

# **People with Learning Disabilities Public Value Review (PLD PVR) Project Closure Report**

Version 15.0

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## Document Control

### Change History

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### Approvals

This document requires the following approvals.

Name	Title/ organisation representing	Date	Version reviewed

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## 2 Introduction

### 2.1 Document Purpose

The following report outlines the work that has been carried out and achieved during the People with Learning Disabilities Public Value Review (PLD PVR) project, with recommendations and next steps for further work.

### 2.2 Timescales

The PLD PVR report agreed by the Cabinet stated that implementation of the recommendations would start from the 1<sup>st</sup> April 2012 and last for three years, ending on the 31<sup>st</sup> March 2015.

### 2.3 Background

In Surrey 2.35% of Surrey's 870,153 adult population aged 18 and over has a learning disability. Of these approximately 16.5 thousand people are aged 18-64 and 3.9 thousand are aged 65 and over. Surrey County Council supports 3,375 people or an estimated 16.5% of all people with a learning disability in Surrey.

Following the Transfer of Commissioning responsibility from the NHS to local authorities, Surrey County Council is now the sole commissioner of social care services for people with learning disabilities (LD) in Surrey.

The overall commissioning budget (net) for services for people with learning disabilities is £139m (in 2015/16), which represents 37% of the net Adult Social Care budget

On 14 July 2009 as part of its consideration of the paper 'Leading the Way: changing the way we do business' the Cabinet agreed to undertake a three-year programme of Public Value Reviews (PVRs) with the aim of reviewing all services/functions provided by the Council. The outcomes expected were services that place the Council in the top quartile of local authorities for performance, and the lowest quartile for unit costs, thus providing *improved outcomes and value for money for the residents of Surrey*.

The initial Public Value Review for LD was started in March 2011, sponsored by Sarah Mitchell, Strategic Director for Adult Social Care, and led by Simon Laker, Senior Commissioning Manager. The final report was submitted to Cabinet on the 27<sup>th</sup> March 2012 and Cabinet endorsed its 9 recommendations.

This PVR proposed a single strategic objective: to realise the County Council's ambition of personalisation for people with learning disabilities, ensuring:

- Individuals with a learning disability supported by Surrey County Council are offered person centred care and support planning, through supported self-assessment, the application of the Resource Allocation System, and are offered a personal budget where eligible
- Individuals with a learning disability enjoy a wider choice of affordable options from a market of strategic suppliers committed to working with Surrey County Council (SCC) to shape the future market for accommodation, care and support, day activities, and respite.

## **3 Outcomes**

### **3.1 Summary of outcomes delivered**

#### **3.1.1 Recommendation1: Personalisation:**

##### **3.1.1.1 Recommendation**

By 1 April 2015 we will deliver £2.5m efficiencies by:

1. Developing personalised support options with strategic suppliers, including clearly priced, locally developed, options for personal support, day activities, respite and short breaks.
2. Completing a coordinated programme of reviews to deliver personalised services that meet the assessed needs, improve outcomes and offer value for money for the following specific groups:
  - a. 150 young people over 15 years of age expected to transition into Adult Social Care over the next three years (avoiding long-term costs)
  - b. 300 individuals over 65 years of age currently supported by specialist learning disability services (delivering £0.5m efficiencies by 2014)
  - c. 223 individuals currently accessing respite/short break services across social care, health services and the independent sector
  - d. 100 individuals currently receiving high cost packages of care in and out of Surrey
  - e. 750 individuals currently accessing day services (including Surrey County Council's in-house services)
  - f. 460 individuals currently receiving Supporting People funded services

##### **3.1.1.2 Outcomes delivered**

The initial plan had considered commissioning an external agency to address the need to re-assess all individuals identified, living both in Surrey and elsewhere. An external agency was commissioned but this became unworkable due to:

1. Issues of quality of assessment and support plan
2. Time needed by the agency and their individual employees to complete the task

3. Information governance, with confidential information not being accessible to external parties without additional permissions being sought from the individuals

Given that the external agency was unable to fulfil the remit urgent alternatives were considered. The PLD out of County Monitoring project team was identified as being the way in which quality monitoring visits could be provided to people receiving a service who lived outside Surrey. The project team consisted of staff across all departments of adult social care, commissioning, personal care and support practitioners, service delivery staff, and quality assurance. A locality team manager was seconded to ensure the project was completed on time and to high quality standards. As Surrey staff were travelling across the country from Cornwall to Scotland and Wales to Suffolk co-ordination and safety of the staff was essential. The team manager was supported with this by a specially seconded administrator and project manager. A full report on the success of this specialist short term project is available on request.

The failure of the external agency delayed the work on the Personalisation and Accommodation recommendations. The PVR steering board then looked to achieve the additional overall recommendations by using already established staffing within Adult Social Care. Two specialist teams were then identified:

1. The Personalisation team, initially formed from in house services staff, this team has now moved to be part of Surrey Choices.
2. The Practitioner team, a small team of qualified practitioners recruited specifically for this role. (PVR Team)

### **Personalisation Team**

Specifically looking at the recommendation (e)750 *individuals currently accessing day services*, part of the Personalisation recommendation and to complete this work they have:

1. Provided ongoing support to the transition team in terms of assessment and support planning.
2. Undertaken work with individuals using day services who lived at Badgers Wood. This involved linking with commissioners, SCC service delivery, friends, families, health professionals, the Deputyship team and advocates. Person centred work was undertaken to ensure that people were supported to move to appropriate settings. One individual chose to stay in the local area, another moved closer to his family in Herefordshire, with another moving into "Shared Lives". The remaining people were keen to stay together and keep their existing support staff so moved into Langdown. These new services were reviewed 6 weeks later to ensure that everyone was happy in their new homes. Being

able to use dedicated practitioners enabled a smooth transition. During this project close relationships were built with the residents and their carers, which enabled the practitioners to work in a way which empowered people to make big decisions with as much autonomy as possible.

3. Supported people accessing Jasmine House respite to consider change. Respite information was collated for providers across the County and individuals and their families were provided with respite budgets reflective of their needs. People were supported to explore alternative options. Of the 20 individuals the team worked with 2 people moved accommodation and no longer needed respite, 2 people moved from Jasmine House to an alternative provider, 10 people chose to stay at Jasmine House and reduce the number of nights they use, 3 people's respite allocation increased or stayed the same and 3 people returned to Locality teams for support planning. The overall number of nights for people accessing Jasmine House (that were supported by the personalisation team) reduced from 1202 to 825.
4. Worked with 96 individuals who receive 'high cost' packages of care. Work continues with another 42 individuals. Development of support networks from friends, families and communities has been essential to enable changes and a more individualised package for the person. The team supported with the re-registration of Robinsfield (6 individuals). The mapping out project at the Parade (6 individuals) resulted in more personalised outcomes. The Crabtree Road project (5 people) resulted in improved outcomes and individualised support.
5. Supported a number of people, accessing day services, to consider and explore alternative options. The team have worked with providers to support with the shaping of new services and ensuring that services are needs led and responsive to individuals accessing them. The team has worked with people accessing various day services.
6. Have worked alongside the LD Commissioning team and supported individuals to access Housing Related Support (HRS) as needed.

*'Thank you for all your help with T's move. We cannot believe how well the whole process has gone and how settled she is. She waves me goodbye with a big smile when I drop her off. It was a godsend having you there at the end of the phone and also involved with all our meetings at her new home. The staff were so understanding and took everything very slowly to let her get used to them and a new routine.'*



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### The PVR Team

This was set up as a team of senior practitioners which had been identified as being needed to complete two focussed pieces of work:

1. To offer personalised assessments for individuals in supported living accommodation across England, Wales and Scotland and, with the individual's involvement, transfer their costs to the host authority. This piece of work became known as transfers under the rules of ordinary residence (OR work). Feedback on this section is in accommodation recommendation as achieved deliverables.
2. Completion of personalised assessments for individuals receiving a package of support in excess of £2000 per week to confirm their needs were being met in the most appropriate and cost effective way (high cost). This looks at the recommendation (d) *100 individuals currently receiving high cost packages of care in and out of Surrey.*

A team of 11 senior practitioners, with one post at assistant team manager level, was originally identified as being the most effective structure to achieve these tasks. This was equivalent to one post per Adult Social Care (ASC) locality team. Recruitment to these posts was very difficult as two years post qualification experience was required specifically working with individuals who had learning disabilities. In February 2013 only 2.5 FTE equivalents had been recruited, this was then boosted later that spring so that for the remainder of the project ie Sept 2013 to March 2015 the maximum number of staff at any one time was 6 FTE. To ensure the quality of assessment and support planning was in place a team manager was also seconded into the project in July 2013. The practitioner team was then joined by two assistant practitioners in September 2013.

The high cost work was started in February 2014 with practitioners linking with commissioning managers for strategic providers. Practitioners completed in depth, evidence based assessments with individuals. Support plans were analysed for any anomalies in relation to meeting need and maximising other funding streams resulting in a number of individuals being referred for continuing health care funding.

Practitioners also worked with the individuals and providers to identify what support was needed to promote access to their community effectively or manage behaviour that challenged the service, whilst still meeting basic support needs. This analysis of the real need for additional 1:1 support, in excess of the core residential costs, resulted in a number of reductions of 1:1 support, as evidence was not available to support the additional funding.

Practitioners also made suggestions to providers about how “ordinary” community services could be accessed, further reducing costs and enabling the individuals to be part of their local community. This agenda was linked with the Family, Friends and Community agenda happening across adult social care

On completion of the support planning stage practitioners then gave information to commissioners regarding core costs which appeared high so that commissioners could then work with providers to reduce those components of the fees. Forty high cost assessments have been completed with savings made.

Commissioners negotiated with providers, whilst working closely with care practitioners, to understand real assessed needs but they also conducted a detailed analysis of provider’s overhead costs. This ensured that the full range of charges levied in care packages were consistent and represented best value. The charges were also benchmarked across the sector, notwithstanding the differences in commissioned services based on type of provider, type of property, location, staff profile eg some are ex NHS staff on 'enhanced contracts'. There have been difficulties in accomplishing these savings, as strategic providers have cited previous agreements made with procurement as a reason not to reduce negotiated weekly fees. Closer working between Procurement and Commissioning has therefore been productive in managing these concerns.

Benefits to individuals are that they now have an accurate support plan that is specific to their needs (including any 1:1 support provided) and which can be adapted should their needs change. The assessment and support plan will therefore be able to be monitored more effectively through the reviews completed at locality level.

Apart from the two main focussed tasks the PVR team also worked on:

1. Completing all reviews for the individuals who had previously been part of the Campus Re provision programme.
2. Screening individuals, living with a particular housing provider, for whether they needed a review or re-assessment, this resulted in a further 30 reviews and 7 re-assessments of need.

### **Other Work**

Housing Related Support, previously known as Supporting People, is a preventative service and enables individuals to live in the community independently and over the last three years has aligned its services with Adult Social Care, this included the alignments of rates with providers who offer both these services. Locality teams have been asked to include the individuals Housing Related Support needs as part of their assessment or review to

ensure all the individuals' needs are captured and the right service is delivered. Changes to Housing Related Support included changing the maximum delivery of hours per week to 10 hours and the mobilisation of the Floating Support Housing Related Support contract which went live in 2013.

Please refer to the other Recommendation for specific information on how the outcomes described in this Recommendation were achieved.

### **3.1.2 Recommendation 2: Accommodation**

#### **3.1.2.1 Recommendation**

By 1 April 2015 we will deliver £2.4m efficiencies by developing personalised accommodation options for people with learning disabilities, with strategic suppliers and housing partners and deliver a shift from residential and nursing care to individualised community accommodation options where appropriate to their needs.

#### **3.1.2.2 Outcomes delivered**

For the OR work practitioners from the PVR team were given a case load, according to the geographical areas where individuals were residing, so that they could attempt to link with the host areas in a constructive manner. The process plan was identified and spreadsheet designed to be able to track achievements on a weekly basis. For each individual that was having their costs transferred a number of actions were needed.

1. A visit to explain the process was arranged first, this involved family, friends or advocates, further visits then took place to complete their assessment and support planning.
2. If the individual had capacity then confirmation was made of correctly signed tenancy, if after assessment the person was identified as not having capacity then a best interest decision was made and a court of protection application.
3. Standard letters of referral were then written to all hosting local authorities. Significant difficulties have been encountered in engaging with some of the other local authorities. This has now been raised to director level for his involvement.

105 people were originally identified through AIS (Adult Social Care I.T. system) reports as being suitable to have their costs transferred, however screening then reduced this number to 85. So far 42 people have been transferred, however there are still 43 individuals for whom referrals have been made but who have not yet been accepted by their host area. Individuals who have been transferred are benefitting as they are now accessing a greater range of services. They are having information being provided to them by their local social work teams and therefore being given a greater choice of activities to take part in. They are acknowledged as a resident in that

community and therefore also encouraged to take part in ordinary community activities.

*'A' has complex needs including learning disability, mobility needs, behaviour support needs and is hard of hearing. 'A' was (and still is) living with his sister, who is deaf, in a London Borough. PVR team practitioner completed a new SSA. Referral to the London Borough was made and a visit was booked to verify 'A's needs with all involved parties. A practitioner from the London borough attended the verification meeting in late 2013, resulting in a transfer of service costs in the following month.*

*During the verification visit, information was given to the family about local resources, including services for deaf people that both 'A' and his sister could use. 'A's sister was also given information regarding services for people with learning disability in the area that 'A' could access to give her daily breaks. 'A' and his sister are now receiving a more localised and appropriate support package*

As well as the PVR Practitioners, the Commissioning team have also worked on this recommendation and they have:

1. Developed or are developing a range of new cost effective and bespoke services
2. Re-registered 7 residential homes as supported living opportunities delivering greater choice and quality through individual support and greater security of tenure for the individual
3. Worked with accommodation providers to discuss their requirements regarding support agreements the county council were requested to sign.
4. Continued to work with accommodation providers to develop local housing options whilst recognising the potential loss of investment due to the barriers and challenges of working alongside a statutory agency.
5. Conducted strategic reviews of 'legacy' residential care providers in Surrey ie providers who have operated small residential care homes in Surrey (circa 6 beds) since the 1990s, when they were set up to take people on closure of the long stay institutions across Surrey. These reviews looked to consider the overall property portfolio and suggest refinements to these services based on an understanding of future demand requirements.
6. Identified NHS capital grants tied up in residential properties. A meeting in April 2015 with NHS England has been held to begin to unlock this

issue to enable further developments of new housing schemes in priority areas.

7. Enhanced the PLD referrals process to give clarity to care providers on receipt of the referral so that they could see the area the referral was needed for. A number of care providers have successfully utilised the referrals process and consequently have seen an improvement in occupancy levels. There is still some difficulty in receiving feedback from care practitioners when a placement has been made so that the referrals database can be updated work is continuing to resolve this. Figures suggest that over 382 people have used the referrals process (\*\*ie found accommodation with support)
8. Ran dedicated sessions with care practitioners to discuss housing options and highlighted the 8 ways to find accommodation ie existing care homes, housing association or council housing, supported housing, renting privately, home ownership, family investment, buy to let, remain in situ, stressing that the need for individuals to be added to local housing registers is essential.
9. Facilitated a learning disability practitioners information sharing network.

### **3.1.3 Recommendation 3: Health:**

#### **3.1.3.1 Recommendation**

We will develop integrated commissioning with health partners to determine appropriate packages of care and support, to ensure health and wellbeing needs are met effectively, and implement “responsible commissioner” guidance.

#### **3.1.3.2 Outcomes delivered**

To achieve closer links with Health the Commissioning team have:

1. Worked with LD lead for the Surrey CCGs to develop a joint LD Strategy.
2. Developed co-commissioning group for services for individuals
3. Completed option appraisal for integrated learning disability commissioning with the CCGs
4. Developed a Transforming Care work stream with health led steering boards, such as the Health Care Planning Board, to ensure a joint approach for an-going work. Including supporting the care and treatment review a national initiative (Winterbourne).

5. Worked closely with health colleagues to ensure that services are developed which have a holistic approach to meet needs of people with learning disabilities.
6. Health care planners access Surrey's referral process and are working with strategic providers to facilitate developments for individuals returning to county.
7. Health have established Acute, Primary Liaison and prison services across Surrey working in hospitals, GP practices and prisons to improve health outcomes for individuals.
8. A diagnostic service has been set up to support people with Autism via social work support from a practitioner in the PVR team.
9. Supported LD peer reviews in acute hospitals

### **3.1.4 Recommendation 4: Transport:**

#### **3.1.4.1 Recommendation**

£2m of efficiencies were identified against this area. However, following initial analysis it was agreed that this target would be more appropriately incorporated into the Personalisation recommendation. The efficiency savings were transferred to that recommendation. .

### **3.1.5 Recommendation 5: Transition**

#### **3.1.5.1 Recommendation**

We will influence how services are planned and delivered for young people with learning disabilities by working with children, schools and families to identify individuals earlier, jointly understand and assess needs, and facilitate service developments that support personalisation.

We will ensure people with a learning disability over the age of 65, and those with early onset dementia are supported to access, through existing pathways (e.g. Dementia pathway), a range of services that best meet their assessed needs.

#### **3.1.5.2 Outcomes delivered**

The Commissioning team have:

1. Attended, with the Transition team, parent evenings at all special needs schools to discuss future options for young people and raised awareness about supported living and employment. To compliment this work we have also held transition development days in the Easter and summer holidays so that families of children who attend out of County schools have the opportunity to find out what is available when their

- young people leave college. Feedback from these Planning Live events has been positive but they have not always been well attended.
2. Worked with providers to develop services for young people, particularly for people with Autism. The referral system has been developed to send out to information on housing needs to providers. The following services were developed for young people:
    - a. 2013
      - Woking (6).
      - Cranleigh (5)
      - Reigate (3 bedded house and 2 flats)
      - Dorking (5)
      - Burpham – 2 bedded flat
    - b. 2014
      - Dorking (5)
      - Horley (5 + 1 flat)
      - Sunbury (8)
      - Claygate redeveloped ( 8)
      - Camberley (5)
      - Guildford (3)
    - c. 2015
      - Beare Green (5 and 2 flats)
      - Camberley (7)
      - New Haw (8)
      - Woking (8)
  3. Worked with providers to develop short breaks services.
  4. Worked with a number of providers of services to people with learning disabilities who are categorised as older people ie over 65 and achieved reductions on care costs closer to the standard OP rates but nevertheless higher than the usual OP level.
  5. Ran a project with provider of services for older people which was successful in providing age appropriate services to individuals whose needs were primarily those of older people, not needs specifically in relation to their learning disability. Moving towards placements for individuals that are not always specialised LD services but can meet the developing needs of all older people.

*B is a young man who was a looked after child. He has a very high level of need primarily due to his autism. He had been living in a health service costing over 3K per week. When B was 17 notice was given of the home closing.*

*Even though BW was only 17 the transition and commissioning teams worked with Children's service and a Supported living provider, to take BW earlier so that he wouldn't have to experience two placement moves, one to a childrens service and then on to adults provision at 18. This was a complex situation to manage due to the nature of tenancy agreements as well as being able to meet B's needs.*

*The provider has facilitated B continuing at school and that he is now closer to family members. B has been there just over a year and although initially he was displaying many challenging behaviour sthis has now reduced significantly. He is really enjoying living locally to his school, seeing his family more frequently and accessing his local community, especially the sports facilities.*

*B's package of support cost is now less than 50% of his original placement*

### **3.1.6 Recommendation 6: Respite**

#### **3.1.6.1 Recommendation**

We will cease to commission respite and short breaks in residential services where people permanently live, as the Care Quality Commission considers it poor practice.

#### **3.1.6.2 Outcomes delivered**

Additionally a target was set to deliver £200k full year / £50k in year savings. Our stated intension of not commissioning respite and short breaks in residential services has been supported by the PLD Partnership Board and clearly stated to the Surrey provider market through meetings and update PLD sessions with the Surrey Care Association, our Surrey Strategic Provider network and individual providers.

Commissioners have worked with practitioners to use the opportunity to maximise personal budgets, from Health or Social Care, to deliver real and lasting positive change for individuals.

There has been some change in the market however a more local short breaks unit has opened. Additionally a service in Banstead has been developed and another service in Milford will be opening in Summer 2015.

In financial terms, savings associated with respite / short breaks pertain to either:

1. Reviewing individuals who use short breaks
2. Seeing a reduction in the overall actual usage of a commissioned respite service from previous years usage



Reviews have been undertaken of all Surrey CC funded individuals where services have closed and alternatives services have been sourced by individuals and families currently.

*K was having her needs met mainly through a residential school that cost the local authority over £100K per year. She also received a support package when she was home for school holidays. When K finished her education she moved home to live with her parents. Through some positive person centred planning K's practitioner has been able to establish a community package for K which K's mother is coordinating. Following additional training, provided by health colleagues in the Community Team for People with Learning disabilities (CTPLD), this includes a local in house service providing short breaks. Not only has K's behaviour improved her seizure activity has reduced.*

*The total cost of K's current package has been reduced by 50%.*

*K's mother is considering a supported employment placement for K in the future as K is developing new skills that she previously hadn't shown.*

### **3.1.7 Recommendation 7: Quality assurance (including workforce and safeguarding)**

#### **3.1.7.1 Recommendation**

We will implement a standard approach to quality assurance and contract monitoring across services commissioned for people with learning disabilities.

#### **3.1.7.2 Outcomes delivered**

Quality Assurance: The LD Commissioning team developed a holistic approach to quality assurance for people with learning disability by:

1. Having regular Quality Assurance (QA) and Safeguarding meetings with invitees including representatives from QA, Safeguarding, Procurement, Complement and Complaints, Business Intelligence and LD Commissioning.
2. Requesting Locality teams distribute any Safeguarding Adult Alert forms to the LD Commissioning team.

3. Work with CQC to enable them to inform the Commissioning team of any CQC alerts raised on out of county homes where Surrey has placed an individual.
4. Developed a service specification, around which QA have designed quality tools.

This work has now become business as usual for all individuals, not just those with a learning disability.

Procurement, with the LD Commissioning team, developed strategic relationships with over 40 suppliers, most of these suppliers account for a large proportion of our spend and placements. All suppliers are linked to CQC alerts, each strategic supplier has a formal annual review covering performance, quality, outstanding safeguarding with agreed steps for the next 12 months to address any concerns, ensure quality. To support this suppliers are asked to submit feedback on complaints and complements as well as performance data which includes a record of any serious safeguarding submitted on a quarterly basis. Continuing our proactive approach, Commissioners meet with strategic suppliers on a quarterly basis to monitor progress and offer strategic advice and support in supporting the Council developing new opportunities, addressing issues and concerns, visiting services to ensure suppliers are best placed in providing good quality and care and support for our vulnerable Individuals.

### **3.1.8 Recommendation 8: Information and Communication**

#### **3.1.8.1 Recommendation**

We will improve sources of accessible information relating to services and support for people with learning disabilities.

#### **3.1.8.2 Outcomes delivered**

The Surrey Learning Disability Partnership Board has worked closely across organisations within, Council, Health and Voluntary Sector to improve accessible information.

[www.surreypb.org](http://www.surreypb.org) is regularly updated and includes a range of information for people with learning disability and autism on current topics and useful links.

[www.surreyhealthaction.org.uk](http://www.surreyhealthaction.org.uk) provides information in an accessible format on key health information including hospital passports, accessible appointment letters and health check guides. The Hospital Passport for people with learning disabilities when going into hospital has been changed to

My Care Passport and can now used by all vulnerable adults when going into hospital.

Statistics for Health Website: Visited in 2014 by over 9000 individuals.  
5297 – people viewed the Easy Read Health Planning Templates  
1653 – people downloaded the Top –to – Toe easy read checklist.

All hospital wards have a communication booklet which assists people to communicate their needs using pictorial information.

Peer Review of the Acute Liaison Service, which supports people with learning disabilities in Acute Hospitals, has reported that a proportion of their work is supporting accessible information.

**Work with Police:** In partnership with the Surrey Police accessible fact sheets has been produced and general information about their services is now available in easy read format (<http://www.surrey.police.uk/accessibility>).

A survey about their services in Easy Read, has also been created, so that everyone can contribute their views.

**County Transport Review:** The Partnership Board worked have with Environment and Infrastructure Team so that they produced an accessible consultation booklet for the Transport Review, which ensured everyone had an opportunity to contribute to the review.

**Work with Red Cross and Surrey Ambulance Service:** The Partnership Board worked with Red Cross and Ambulance Service to produce an ICE Card in an accessible format for individuals to enable better communication in event of an accident. The Ambulance Service have produce an accessible toolkit to assist their work.

**Adult Social Care:** We have worked with Adult Social Care to produce information on the Care Act in an accessible format including an Animated Video which has had positive feedback.

The Partnership, Autism Partnership and Valuing People Groups have grown in numbers and we have recruited a Communication and Engagement Officer to support work of these groups.

**Learning Disability Week and Conferences:** During Learning Disability week we supported an awareness campaign about the positive contribution people with learning disabilities make to their communities. This included a bus tour across all district and boroughs, poster campaign and presentations

to groups. Our annual conferences are always accessible and up to 400 people usually attend.

### **3.1.9 Recommendation 9: Stronger Partnership**

#### **3.1.9.1 Recommendation**

We will shape and develop the existing market of services in response to our ambition for personalisation by working with our partners, including family/carer groups, The Learning Disability Partnership Board, Surrey Care Association, health colleagues, advocates, and Borough/Districts

#### **3.1.9.2 Outcomes delivered**

Through the work of PVR we have strengthened our links with partners in the following ways:

All key stake holders are part of our Learning Disability Partnership Board and signed up to working in partnership. Bulletins are sent out to over 3000 people and information is held on our website.

#### **Developed Strategic Providers:**

1. Learning Disability Commissioners have worked with Procurement to established relationships links with learning disability providers and work with them strategically to develop the market.
2. Commissioners established monthly surgeries open to providers, practitioners and families to discuss ideas/issues and create an open dialogue of discussion.
3. We have set up the Autism Champions network which is free for providers
4. A Positive Behaviour Support Network has been established to help develop skills to support individuals who have behaviour that can challenge. The network was launched in March and had national key note speakers in attendance. 400 people attended the event and 100 individuals have joined the network.

#### **Surrey Police:**

1. Following feedback from families and people with learning disabilities we have developed relationships with the police so that individuals can feel safe in their communities. We have participated in training days with the police, have developed a DVD and accessible materials to explain police services.

2. A Pegasus Card has been developed with the police, fire brigade and ambulance services which gives people with learning disabilities a unique reference number so the police can provide the appropriate support.

#### **Children Services/ Transition:**

1. We have recognised it is critical to link with children's services, schools and colleges. Commissioners have linked to preparing adulthood work streams. This has meant that we have worked closely with local colleges and providers to develop the local offer so that young people can access opportunities locally.

#### **Advocacy Services:**

1. Local advocacy groups have been established across Surrey to ensure individuals are given opportunity to have a voice and facilitate change within their communities. Citizen and peer advocacy is being developed and will move ahead with support.

#### **District and Boroughs:**

1. We have connected with local housing teams and set of housing panels to raise awareness of needs.

#### **Voluntary Organisations:**

1. Have worked closely with voluntary sector to develop volunteering opportunities and work experience for people with learning disabilities. Funding through pump priming has been used to help establish and develop these services

### **3.1.10 Savings:**

#### **3.1.10.1 Recommendation**

As highlighted above, the total expected savings were £8.1m (Personalisation £4.5m, and Accommodation £2.4m). In addition to this total there were a further £1.2m savings from 2011/12 Management Savings (Transfer of Commissioning, Social Care Change Programme/NHS Campus Re-provision). This gives a total full year effect saving of £8.1m.

#### **3.1.10.2 Outcomes delivered**

The actual full year effect saving was £7.11m (see Table 1 for details). This gives a variance of £0.99m.

		Full Year Effect (£m)	Cashable Savings (£m)
2011/12	<b>Management Savings</b>	<b>2.10</b>	
2012/13	Personalisation	0.67	0.57
	Accommodation	0.39	0.23
	<b>Total</b>	<b>1.06</b>	<b>0.80</b>
2013/14	Personalisation	0.65	0.59
	Accommodation	0.90	0.51
	<b>Total</b>	<b>1.54</b>	<b>1.10</b>
2014/15	Personalisation	0.85	0.49
	Accommodation	1.56	1.17
	<b>Total</b>	<b>2.40</b>	<b>1.66</b>
Total	Management Savings	2.10	0.00
	Personalisation	2.16	1.65
	Accommodation	2.85	1.92
	<b>Total</b>	<b>7.11</b>	<b>3.57</b>

**Table 1: Full Year Effect Savings and Total Cashable Savings**

Additional savings were made for 2011/12 and consequently the actual savings were £2.1m rather than the £1.2m quoted in the Cabinet report.

As well as the full year effect saving there was also actual total cashable saving which was £3.57m.

In addition to the actual savings the Commissioning managers were also able to make some non-cashable savings, mainly due to re-negotiating proposed costs for new or revised services. These totalled £0.67m for full year effect and £0.39m actual non-cashable saving (see Table 2 for details). These savings and do not count towards the actual PLD PVR total savings.

	Full Year Effect - Non-Cashable (£m)	Non-Cashable Savings (£m)
2012/13	0.41	0.18
2013/14	0.17	0.10
2014/15	0.09	0.10
Total	<b>0.67</b>	<b>0.39</b>

**Table 2: Total Non-Cashable Savings**

## **4 Recommendations**

### **4.1 Recommendations**

The following recommendations have been identified:

1. Ensure the Autism Diagnosis team is fully effective by guaranteeing there is sufficient resource available to have continued support from a Senior Social worker from Adult Social Care.
2. The work carried out by the PLD PVR has helped support National Transforming Care Agenda and as the PVR has now ended it is recommended that the needs of people with a learning disability are still seen as a priority for Surrey under the national Transforming Care agenda. Further to this, need to ensure the outcomes from the joint option appraisal are implemented to ensure the continued support of the transforming care process.
3. It has been recognised that the Advocacy services need to enhance their support to better reflect the structures identified as being appropriate for individuals. It is therefore recommended that the Commissioning team needs to work with Advocacy services to develop and enhance their provision. This is also a requirement of the Care Act and will be promoted for all residents of Surrey.

### **4.2 Next steps**

The following next steps have been identified:

1. The re-organisation of the Commissioning teams with CCGs has helped to ensure closer integration with Health and the East Surrey Commissioning team, which is leading on learning disability, will ensure work supporting people with learning disability is taken forward by all the Commissioning teams.
2. The East Surrey Commissioning team will continue to take the lead on developing relationships and partnerships with key partners to ensure that people with a learning disability receive the best support possible.
3. Practitioners who have transferred from the PVR team to locality teams to ensure they complete the work associated with the OR transfers.
4. Not all the Ordinary Residences that were identified by the Project have been transferred to the other local authorities. Therefore this work will be continued by the Locality teams and monitored centrally by the North West Area team. There is a MTFP savings plan for 15-16 of £2m from this OR work.

5. Residential accommodation reviews will need to be taken forward in 2015/16 by the strategic change initiative underway and will be led by commissioners aligned to the new area based commissioning teams.
6. Continue to work with accommodation providers to continue develop local housing options to reduce the potential loss of investment due to the barriers and challenges of working with statutory agencies.
7. Work on Re-registration will continue and commissioners are working with providers to help ensure the smooth transfer of residential homes to supported living accommodation.
8. Continue to work with the NHS on the Transforming Care programme.
9. For younger people in transition, commissioners will continue to work with the Transition team to help young people with a learning disability to prepare for adulthood.
10. Commissioners will also work with providers to ensure suitable accommodation is available locally, if and when it is required by young people.
11. For older people in transition, commissioners will work with providers to help ensure that people with a learning disability over 65 are supported to access the services that best meets their needs.
12. Commissioners will continue to work with providers to help develop respite services in the county.
13. The East Surrey Commissioning team, along with the other commissioning teams, will continue to work with the Safeguarding team to ensure a swift response when any safeguarding alerts are raised either by individuals or the CQC. This will become business as usual for the department.
14. Need to work with CCGs to develop services for people that support them lifelong.
15. Outcomes from the joint option appraisal need to be implemented to ensure the continued support of the transforming care process.
16. Need to work with Advocacy services to develop and enhance their provision to ensure they can meet the needs of people with a learning disability, alongside all residents of Surrey
17. Work more closely with District and Borough Councils to develop the support they provide people with a learning disability.



18. The Autism Diagnosis team will have continued support from a senior social worker from adult social care.
19. To finalise and seek sign off of the Joint Health and Social Care Commissioning Strategy.

## 5 Approval

### 5.1 Project Board Approval

The Project Board has approved the work carried out to date and the work to be carried out in the future as detailed in this closure report.

<b>Strategic Lead:</b>	Jo Poynter
<b>Signature:</b>	
<b>Date:</b>	