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| Reference | |
| Executive Director | Will Blandamer |
| Cabinet Member | Cllr Tariq |

Section A

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| Service Area | OCO |
| Budget Option Description | Review of working age adults' costs against a robust national toolkit |

Budget Reduction Proposal – Detail and Objectives

Bury is already a well performing albeit high cost authority with a wide range of existing strengths, so it is well placed to get even better. Specific strengths include:

- Service, team and commissioning leadership that is value based with a focus on strengths-based approaches
- Passionate and committed staff with good knowledge of strengths-based approaches
- Co-location of NHS and the learning disability team with regular joint working
- A well led joint NHS/LA commissioning and provider relations team
- A good track record of identifying improvement and savings opportunities
- Existing high levels of satisfaction about support from the people being supported
- A good mix of use of support resources with new residential placements relatively rare

There is however evidence of scope for Bury to further improve.

National data shows that Bury:

- Learning disability gross support costs are £35 per head of population more than comparable authorities
- Support cost per person supported aged 18-64 (£28.6k) are higher than the £25.5k North West average.
- Supports 43 more people aged 18-64 relative to its population than is average for North West.
- Supports more people after assessment than is average in the North West
- Makes only limited use of short term care and support but Bury is below the average
- Has comparatively low levels of NHS funding for adults age 18-64

In addition local data shows that Bury has a high number (118) of support packages costing more than £1,800 pw as well as 160 support packages costing less than £200 pw.

Both these cohorts need careful review as the case file review found evidence that some support in Bury is:

- Not fully appropriate to meet needs - over servicing or because the support needed is not available, or
- Costs more than is necessary - over pricing.
- In particular:

- “Waking” night cover is not always justified by the recorded needs on file,
- CHC/S117 NHS funding is less than we normally see in some cases, and
- Some people aged over 65 may be better supported in Older Peoples services rather than specialist Learning Disability services

The “Progression Model” has been used to improve outcomes for people with a learning disability by improving their independence and reducing their reliance on care and support services.

The progression model is based on strength-based assessments which maximise opportunities for independence, helping service users to acquire independent living skills. This means trained workers at all levels including social workers, occupational therapists and the direct workforce, develop a plan with an individual taking small steps to independence. This may cover everything from learning to travel independently on a bus, to making a sandwich. The model has twin aims of maximising independence and making care affordable through the reduced reliance on longer term care.

The main improvement opportunities are to:

- Undertake a reassessment of all 118 packages costing more than £1,800 per week (accelerated benefits realisation project)
- Revisit all 160 low cost packages of support as part of the normal review process to check all support is still needed
- As a part of the above look to use assistive technology more often and more creatively and ensure care, support and treatment plans are outcomes focused with clear step by step plans to achieve outcomes
- Seek to increase levels of NHS continuing health care and S117 funding where appropriate
- To ensure the above have a lasting impact and to build on the recent investment in strengths based practice:
 - Introduce and embed the “Progression” © approach
 - Explore opportunities to further develop the effectiveness of MDT working

Opportunity 1: Reassess 118 high cost packages to (a) right size support, and (b) negotiate a fair price for the “right sized” package as there is evidence of possible “Over Servicing” or “Over Pricing” might exist.

Opportunity 2: Review 160 low cost packages and signpost to universal services where appropriate or redesign support creatively

Opportunity 3: Seek to deploy Assistive Technology (AT) more often to:

- (a) Enable greater levels of independence and increase choice and control, and
- (b) Reduce support costs where it is safe to do so.

Opportunity 4: Check that “Waking” night cover is always warranted by each individual’s support needs

Opportunity 5: Ensure Continuing Health Care (CHC), Section 117 and all other joint NHS funding is accessed where appropriate/locally agreed

Opportunity 6: Consider if any of the 40 people aged >65 who have specialist LD support have age related support needs that would be better met by older people's services

| | 2023/24 | 2024/25 | 2025/26 |
|--------------------------|---------|---------|---------|
| Budget Reduction (£m) | 1.000 | 1.700 | 1.700 |
| Staffing Reduction (FTE) | 0 | 0 | 0 |

Section B

What impact does the proposal have on:

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| Property |
| None |
| Service Delivery |
| Service for people living with disabilities would be changed to ensure independence was maximised |
| Organisation (Including Other Directorates/Services) |
| None |
| Workforce – Number of posts likely to be affected. |
| 0 |
| Communities and Service Users |
| People living with disabilities would be provided services more appropriate to their needs, increasing the user's independence, reducing the cost to the Council and potentially the cost to the user. |
| Other Partner Organisations |
| Joint working is required with the NHS where S117 or CHC funding may be appropriate |

Section C

Key Risks and Mitigations

| Risks | Mitigations |
|---|---|
| The number of people benefiting from improved care does not release the required savings | A transformation programme will be established to over see the improvements |
| Care Providers used to traditional care provision may not understand the requirements of delivering care that is developed on a progression model | Care providers will be engaged with as part of the transformation programme |
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Key Delivery Milestones

Include timescales for procurement, commissioning changes etc.

| Milestone | Timeline |
|---|---------------|
| Programme team to deliver high needs review and transformation in place | December 2022 |

Section D

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|------------------------|----|
| Consultation Required? | No |
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| | Start Date | End Date |
|--------------|------------|----------|
| Staff | N/A | |
| Trade Unions | N/A | |
| Public | N/A | |
| Service User | N/A | |
| Other | N/A | |

Equality Impact

Is there potential for the proposed budget reduction to have a disproportionate/ adverse impact on any of the following?

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| Disabled people | x |
| Particular Ethnic Groups | |
| Men or Women (including impacts due to pregnancy/maternity) | |
| People who are married or in a civil partnership | |
| People of particular sexual orientation | |
| People who are proposing to undergo, undergoing or undergone a process or part of a process of gender assignment | |
| People on low incomes | |
| People in particular age groups | |
| Groups with particular faiths and beliefs | |

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| EIA Required? | yes |
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Section E

Financial Implications and Investment Requirements

| Investment requirements – Revenue and Capital |
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| Additional Social Work Staff to carry out reviews Support from Alder Advice Extra care services to improve independence Commissioning and Project management support Training £308,000 This has been netted off the savings as part of the invest to save modelling |

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Finance Comments – Will the proposal deliver the savings and within the agreed timescales?

Yes