

SERVICE PLAN PROFORMA – 2006/07Date: Sept 05
Version No. 1**CABINET PORTFOLIO:** Adult Social Care**SERVICE PLAN AREA:** Learning Disabilities**A. Key Lead Cabinet Member Policy Steer for this area:**

Cllr Keith Glazier

Cllr Bill Bentley

- Improve how people access advice, help and support, jointly with Health and Housing
- Develop the assessment and management of peoples care that focuses on their individual need, circumstances and personal preferences, jointly with Health and Housing
- Improve how we plan and commission services, jointly with all our partners
- Support more older people and vulnerable adults in their own homes and local community
- Increase access to intermediate care and rehabilitation services that promote independence
- Improve opportunities for vulnerable people to positively engage with their communities and further encourage participation in local services and activities.
- Involve users and carers in the planning and delivery of services
- Develop disability and mental health services which focus on community support, ensuring effective transition from children's service
- Continue to improve joint working with Health, Housing, Independent and Voluntary sectors

B. Resources**1) Current net 2005/06 Budget (broken down by sub-divisions of main service area):**

Service Area	(£000s)	Independent Sector
Residential Care	14,952	11,567
Nursing Care	329	329
Day Care	4,196	1,305
Assessment & Care Management	2,058	-
Supported Accommodation	119	119
Home Care	580	580
Other Services	358	358
Total	22,592	14,258

2) Current Budget by Type:

Expense type	(£000s)
Employee Related	10,549
Premises	375
Transport	646
Supplies & Services	491
Third Party Payments	33,665
Support Service Recharges	389
Gross Expenditure	46,115
Government Grants	(5,609)
Other Grants & Contributions	(13,625)
Client Contributions	(4,289)
Income	(23,523)
Total	22,592

3) Current FTE staff numbers:

Employee	FTE
Day Centres	123.9
Residential (inc. Group Homes)	135.8
Residential – Respite	65.8
Community Support Teams	38.4
Assessment	33.3
Management	13.5
Total	410.7

4) Currently assessed Standstill Pressures over the next 3 years

(a) MTFP currently reflects the following

	<u>06/07</u> <u>£000</u>	<u>07/08</u> <u>£000</u>	<u>08/09</u> <u>£000</u>
Inflation	654	709	764
Other Standstill	800	800	800

(b) To maintain existing performance – further estimated pressures

Pressure	Impact on PAF indicators*	06/07	07/08	08/09
		£000	£000	£000
Transition cases** net of standstill funding- Residential	D40	550	1,200	2,000
Transition cases ** net of standstill funding- Home care	C30, C51 & D40	150	300	500

Total		700	1,500	2,500
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** A recent analysis of the 57 transition cases due to transfer from Children's to Adult's services in 05/06 anticipates that 55 % (31) of these cases will require a learning disability service. The resulting cost pressure has been estimated at £450k in the current year, most of which relates to the cost of 11 residential placements averaging in excess of £1000 per week each. The estimated cost pressure is consistent with a previous projection in December 04, which allows some confidence in the figures. There is now clear evidence that the number of transition cases coming through the system and requiring a service is increasing and this trend is likely to continue. Whilst the number of transition cases totalled 23 in 04/05, the number of cases identified by Children's services that are due to transfer in 06/07 is currently 50 cases.

5. Other Financial Risk and Pressure Areas over the Medium Term:

	Impact on PAF indicators*	<u>06/07</u> <u>£000</u>	<u>07/08</u> <u>£000</u>	<u>08/09</u> <u>£000</u>
Some cost pressures may be averted by putting in place community based alternatives, managing family / carer expectations. This will require investment in low level community based services - £200pw		275	785	1275
Short term funding (LDDF) for core Community Support Teams	D40	230	237	245
Risk of clients placed in East S. supported accommodation by OLAs transferring "ordinarily resident" to East Sussex		500		
Other placements e.g. change in carer circumstances-residential **	C30, C51 & D40	800	1,400	2,000
Other placements e.g. change in carer circumstances-home care **	C30, C51 & D40	200	400	500
Total		2,005	2,822	4,020

* PAF indicators are: C30 – Adults with LD helped to live at home
D40 – Clients receiving a review
C51 – Direct Payments

** In addition to transition cases, a further analysis has been undertaken looking at all other cases currently known to the Teams that are likely to require a new or additional service funded by the Pooled Budget in 05/06. This exercise identified 111 people in total and an estimated current year cost pressure of £1.4m, the full year effect of which may exceed £2.6m. Like Transition cases, approximately 80% of the total cost pressure relates to the potential need for residential services - 37 of the 111 people have been identified by the teams as requiring this type of service. The above figures reflect 50% of this pressure.

C. Performance

1. Current Relative/Comparative Performance based upon 2004/05 Outturn:

BLOB BANDING CHANGES FROM 2003/04 to 2004/05

KEY	
●	Red
●●	Orange
●●●	Yellow
●●●●	Light Blue
●●●●●	Green

INDICATOR	03 / 04 Out-turn	04 / 05 Out-turn	Change in blob banding	Next banding range	2004/05	
					Cluster*	England*
C30 - Adults with learning disabilities helped to live at home	2.1	1.95	↓ Decrease from 3 to 2	2<2.5	2.8	2.7
D40 - Clients receiving a review	54%	58.4%		60<90	61	63

Please note that blob bandings are applied to unrounded data.

* This information was provided by CSCI and is taken from Spring 2005 Delivery and Improvement Statements (DIS)

The East Sussex Cluster Group = Dorset, Devon, West Sussex, Kent, Somerset, Gloucestershire, Norfolk, North Yorkshire, Cornwall, Suffolk, Essex, Northumberland, Worcestershire, Lincolnshire, Cumbria

2. Assessment of Relative/Comparative Performance by the end of 2005/06:

The table in Section 1 above shows performance against the 'Helped to live at home' indicator for adults with learning disabilities.

PAF C30 'Adults with a learning disability helped to live at home' reduced by a PAF banding in 2004/05. This indicator has been affected by increasing population figures which has offset any increase in the number of people supported in their own homes.

The number of adults with Learning Disabilities helped to live at home increased from 532 to 613 (+15%) between June 2004 and June 2005.

Performance against PAF D40, as shown in Section 1, relates to all service areas. As clients may be in receipt of more than one service at a time, it is not possible to split this information between services. Whilst performance improved in 2004/05, improved performance is required in this area to achieve the 3 blob PAF banding of 'Acceptable Performance' in line with our comparative group of authorities.

At the time of writing, the number of clients with Learning Disabilities in receipt of direct payments is 7. Developing Direct Payments as a service for people with Learning Disabilities is one of the Adult Social Care Business Plan targets in 2005/06, with a target of 20 by 31 March 2006.

Customer Satisfaction

The table below shows the results of recent customer satisfaction surveys for Learning Disability services. The satisfaction levels are exceptionally high across all services. The lowest satisfaction rates relate to the satisfaction of clients in residential care with where they are living, however satisfaction levels are still over 70%.

RESPITE CARE	
% of users said they were satisfied with the overall service	
April to September 2004	95%
October to December 2004	95%
January to March 2005	91%

Collection Method: Customer Satisfaction Survey

DAY CARE	
% of users said they were satisfied with the overall service	
January to March 2005	90%

Collection Method: Customer Satisfaction Survey

RESIDENTIAL CARE - January to March 2005	
% were very happy with where they were living	73%
% were very happy with the support received from the staff	75%
% were very happy with their meals	91%

Collection Method: Customer Satisfaction Survey

3) Assessment of Performance based on

(a) Continued levels of performance at 1*. Business Transformation will enable performance against some key indicators to improve from 2007/08.

The table below shows trajectories based on current performance levels.

INDICATOR	PAF Banding increase achieved by March 2009	2005/06	2006/07	2007/08	2008/09
C30 Adults with Learning Disabilities helped to live at home	●●● 'Acceptable'	2.3	2.3	2.4	2.5
Adults with Learning Disabilities in receipt of Direct Payments per 100,000 population (In support of C51 - Direct Payments (BVPI) (KT))	Overall C51 Performance ●●● 'Acceptable'	27 (7 clients)	43 (11 clients)	67 (17 clients)	91 (23 clients)
D40 - Clients receiving a review (All client groups)	●●● 'Acceptable' = highest banding for D40	62.30%	64%	65%	66%

It is important to note that increments of 1% may not look particularly challenging on paper, but the resources required to achieve a small performance improvement are often significant.

4. Potential Local Area Agreement (LAA) Priorities/targets

Healthier Communities and Older People Block

Outcome 7: Improved Health for East Sussex residents: promoting physical health, mental wellbeing and increasing life expectancy.

- 7.1 Promote exercise and activity
- 7.2 Reduce falls through preventative care and more intervention in the home and the community (*possible reward target*)
- 7.3 Reduce premature mortality rates (heart disease, stroke, cancer, suicide)
- 7.4 Reduce effects of smoking (*possible reward target*)
- 7.5 Improve sexual health

Outcome 8: Improved access to information, services and opportunities that support healthy, active lives for East Sussex residents.

- 8.1 Better access to information, services and choice in health and social care
- 8.2 Improve economic wellbeing for low income households (*possible reward target*)

Outcome 9: Improved independence, well-being and choice for older people, people with physical disabilities, learning disabilities and mental health problems and those living with long-term conditions

- 9.1 Increase the number of people supported to live at home independently (*possible reward target*)
- 9.2 Increase the responsiveness and quality of community care

Outcome 10: Improved user, patient and carer experience and engagement.

- 10.1 Increase the number of older people who are productively engaged in the process of development and design of services (*possible reward target*)
- 10.2 Improve support for carers
- 10.3 Increase the number of people from minority groups engaged in the process of development and design of services
- 10.4 Improve the NHS patient and social care users' experience of services. The experience of black and minority ethnic groups will be specifically monitored as part of these surveys.

Outcome 11: (Mandatory Outcome for NRF area: Hastings) Reduce premature mortality rates, and reduce inequalities in premature mortality rates between neighbourhoods/wards, with a particular focus on reducing the risk factors for heart disease, stroke and related disease (CVD) (smoking, diet and physical activity)

D. Key Improvement Aims and Actions over the Medium Term:

See section E below

E. Key Risks to delivery of policy steers in short term

A report for the ADSS in October 2005 entitled "Pressures on Learning Disability Services" highlights the "unprecedented and growing financial pressure on learning disability services." Its conclusion was that urgent action was required by central government in partnership with local councils and the NHS, if these pressures are to be successfully managed. Otherwise there is a serious risk "of increasing overspends, inadequate service responses to individuals and a severe impact upon local authority budgets, priorities and key targets". The following cost pressures have all been identified as a problem within East Sussex and are largely consistent with the national picture;

1. Demographic changes in the population of people with learning disabilities are significantly increasing demand for services. People with learning disabilities are living longer and there are a growing number of children and young adults with complex needs who need a high level of support when they reach adulthood. Within East Sussex there is clear evidence that the number of transition cases is increasing rapidly – there were 23 learning disability cases requiring a service in 04/05 and those numbers are anticipated to rise to 31 in 05/06 and to 50 in 06/07. Money being freed by attrition of existing service users is only providing a small percentage of the resources required to meet this new demand.
2. National policy changes such as Valuing People and new residential homes regulations are also putting pressure on Councils to increase spending. Person Centred Planning, supporting people in the community and supporting people into work are all policies requiring Councils to work intensively with individuals. Additionally Government targets around direct payments also require structural changes in service delivery (i.e. decommissioning of centre based services) that will likely require significant bridge funding. It should be noted that LDDF funds which in East Sussex have been used to stimulate community support services are grant funded by the DoH and that day service costs which have already been reduced, represent a relatively low cost service option.
3. In line with National policy, user and carer expectations are also rising. Many family carers want their children to have the chance to leave home as they reach adulthood and are questioning whether they want to be family carers over the long term. This is increasing demand for residential and accommodation based services beyond existing funding levels. Where children / young adults with learning disabilities have left home to attend residential school / college, families are often insistent that they will not be allowed to return to the family home and legally are not required to do so.
4. The lack of availability of specialist residential places and the purchasing of services in East Sussex by other local authorities is allowing residential providers to resist price negotiations and is increasing the cost of services. There is also clear evidence that the annual price increases required by Providers are above the inflationary increase agreed by Members. We will enhance the Contracts & Purchasing Unit which will include a discrete post

for learning disabilities who will lead in negotiating all learning disability contracts and ensuring best use of available resources.

5. The limited funding provided by partner agencies including Health and the ODPM, means that the Council continues to bear the brunt of increasing demand for learning disability services. Continuing Care Funding has proven increasingly difficult to access despite the increasing number of people with complex health care needs and reductions in Supporting People funding means no new funding is available for new supported housing schemes and is likely to lead to the decommissioning of existing services.
6. Within East Sussex there is now a firm commitment to develop a Joint Commissioning Strategy for health and social care services and a timescale for its completion. The balancing of national policy, demand for services, user and carer expectations and the resources available is however, likely to prove quite difficult. There are for example obvious contradictions between providing individualised services and achieving economies of scale. It should be noted that a change of policy to re-provide services to older people currently living within group homes to achieve savings would be contrary to the Valuing People agenda.

F. Efficiency and other savings

Over recent years differential savings have been part of the budget setting process and that is likely to continue. Indeed, reliance on improved efficiency to meet increasing service demands will grow. These will now also be subject to external audit.

1) Efficiency Savings in 2004/05 and 2005/06

Description	£000	Shown in AES	Comments inc whether it leads to spending reductions (referred to as 'cashable' by Government).
<u>2004/05</u>			
None	0		
<u>Total 2004/05</u>	0		
<u>2005/06</u>			
Reprovision older people in LD homes to Independent sector	107	Yes	Cashable
Reduction in day service management	47	yes	cashable

Total 2005/06	154		
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G. Responding to the initial Financial Guidelines for 2006/07 onwards

1) Efficiency and VFM Savings – towards RP&R (to be included in AES as ‘cashable’ and 4) Other Savings – list actions and impacts and risks arising (including on the delivery of policy steer), of other savings proposals required to achieve set guidelines

MTFP Savings	<u>06/07</u> <u>£000</u>	<u>07/08</u> <u>£000</u>	<u>08/09</u> <u>£000</u>
Theme 1 Reviewing Eligibility Criteria, move to only FACS ‘critical’ receiving services.			
Theme 2 Longer term savings through better contracting and processes– Business Case			
Theme 3 Review services provided by the voluntary sector and method of procuring them			
Theme 4 Review in house services role, costs and productivity levels (related to impact of Theme 1)			
Theme 5 Impact of POPPs grant, Telecare grant and new approach to hospital admissions buy Acute Trust			
Theme 6 Invest in new business processes and systems e.g. assessments, income, contracts management, e-procurement, predictive planning. Savings starting in 2007/08 if investment			

available in 6/7 and 7/8,			
Total			

2) Efficiency improvements planned which would not count towards RPR targets (to be included on AES as “non-cashable”) e.g. Improvements in unit costs due to higher volumes.

Details	<u>06/07</u> <u>£000</u>	<u>07/08</u> <u>£000</u>	<u>08/09</u> <u>£000</u>
Invest in new business processes and systems e.g. assessments, income, contracts management, e-procurement, predictive planning. Savings starting in 2007/08 if investment available in 6/7 and 7/8,			

3) Contribution from income generation opportunities

	<u>06/07</u> <u>£000</u>	<u>07/08</u> <u>£000</u>	<u>08/09</u> <u>£000</u>
Improved income levels of client contribution will arise from the Business Case if it is agreed			

Income Generation (supporting information to G (4) above – list i) in all areas in which charges / income are currently generated and details of proposed changes. Also list ii) areas where consideration has been given to raising income (on-going or one off) and known comparison with other similar authorities.

H. Overall Summary of Financial Savings Impacts for 2006/07.

	06/07
Efficiency/VFM	
Income Generation	

Others Savings	
(Shortfall)/surplus compared to target	

I. Efficiency and Productivity

1.	<p>How do you know your specific service area is productive and efficient? (i.e. how do measure productivity, evidence from re-tendering exercises, benchmarking information etc).</p> <p>We monitor unit costs through PAF Indicators and by measuring internal costs and occupancy levels</p> <p>The Practice Transformation programme has been providing the basis for ongoing monitoring and improvement of productivity</p>
2.	<p>How does the productivity and efficiency of your service compare to that of other organisations?</p> <p>Some of our key indicators for assessments and reviews, for example show that we are not performing as well as some of our comparator group.</p>
3.	<p>Which areas do you regard as being the most productive or efficient, and why?</p> <p>We are currently assessing the value of our in house home care service compared to the independent sector.</p>
4.	<p>Which areas do you regard as being the least productive or efficient and why?</p> <p>There are key issues with our back office systems – see business case</p> <p>We are looking at ways to increase vfm in the residential sector, the unit size is quite small</p>
5.	<p>What are the main barriers to improving productivity or efficiency?</p> <p>Need to have modern systems for financial assessments and procurement – see business case</p>
6.	<p>List the key unit costs you manage and monitor in respect of productivity and efficiency and show how that has changed over recent years.</p> <p>PAFB14 Cost of resi/nursing care £708 per week 2004/05 is in the middle in our group.</p> <p>PAF B17 Cost of a home care hour £15 is 6th highest in 2004/05.</p> <p>We can improve this by better procurement and systems to support it.</p>
7.	<p>Are you satisfied that the actions identified in the Council's published Annual Efficiency Statement, in respect of this service area, are being progressed satisfactorily?</p> <p>On the whole yes</p>
8.	<p>From your service planning to date, have you identified opportunities for better productivity and efficiency over the medium term (including better management of the growth of costs which might otherwise occur)?</p> <p>The Business Case addresses this.</p>
9.	<p>In respect of this service area how would you respond to the follow challenging question?</p>

	“ Could this service be delivered more productively or more efficiently in some other way or in combination with partners or by someone else?”
10.	What are your views on the CPA VFM Self Assessment as it relates to this service area? (if appropriate).

J) ‘Invest to Save’ bids and use of one-off resources.

1.	Do you have any suggested ‘invest to save’ bids which would deliver significant productivity and efficiency improvements in the future?
2.	<p>Do you have any bids for one-off resources which would deliver.</p> <p>a) significant ongoing productivity or efficiency improvements, and/or b) significant advance on policy steer without generating on-going commitments, and/or c) significant ongoing mitigation in a particular risk area.</p> <p>Yes we are developing a Business Case to invest in our systems and processes that will enable both cashable and non cashable efficiencies so that performance can be improved from 2007/08.</p>

