

**A/R.6.114 - INCREASING INDEPENDENCE AND RESILIENCE WHEN MEETING THE NEEDS OF PEOPLE WITH LEARNING DISABILITIES**

*To:* **Adults Committee**

*Meeting Date:* **13 July 2017**

*From:* **Executive Director: Children, Families, Adult Services**

*Electoral division(s):* **All**

*Forward Plan ref:*  *Key decision:* **No**

*Purpose:* **To report progress on the Council's initiatives for increasing independence of people with learning disabilities and the achievement of the associated financial targets.**

*Recommendation:* **It is recommended that the Committee review and comment on the progress to date.**

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## **1. BACKGROUND & CONTEXT**

### **1.1 The Learning Disability Partnership**

- 1.2 We support people with learning disabilities in Cambridgeshire through the work of the Learning Disability Partnership (LDP). The LDP is an integrated service responsible for providing social care services on behalf of Cambridgeshire County Council and meeting long-term specialist Learning Disability health needs on behalf of the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). The integrated model ensures joined up care, with specialist health and social care needs considered together, and consistency of support – especially important for people with learning disabilities.
- 1.3 The County Council is the lead organisation, managing a pooled budget with contributions from the County Council and the CCG and managing the integrated health and social care service. The County Council employs the social care staff and line manages the specialist learning disability health staff to create the integrated service. The Health practitioners in the model are employed by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). The pooled budget is created with approx. 78% local authority funding and 22% from the CCG. The pooling is agreed at the whole-partnership level (rather than per service user) meaning that any overspend or saving made from this budget is shared 78/22 with health partners. Regular reports are made to the CCG about the health and care needs of individuals within the LDP and these inform joint agreement of the required funding from both parties for the next business planning period. The management of the pooled budget and the authority to establish an integrated service are the subject of Section 75 agreements with the CCG that are being reviewed during 2017/18.
- 1.4 The majority of the ongoing support: day opportunities, respite care, home care, residential care and supported living services; is commissioned by the LDP from a wide range of independent and voluntary sector care providers. The LDP includes some in-house services directly providing day services, respite care and some supported living services in various locations across Cambridgeshire. At the end of August 2016, there were 1,570 adults supported by Cambridgeshire's learning disability service including 365 adults (23.2%) who receive direct payments and spend this money themselves on meeting their own needs.
- 1.5 The LDP directly provides access to specialist nurses, psychiatrists, psychologists, therapists, allied health professionals and social workers and adult support co-ordinators through its integrated community teams, which cover the county (Huntingdonshire, East Cambridgeshire & Fenland, and South Cambridgeshire & City).
- 1.6 The financial spend is summarised in the Figure 1 below and the appendix to this paper provides additional benchmarking information about costs in Cambridgeshire against other local authorities:

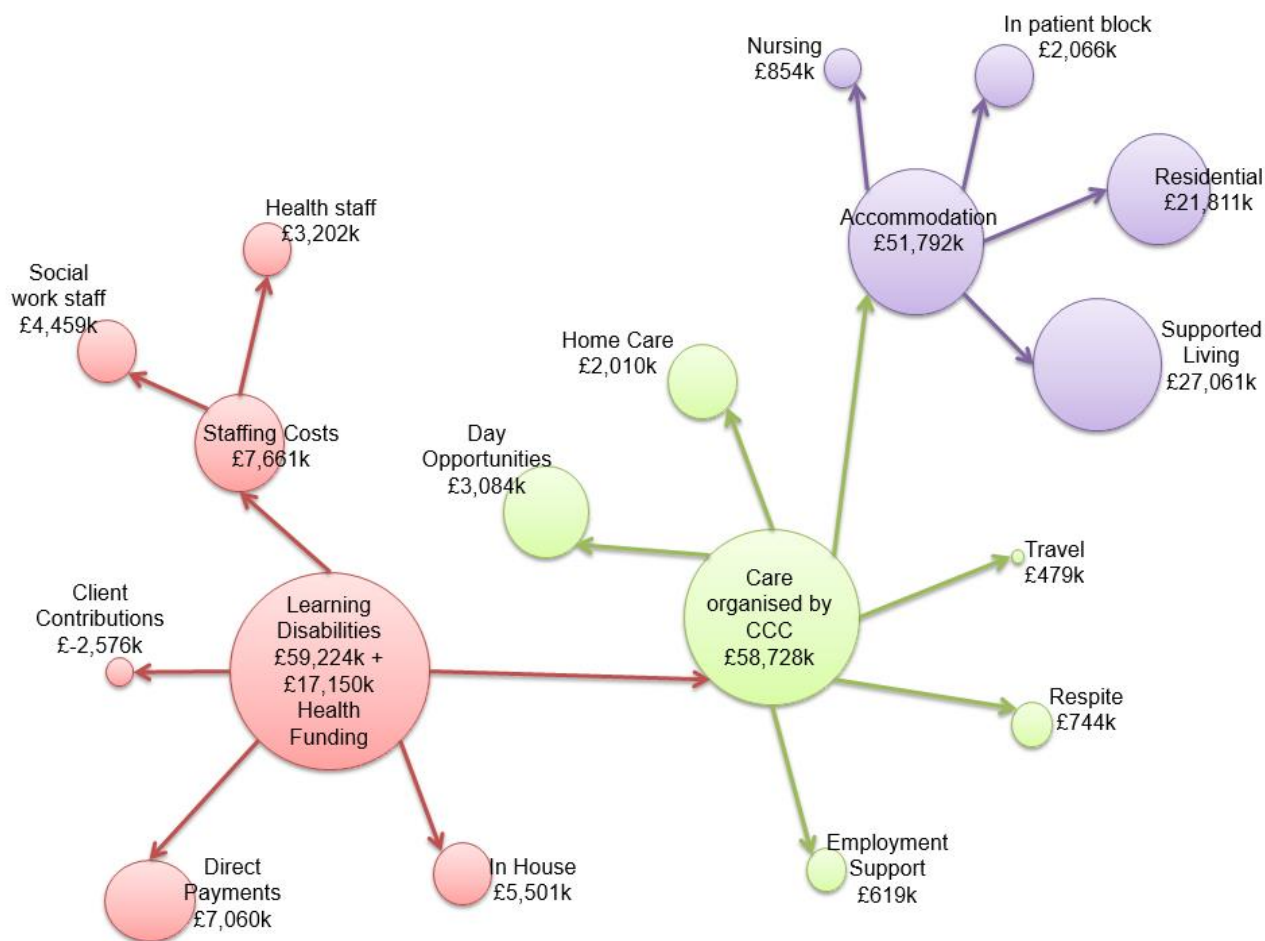


Figure 1: Financial Spend on Learning Disability Service at the beginning of 2017/18 (from bottom left to top right). The diagram breaks down the financial spend across the service and highlights significant areas of expenditure.

## Service Users and Care Packages

- 1.7 The age profile of people with learning disabilities in Cambridgeshire is relatively young. Almost 44% of adults, 691 people, supported by Cambridgeshire's learning disability service are under 35. Only 6% of adults, 92 people, supported by Cambridgeshire's learning disability service are over 65. Historically, individuals with learning disabilities rarely lived beyond the age of 65 because of complications linked to their disability; however with advances in medicine these numbers will continue to increase. Until recently, adults with learning disabilities aged over 65 transferred to Older People's Services; so there are also 68 service users open to Older People's Services with a learning disability.
- 1.8 East Cambridgeshire and Fenland both have higher proportions of adults known to Cambridgeshire's learning disability services than might be expected. In Fenland, 39 people per 10,000 population are known to Cambridgeshire's learning disability services. The figure for Cambridgeshire as a whole is 31 people per 10,000 population, which is broadly in line with both England as a whole and our statistical neighbours. This distribution is partially a consequence of the relative availability and cost of properties across the county.

## 1.9 The Transforming Lives Programme

- 1.10 The specific savings proposals examined in this paper are part of a wider change agenda in Adult Social Care through which we have developed a new approach to social work and social care called Transforming Lives. The Transforming Lives model promotes a service which is increasingly proactive, preventative and personalised and aims to enable people to have choice and control and ultimately to live healthy, fulfilled, socially engaged and independent lives. It is also our core strategy response to the challenging financial climate, recognizing that if people are not helped to live as independently as possible the financial burden of supporting them will make the reducing budget unsustainable.
- 1.11 The model looks at three distinct tiers of practice, beginning with tier one and a focus on giving people the information to help themselves and access to community support, a tier two focus on time-limited support aimed at progressing people towards independence and preventing ongoing needs, and a third tier of ongoing support but still focused on maximizing people's level of independence. By establishing these distinct tiers of support the Council is trying to move away from a model based only on a static assessment and the creation of long-term, fixed care packages and instead help people live as independently as possible at all levels of need. In Learning Disability Services, the majority of service users require tier three services so the focus is on progression – working with people to help them live more independently – rather than prevention. The diagram below shows an overview of the model.

### 1.12 Figure 3: Transforming Lives Diagram



## 2. BUSINESS PLANNING PROPOSALS FOR LEARNING DISABILITY

- 2.1 Within the overarching framework of the Transforming Lives model, the County Council's Business Plan includes a number of proposals aimed at reducing costs in service provision, whilst continuing to meet people's needs.

- 2.2 The various elements of this programme of work are shown in the table below along with the profile of savings across financial years. This paper provides an overview of progress in delivery of these areas – they are described separately but clearly the areas of work are closely inter-related. This work is therefore managed as a joint programme of work – with regular oversight from the CFA Savings Delivery Board.

<b>Savings Proposal</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>
6.114 - Increasing independence and resilience when meeting the needs of people with learning disabilities	-£2,381k	-1,925k	-1,747k	-1,983k
6.115 - Retendering for residential, supported living and homecare for people with learning Disability	-£331k	-100k		
6.117 - Developing a new learning disability care model in Cambridgeshire to reduce the reliance on out of county placements	-£140k			
6.122 - Transforming In-House Learning Disability Services	-£430k	-250k		
6.116 - Using assistive technology to help people with learning disabilities live and be safe more independently without the need for 24hr or overnight care	-£214k			
A/R.6.118 Review of Health partner contributions to the Learning Disability Partnership	-£500k			
6.125 Supporting people with learning disabilities to live as independently as possible	-726k	-867k	-1,039k	-1,034k
<b>Total</b>	<b>-4,722k</b>	<b>-3,142k</b>	<b>-2,786k</b>	<b>-3,017k</b>

### **3. INCREASING INDEPENDENCE AND RESILIENCE WHEN MEETING THE NEEDS OF PEOPLE WITH LEARNING DISABILITIES**

- 3.1 The largest element of savings in learning disability are anticipated at tier three of the Transforming Lives model by changing the way we design care packages for people with eligible needs for ongoing care. This is done in consultation with the service user, their family members and any external provider organisations through a full reassessment. There is a legal requirement to reassess a person's needs before making changes to an individual's care package. This process re-examines a person's needs and uses the Transforming Lives approach to determine the best and most cost-effective way to meet them. Implementing the new social work model and delivering the associated saving therefore entails a very significant programme of reassessments across the cohort of service users.
- 3.2 To support this work and give clarity to the service users and social workers involved, the County Council developed a revised policy framework for the provision of Adult Social Care. Agreed by Adults Committee in March 2015 (<https://tinyurl.com/y6w5nzud>) , the revised

policies emphasise that the Council has a duty to meet needs rather than provide specific services and so will develop and review flexible support plans for each person that are tailored to circumstances and needs and referencing latest best practice and technology. The policy statements clarified how the Council will ensure that resources are used in the most efficient and effective way possible. For example:

- using assistive technology equipment to alert sleeping carers rather than employing more expensive waking night staff
- clarifying when it is appropriate for the Council resources to pay for leisure activities rather than the person using their own money
- clarifying when a single housing and support arrangement would be supported by the Council rather than a more cost effective shared housing arrangement.

- 3.3 The programme of reassessments using the revised policy framework began in 2016/17. This first phase did have some success in both increasing independence and in achieving savings, but not at the pace or level of financial impact originally anticipated. A full reassessment of a person's needs and the design and agreement of significant changes to care arrangements is a big piece of work and can take several working days per case. Often it involves lengthy dialogue with families and care providers as the Care Act requires us to ensure that an individual can be part of the assessment process requiring advocacy (as needed). The advocate has to get to know the person and an assessment needs to be accessible and at a pace the person can manage. In addition, the Mental Capacity Act (MCA) sometimes results in Court applications. With the new approach leading to significant changes in planned care, each reassessment is taking longer to complete than before and the teams within the LDP did not have capacity to deliver the number of reviews at the pace required. In 2016/17 the LDP was tasked with savings of £5.2m, of which around £2.4m was achieved, a shortfall of around £2.8m.
- 3.4 In light of the experience in 2016/17, for the current financial year (2017/18) a Project Assessment Team (PAT) has been established to provide additional dedicated capacity. The team consists of eight social workers, supernumerary to the core LDP establishment as well as programme leadership, team manager, commissioning expertise and business support. This additional capacity was agreed as a Transformation Fund investment of £750k to ensure we deliver the ambitious targets associated with re-assessments – as well as the other workstream areas. The team is funded on a time-limited basis up to April 2018 and any extension of the programme beyond this point would require additional transformation investment.
- 3.5 Of the 1600 service users supported by the LDP, the focus of the PAT team's work is predominantly on a cohort of around 500 service users with more complex and costly care packages – where the scope for and likelihood of significant change is greater. Based on learning from last year, for each case the team undertakes an initial desk-top review of the care plan to form an initial impression of the support offered before proceeding to full reassessment and agreeing changes. The core LDP team are also continuing to complete reassessment work for the other service users not within the remit of the PAT team.
- 3.6 At mid-June, the PAT team have completed 270 initial desk-top reviews and in 62 cases have completed a full reassessment – with circa £605k of savings predicted to be achieved from these 62 reassessments. The reassessments completed so far appear to be resulting in average reductions in annual spend of approximately £10k per case, if this

pattern continues for the remaining 438 assessments then we are on track to achieve the savings in full. The pace of delivery of the reassessments programme is faster than achieved in previous years but behind the rate we have planned for – this is as a result of some staff turnover in the PAT Team and challenges in the format and availability of data for the initial desktop reviews. However, provided the average reduction remains at around £10k, the saving will still be achieved. The initial progress has demonstrated the value of having the additional dedicated capacity in place and the confidence level in delivery is quite high at this point. However it is still relatively early and the evidence of delivery is only just beginning to be built with a high proportion of the savings being dependent upon successful delivery of the reassessments any delay would have a significant impact on the level of saving we would derive in 2017/18.

- 3.7 The changes in care packages leading to these savings are different in every case, but there are some recurring themes across the cohort. Examples include;
- Where care packages include additional support put in place initially ‘just in case’ but which is not required for the longer term. For example we might provide someone with additional hours of one to one support for the first few weeks after the move into a new setting so that help is on hand if something goes wrong during the transition period. The work of the PAT team and LDP using the Transforming Lives new approach has identified cases where this extra help has been provided on an ongoing rather than time-limited basis – essentially a risk-averse approach rather than one which looks to build service users’ confidence to succeed more independently.
  - Identifying opportunities for sharing support between service users where they live in the same setting – for example looking at sharing a sleep-in member of staff across properties where they are close together and supported by the same provider rather than one in each property. Again this is a less risk-averse model, previously we ensured that each property had their own support worker ‘just in case.’
  - Helping people to secure or organise their own transport and travel independently to activities – thereby removing the mileage allowance in their current care package
  - Negotiation over potential double funding for example where we’re funding 24 hour care at a residential or supported living service as well as a day opportunities package.
  - In some cases we are able to claw back funding for unused support hours.
  - Working with day opportunities providers to build 1 to 1 support directly into their provision for all service users attending who need it rather than relying on a number of other external providers each sending support workers in to the provision
- 3.8 In addition to the programme of reassessment for each service user, we are working with the brokerage team to conduct negotiations with care provider organisations. The projected annualised savings for the brokerage work is circa £180k.

#### **4.0 RETENDERING FOR RESIDENTIAL, SUPPORTED LIVING AND HOME CARE FOR PEOPLE WITH LEARNING DISABILITY**

- 4.1 Savings were proposed from recommissioning of contracts. £71k of cost savings is targeted from home care are part of the home care retender across all client groups. The tender has been launched splitting into client category areas and evaluation preparation work is underway and progress remains on track for savings delivery.

- 4.2 Savings targeted for the Supported Living Service and Residential Care Framework Retender of £261K will not be achieved in 2017/18 and instead are re-profiled to 2018/19 as the framework retender date has been revised to 1 May 2018. This deferment was agreed to allow a longer lead time for market testing and development and to set a more practical timeline for providers with the home care contract. This, alongside the rate of placement moves, means new prices will not effectively begin until the new financial year meaning the saving will be achieved in 2018/19. This savings line will be delivered through contract negotiations and strengthened brokerage for new placements, therefore will need to be considered in the context of any other savings lines being delivered in 2018/19.

## **5. REDUCING THE RELIANCE ON OUT OF COUNTY PLACEMENTS**

- 5.1 At the end of 2016/17, 142 people with learning disabilities supported by the LDP were living in care settings which are beyond the Cambridgeshire border. The most common reason is to care for people with complex and very significant needs which require very specialist support not available in Cambridgeshire. Often these placements can be very high cost, in particular where very resource intensive support is required such as specialist inpatient settings. There are also a variety of other factors. For example in some instances there are safeguarding reasons which make an out of County placement most appropriate; for some individuals their cultural and religious needs mean that the most appropriate placement is outside the County; and in other instances there is a preference from the service user and their family for a home which is beyond the border but not actually very far from their family home and community.
- 5.2 As part of this work programme we are reviewing all of the out of county placements to identify where there might now be opportunities for service users to return to Cambridgeshire. This won't be appropriate in every case, with some people living elsewhere for reasons of safety or by choice and also the need to balance the benefits of close proximity against the need to identify a suitable setting which can respond to often complex or challenging needs.
- 5.3 Of the cohort, 20 service users have been living in a settled placement out of county for a great many years and so would not wish to return even if the provision were available. In addition there are 12 service users who are placed out of County and are close to their existing networks or were placed for reasons of safeguarding – again these would not be appropriate to bring back into County. Another key consideration is the distance from Cambridgeshire and the table below shows the proportion of those living out of County who are actually living within reasonably close proximity.

People placed within 20 miles of Cambridgeshire border	67
People placed within 10 miles of Cambridgeshire border	38
People placed within 5 miles of Cambridgeshire border	29
People placed within 1 mile of Cambridgeshire border	12
People placed in neighbouring local authorities	101

- 5.4 A final consideration is the financial viability and sustainability of in-county provision. There are also a number of specialist services out of county that we could not replicate in Cambridgeshire since there would be insufficient demand to sustain the service in county. Continuity and stability of care is a vital consideration and we would not normally want to



propose a care setting where there was a risk of financial failure or of the care provider withdrawing, even if in the immediate term it meant a place could be provided in-county.

- 5.5 We should also be clear that although out of county placements do tend to be more specialist placements and therefore more expensive than in county placements, moving people back to Cambridgeshire will not necessarily reduce the cost of the placement as the level of need will remain the same. An in county specialist placement may even be more expensive than an out of county placement since there would be no economies of scale.
- 5.6 The above discussion highlights why repatriation might not be appropriate in every case, but it is still an important area of focus and this work programme is seeking to systematise and drive our efforts to bring people back into County wherever it is in their interests. Where repatriation is being considered we always undertake the formal 'Best Interest' process to determine whether moving placement would be beneficial for the individual. Following this there would be a social work programme to discuss options with service users and families alongside a commissioning and brokerage element to identify where suitable placements are becoming available. The process of 'repatriation' therefore takes several months to complete in every case and potentially longer if a new service needs to be developed as well as requiring good coordination between the social work and commissioning elements.
- 5.7 Over the medium term we want to permanently minimise the number of people living out of area, to achieve this we need to go further in our work to shape and stimulate the care market locally, ensuring the supply of new specialist provision matches the growing level of demand. This is a strategic commissioning priority for the new Commissioning Directorate and will include identifying learning disability provision within new housing developments, commissioning of the independent sector and consideration as to whether the local authority's own assets could be used as part of new provision. In particular the Council will need to develop additional in-county provision with the expertise to manage behaviours that may be challenging. This work will link to the Transforming Care agenda which aims to reduce the inpatient admissions of people with learning disabilities and/or autism. Even with these changes, there is likely to always be a small number of individuals who will require out-of-county placements to meet their needs especially if they require very specialist placements.
- 5.8 This work has the potential to achieve really good outcomes for service users and it might also result in much lower costs to the County Council. It is difficult to model the exact level of saving in advance as the cost of new provision in-County is not always known, at present the target of £140k in 2017/18 is considered achievable.
- 5.9 Looking ahead this might be an area where a strategic transformation fund proposal might be considered – providing the combination of social work, commissioning and placement pump-priming resource needed to bring as many people back into County as possible and develop the capacity for the future to minimise the number of new placements made at a distance.

## **6 TRANSFORMING IN-HOUSE LEARNING DISABILITY SERVICES**

- 6.1 A number of workstreams are being delivered to achieve savings from the in-house elements of the LDP model. These include a review of the staffing model within the Shared Lives scheme and a restructure of the management arrangements for the in-house provider services – in both instances developing a more streamlined structure and so reducing costs.

This work is on track to deliver the savings target of £430k, but due to time taken working through details on the terms and conditions changes within the new arrangements the delivery is slightly delayed. The projection is now £382k in 2017/18 with the remainder the 2018/19 financial year.

- 6.2 There is also a review of in-house day service provision which is projected to deliver savings in 2018/19. This work is at an early stage and is looking to consider the position of the in-house provision within the context of the day service market as a whole. As well as reviewing the existing day care provision against a map of needs the review is considering how we can improve the contribution of day services to key priority areas – notably enhancing the way we use day opportunities to support people with learning disabilities into employment.

## **7 USING ASSISTIVE TECHNOLOGY TO HELP PEOPLE WITH LEARNING DISABILITIES LIVE AND BE SAFE MORE INDEPENDENTLY**

- 7.1 Wherever possible we work to use assistive technology to support people to live more independently. A review of the potential for assistive technology is therefore built in to the re-assessment process for service users for both the PAT team and the teams within the core LDP. Technology can help in a number of ways, but the most common is the use of monitoring and alarm systems to avoid or minimise the need for overnight support – which means that sleep-in or waking night support is no longer required if we put a system in place to raise the alarm if someone is in difficulty. As well as raising alarms we can also use technology as part of the assessment, using tools such as ‘Just Checking’ to track movements over a number of weeks and see whether service users are coping independently. For example ‘Just Checking’ is being used to test whether someone disturbed during the night is wandering, needs staff assistance or whether they are getting to and from the bathroom without help – which then informs how much direct care we have to provide.
- 7.2 Over recent years our assistive technology assessments have been provided by a dedicated external provider. We have recently agreed to transfer this workload to the in-house service in the Older People and Mental Health Directorate and end the external contracting as a more cost effective way to deliver this service. The in-house assistive technology team has been developing their skills in the use of Just Checking and other equipment to allow them to take on work for Learning Disability and are now in a position to deliver this function for all client groups. The transition to the in-house model will take full effect from August 2017.
- 7.3 The savings expected from the use of assistive technology are £214k for 2017/18. Based on assessment work to date through the existing contract the expected full year effect of casework already identified is £321k. This would deliver £160k in 2017/18 (due to part year effect) and so with more cases still to be identified we are predicting that the £214k target will be delivered in full. As with the main re-assessments target it is comparatively early days and at this point the savings are estimated based on anticipated outcomes rather than cashed savings.

## **8 REVIEW OF HEALTH PARTNER CONTRIBUTIONS**

- 8.1 A saving of £500k was identified for 2017/18 from anticipated additional contributions from health partners to the pooled fund. This reflects the fact that the complexity of needs, the

number of service users and the cost of care are all increasing – creating demographic and inflationary pressures. The £500k saving relates essentially to the health contribution to this funding pressure and discussions have resulted in the CCG agreeing demography and inflation funding as well as an additional contribution which achieves the target saving/income estimate.

## **9 SUPPORTING PEOPLE WITH LEARNING DISABILITIES TO LIVE AS INDEPENDENTLY AS POSSIBLE**

- 9.1 This element of the savings programme is based upon plans to manage the increasing levels of demand for support within constrained funding – so rather than aiming for reduced spending in cash terms we are seeking to mitigate the pressure by acting to reduce the needs of service users. Effective support to carers can delay the need for 24/7 care and we may put in an intensive package initially to build on independence skills and then regularly review and reduce this package as skills develop.
- 9.2 A significant element of this workstream is led by the Young Adult Team and focused on the growing number of young people with disabilities who are transitioning from children's to adults' care teams. The Young Adults Team are now working very closely with children's service colleagues to support young adults with learning disabilities to develop their confidence and skills to live more independently following the transition. This includes ensuring assistive technology is introduced earlier, helping young people to get qualifications and skills to support employment, helping people to learn to travel independently and helping them to begin to live by themselves where possible. The demography modelling suggested a pressure of £900k based on an estimated 53 young people transitioning into the service and so we are working to mitigate as much of this as possible through the approaches described. Information from the first part of the financial year shows that the cost of meeting the needs of new service users is somewhat higher than the rate required to deliver this saving in full. We are looking to mitigate this but if not successful and the trend continues as per the first few months of the financial year then this workstream will not achieve in full.

## **10. OVERALL PROGRAMME POSITION AND MITIGATING ACTIONS**

- 10.1 The table below shows an overview of the initiatives, with the forecast outturn compared to the business planning targets.

	2017-18 Target	Forecast Outturn
6.114 - Increasing independence and resilience when meeting the needs of people with learning disabilities	-£2,381k	-£2,381k
6.115 - Retendering for residential, supported living and homecare for people with learning Disability	-£331k	-£71k
6.117 - Developing a new learning disability care model in Cambridgeshire to reduce the reliance on out of county placements	-£140k	-£140k

6.122 - Transforming In-House Learning Disability Services	-£430k	-£382k
6.116 - Using assistive technology to help people with learning disabilities live and be safe more independently without the need for 24hr or overnight care	-£214k	-£214k
A/R.6.118 Review of Health partner contributions to the Learning Disability Partnership	-£500k	-£500k
6.125 Supporting people with learning disabilities to live as independently as possible	-£726k	-£726k
Mitigating Workstreams (see below)	No target	£-448k
<b>Total</b>	<b>-£4,722k</b>	<b>-£4,722k</b>

- 10.2 As shown above there are shortfalls in the in-house services and contract retendering workstreams, but the LDP and PAT teams have identified a range of additional areas with scope to make up this shortfall and ensure delivery of the bottom-line target for learning disability as a whole.
- 10.3 The opportunity has been identified to work with providers for residential care and to consider whether any individuals could have their needs met by supported living arrangements instead of residential care. This approach can be beneficial for all parties with a lower cost of care for providers and commissioners and service users holding their own tenancies and having access to additional flexible income as a result of changes to benefit entitlements. We have identified an initial list of priority projects and discussions have therefore commenced with 6 providers who have expressed an interest in working with us on this agenda. A detailed project plan is being developed for each setting and the scope for benefits here is potentially significant with over 90 service users potentially benefitting across the county.
- 10.4 An additional saving is expected to be delivered by the review of in-house provision at Russell Street – with the cohort of service users changing and the provision becoming available to meet needs of people currently placed in more expensive external provision.
- 10.5 As well as these new workstreams we are continuing to apply pace and rigour to the main programme of reassessments to derive maximum possible benefits so potential savings may exceed the original target – helping us mitigate the savings shortfalls in some workstreams. Overall at this point there is strong confidence in the bottom-line target of £4,722k being delivered.
- 10.6 The financial benefits of this work programme will continue to be felt in 2018/19. Due to the phasing, many of the workstreams deliver savings split across the 2017/18 and 2018/19 financial years and at present we anticipate a saving of around £3.8m in 2018/19 from these same workstreams. The overall full year effect total is therefore savings of circa £8.5m.

## **11. ALIGNMENT WITH CORPORATE PRIORITIES**

Report authors should evaluate the proposal(s) in light of their alignment with the following three Corporate Priorities.

### **11.1 Developing the local economy for the benefit of all**

There are no significant implications for this priority.

### **11.2 Helping people live healthy and independent lives**

The whole paper aligns with this strategic priority with the overall model described at paragraph 1.12.

### **11.3 Supporting and protecting vulnerable people**

The whole paper aligns with this strategic priority.

## **12. SIGNIFICANT IMPLICATIONS**

### **12.1 Resource Implications**

There are resource implications in this paper described throughout. Section 10.1 provides the overview of the overall impact on budgets from this work. The LDP remains a large and demand-led budget, where a number of factors and close casework work with clients and suppliers must combine effectively to deliver savings targets, which remain a challenging prospect at this early stage of the financial year.

### **12.2 Statutory, Legal and Risk**

All of the work being undertaken to achieve the savings described above has to meet the statutory obligations under the Care Act 2014 and other relevant legislation.

### **12.3 Equality and Diversity**

Disability is a protected characteristic in the Council's Community Impact Assessments. The Community Impact Assessments for each of the Business Planning proposals outlined in Section 2 describe the impact on individuals with Learning Disabilities and how these are impacts are mitigated. However, it should be noted that all these proposals are for services that are specifically provided for people with learning disabilities and for no other people within the local community.

### **12.4 Engagement and Communications**

Consultation has previously been carried out regarding the Transforming Lives model and the associated policy revision. Individual changes to care are always discussed with service users and their families, within the appropriate legislative frameworks. Changes to specific services e.g. day services will require engagement and consultation as the work develops.

## 12.5 Localism and Local Member Involvement

It will be important for Members to understand the strategic approach to delivering services to people with learning disabilities and how this may lead to changes for individuals.

## 12.6 Public Health

There are no significant implications within this category.

Source Documents	Location
<i>None</i>	

Implications	Officer Clearance
<b>Have the resource implications been cleared by Finance?</b>	Yes – Tom Kelly: Head of Finance
<b>Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?</b>	N/a – no new implications – these were handled by the consultation on the new policy framework and transforming lives model and community impact assessments for the savings
<b>Are there any Equality and Diversity implications?</b>	N/a – no new implications – these were handled by the consultation on the new policy framework and transforming lives model and community impact assessments for the savings
<b>Have any engagement and communication implications been cleared by Communications?</b>	N/a – no new implications – these were handled by the consultation on the new policy framework and transforming lives model
<b>Are there any Localism and Local Member involvement issues?</b>	N/a
<b>Have any Public Health implications been cleared by Public Health</b>	N/a

## APPENDIX – ADDITIONAL COST INFORMATION FOR ADULT SOCIAL CARE

### Cambridgeshire Activity Data Trends:

The chart below tracks the total cost of care per service user for people with learning disabilities in Cambridgeshire over recent financial years.

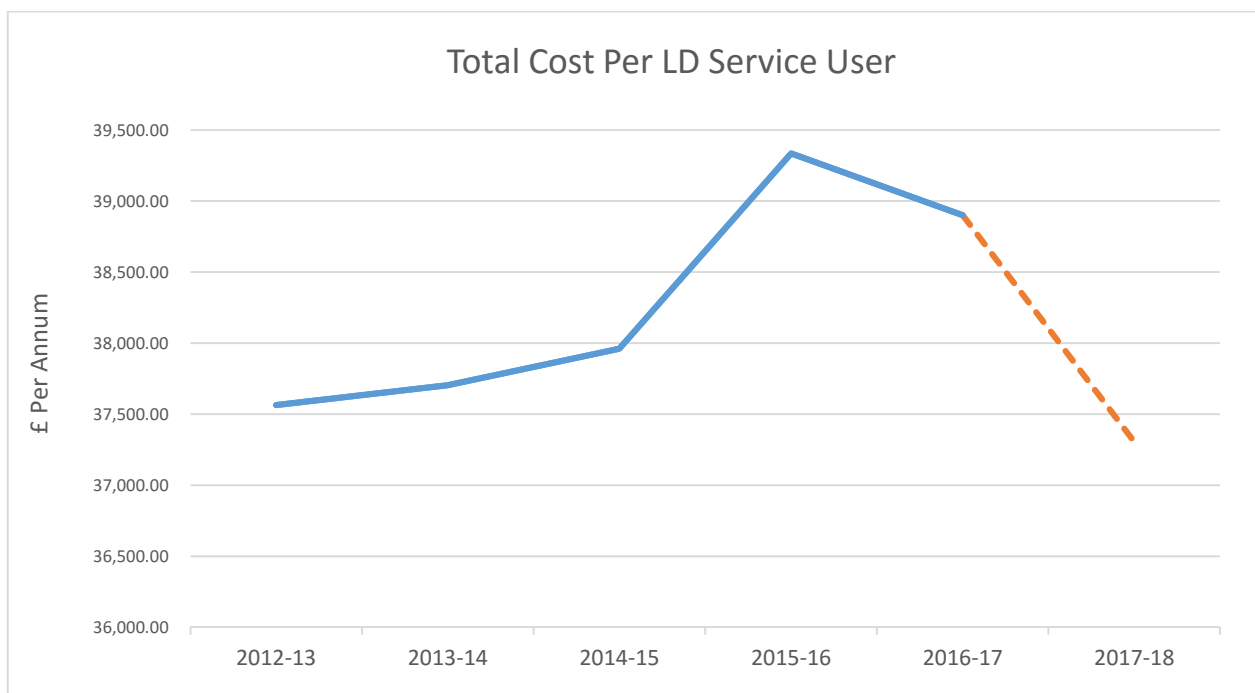
You can see the increasing cost up to 2015/16 reflecting the increasing levels of need we are seeing in people with disabilities, the additional complexity and the pressure on prices for care provision in the sector.

The cost per person then starts to reduce as our transforming live strategy, programme of care re-assessments and new policy framework come into effect.

### Notes

The red section of the chart shows projected spend if current financial targets are achieved in 2017/18 – the accompanying paper indicates that this is on-track and so we expect to see the unit cost of care for a person with disabilities decreasing as per the projection in the chart.

This captures all external care spending (residential, nursing, supporting living, domiciliary etc) but not does include the staffing costs of social workers or any other overheads.



## Residential Care Unit Costs:

The graph below shows the comparison between Adults and Older People across statistically similar authorities for Residential Care. This is provided as an illustration of how spend per person in Cambridgeshire compares to other shire counties and to highlight the difference between the level of spending on older people and people with disabilities and other needs.

The unit cost of residential provision in Cambridgeshire was somewhat below the average for this group of comparator authorities in 2015/16.

The unit cost of residential care for people over the age of 65 is much lower than for the younger age group – but this is in line with all authorities – the ratio of over 65 and over 65 cost per person is broadly similar in Cambridgeshire to the other authorities.

### Notes

The chart shows spending on care for 'adults' rather than specifically for learning disabilities (LD only is not available from this source). The bars will therefore also reflect people with physical disabilities and people with mental health needs as well as people with LD. However it is still a good indicator as people with a Learning Disability comprise approximately 75% of the cohort.

The line shows people aged 65 and over and so indicates spend on 'older people' – but we should not this will include some people with other primary needs – for example 7% of these people have a learning disability and some others will have mental health needs or physical disabilities.

The comparison is provided for people living in residential care as comparable data is available for this group – data for people living at home is not considered reliably comparable between authorities as the way different types of care are recorded varies significantly.

There is difficulty in comparing costs between local authorities, in particular due to the different ways they treat health spending. This chart omits the 22% health spending in Cambridgeshire through the LDP pooled budget but because the LDP pool arrangement is not replicated everywhere we cannot be certain about the extent to which health costs are in the data from other local authorities.

All data is taken from NHS Digital - <https://digital.nhs.uk/> - Cambridgeshire submit an annual return ASC-FR (Adult Social Care – Finance Return) in September

