Review of block contracts	0	0	20
Enhanced Housing Management	0	50	50
Explore TEC options	TBC	TBC	TBC
Increase capacity in LD day service	TBC	TBC	TBC
Explore accommodation options	TBC	TBC	TBC
Explore models of PBS	TBC	TBC	TBC
Total	220	100	100
Overall Financial Position			
	<u>2021/22</u>	<u>2022/23</u>	<u>2023/24</u>
	£k	£k	£k
Annual Shortfall	470	605	620
Cumulative Shortfall	470	1,075	1,695

The intention is that the learning disability priority improvement programme is to help the service manage pressures associated within learning disabilities. From the table above it can be seen that the current financial position remains challenging with the improvements identified covering only c23% of the identified pressures. The ongoing cost pressure due to demographic growth is estimated to be significantly higher than was previously estimated in the Strategic Financial Plan, (report 04/21). 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 04/21.

8. RISK

- (i) Issues with the recruitment and retention of required workforce to deliver complex care, particularly for care providers.
- (ii) Ongoing financial risks in relation to demographic growth and the affordability of services.
- (iii) Lack of capacity within staff groups to progress actions.

9. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is required, see Appendix 3.

10. 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

EMAIL DETAILS: tay.angushscp@nhs.scot

List of Appendices:

Appendix 1 Learning Disability Priority Improvement Plan 2021 – 2024

Appendix 2 Learning Disability Action Plan 2021-2024

Appendix 3 Equality Impact Assessment