

<b>Report title</b>	Camden Learning Disability Service: Annual Report 2018.19		<b>Agenda item</b>	
			<b>Date</b>	<b>13<sup>th</sup> May 2019</b>
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<b>Report summary</b>	<p>This report summarises the performance and achievements of Camden Learning Disability Service (CLDS) during the financial year 2018/19, including the continued progress towards meeting MTFs and QIPP savings targets.</p> <p>Highlights include the evaluation of the 3 Conversations Innovation site's work with people in supported living, the further reduction in mental health hospital admissions and the emerging focus on promoting good physical health which we hope will reduce avoidable admissions to physical health wards.</p> <p>The report presents a proposed Quality Improvement plan for 2019-2022 for the board to consider</p>			
<b>Purpose</b>	<b>Information</b>	<b>Approval X</b>	<b>To note X</b>	<b>Decision</b>
<b>Recommendations</b>	<p>That the board</p> <ul style="list-style-type: none"> <li>• endorse the programme of work delivered during 2018/19 as outlined below and note progress.</li> <li>• approve the Quality Improvement proposal for 2019 to 2022 as per section 2.4.2</li> </ul>			
<b>Strategic links</b>	<p>The Camden Plan envisages Camden becoming a place in which everyone has the chance to succeed and no one gets left behind and everyone has a voice. For people with learning disabilities this means that they should:</p> <ul style="list-style-type: none"> <li>• Have a place they call home</li> <li>• Have access to the right jobs and enough money</li> <li>• Be able to live a happy and healthy life</li> <li>• Be part of a safe and strong community</li> </ul> <p>The CCG's Local Care Strategy aims to deliver care that is</p> <ol style="list-style-type: none"> <li>1. Accessible</li> <li>2. Person-centred</li> <li>3. Coordinated</li> <li>4. Preventative</li> <li>5. Effective</li> </ol> <p>so as to</p> <ul style="list-style-type: none"> <li>• Reduce health inequalities</li> <li>• Prevent early death</li> <li>• Improve people's access to care</li> <li>• Improve people's experience of care</li> <li>• Enhance people's quality of life</li> </ul>			

<b>Identified risks and mitigations</b>	<p>While progress has been made during 2016-19 in improving value for money for social care budgets, the significant reduction in our CCG budget this year (around 10%) means more needs to be done to manage the current and emerging pressures on this budget. The resultant cuts to the NHS staffing budgets mean that we can no longer offer an in-house counselling or dietetics service.</p> <p>In 2019/20 the Specialist Support worker team is expected to reduce by 1, subject to consultation. This team has contributed to the improvement in Annual Health Check performance and is part of our crisis response to admission avoidance. This change puts this progress in the delivery of key CCG priorities at risk.</p> <p>The national programme to review all deaths of adults with learning disabilities is exposing some risks in local service provision, particularly in their ability to support people with complex physical health issues. CLDS is working with NHSE to pilot the use of the Significant 7 approach with our Social Care providers to ensure that 'social care' providers have access to appropriate and timely clinical support in order to reduce early deaths and prevent avoidable hospital admissions.</p> <p>The lack of suitable supported living placements for people with complex needs and young people means we are not able to offer appropriate support in Camden for a small number of people. The Accommodation Strategy is working to understand current and future demand and ensure we can offer more people the support they need within Camden. On occasions this may result in increased costs due to the high costs of labour and property in Camden.</p>
<b>Resource implications</b>	<p>CLDS are forecasting significant new pressures on our NHS budgets for 2019/20 based on the needs of young people turning 18.</p> <p>CLDS's success in reducing the use of mental health hospital beds over the last 5 years has created additional pressures on care and support budgets which has not been matched by the funds made available by the CCG. See 4.2</p>
<b>Engagement</b>	<p>A regular programme of engagement with people with learning disabilities in Camden is carried out via a number of mechanisms, and a co-production approach is taken wherever possible. Engagement mechanisms include:</p> <ul style="list-style-type: none"> <li>• Planning Together, the Learning Disability Partnership Board, which is managed by the integrated commissioning team and chaired by the Director of Adult Social Care.</li> <li>• An LD Experts by Experience service, commissioned by the Council as part of the new Centre for Independent Living.</li> <li>• Speaking Up groups, developed by the Experts by Experience service.</li> </ul> <p>Specific engagement activities are carried out as appropriate as part of service development. The latest example is a comprehensive stakeholder engagement programme to underpin the Accommodation Strategy, completed in Autumn 2018.</p>
<b>Equality impact analysis</b>	<p>This report was written in accordance with the provisions of the Equality Act 2010. Equality impact assessments are being undertaken for policy, practice and service changes and developments as required, such as the Accommodation Strategy, the NHS staffing reduction and re-commissioning of services.</p> <p>Key headlines on equalities for the learning disabilities protected group include:</p> <ul style="list-style-type: none"> <li>• Employment rates for people with LD remain very low</li> <li>• People with learning disabilities die between 18 and 27 years before their peers</li> <li>• 30% of people with learning disabilities live in poverty</li> <li>• People with a learning disability, especially women, are more likely to be overweight and only 9% of people with a learning disability get enough exercise</li> </ul>

## **1. Introduction**

- 1.1 Camden Learning Disabilities Service (CLDS) has a stable staff team with a low turnover rate and low use of agency staff. Clinical productivity has been impacted by the high rate of maternity leave. We aimed to manage within existing staffing budgets in 2018/19, and, with support from LB Camden, NHS staffing are in budget at the end of the year. There have been difficulties in recruiting specialist LD staff this year, and there are waiting lists for some clinical interventions, but these are within national NHS targets.
- 1.2 The Social Work team have been developing a new model of working alongside people in supported living, based on a Named Worker model. This has been evaluated as part of our work in the 3 Conversations programme. The CLDS SW team will be rolling out 'What Matters', the new strengths based model of adult social care during 2019/20 in partnership with the other adult social care services.
- 1.3 CLDS staff are taking a national and regional lead in the developing practice of mortality reviews. Camden are cited by the London LeDeR Programme as the best performing area in London in relation to the timeliness of reviews.
- 1.4 Emerging lessons from these reviews (see 2.3) show the importance of intensive support to providers and in maintaining a focus on prevention and health improvement, as demonstrated by new initiatives such as HealthFest, the Sex and Relationships group and the flu jab initiative, cited recently by PHE as national best practice.
- 1.5 CLDS has maintained its low use of acute mental health beds, down from over 700 bed days in 2013/14. There were no admissions for people with learning disabilities in 2018/19. This has been achieved through an effective and proactive case work and risk management process owned by the weekly 'VTM' (Virtual Team Meeting) and without the commissioning of a specific crisis team. Reductions in clinical staff could place this progress at risk.
- 1.6 We are making progress in planning to support the last person in our Transforming Care Programme (TCP) cohort to a community setting, and have now appointed a provider to deliver this service, enabling CLDS to be able to plan the required 18 month transition back to the community.
- 1.7 Burnet House, a new supported living project in Camden, is now open, providing five new supported living placements to young men in Camden and reducing the number of people placed in out of borough residential care.

## **2. Quality**

### **2.1 Safeguarding**

- 2.1.1 CLDS proactively manages all safeguarding concerns, ensuring that risks are managed promptly and that s42 enquiries are person centred, timely and focused. Open safeguarding concerns are tracked during our weekly safeguarding monitoring meetings. This ensures we can identify and act where
  - progression has not been within the expected timescales;
  - there have been unjustifiable delays and concerns
  - processes do not appear to have been followed, including recording outcomes and the views/wishes of the person at risk.
- 2.1.2 The progress of people with learning disabilities living out of borough who are subject to safeguarding procedures are also recorded against the tracking spreadsheet, to ensure we are closely involved with the managing LA in regards to decision making and protection planning processes.
- 2.1.3 CLDS contributes to the Safeguarding Adults Audit, led by the Principal Social Worker. See 2.4.

2.1.4 The following high risk and high profile cases have been managed by CLDS within the reporting period:

- Several anonymous complaints were made about Antrim Grove Supported Living project. These complaints were all investigated and no risks or concerns about this provider were identified.
- Adult A, a member of the Synergy experts by experience self advocacy group, alleged she had been raped by her partner. Police have investigated and there will be no charges. The s42 enquiry in relation to Adult A's capacity to consent to sex, and to disclosure to the family regarding Adult A's relationship, is still ongoing. The family feel that CLDS did not do enough to protect Adult A from a reported abusive relationship and their complaint is being investigated under Safeguarding Adult procedures.
- CLDS are currently leading an enquiry into the possible abuse and exploitation of 2 young people from Islington in the flat of a woman with learning disabilities in Camden by people who may be grooming people with learning disabilities

## 2.2 Serious and Untoward Incidents

There have been no NHS Serious or Untoward incidents during 2018/19.

## 2.3 LeDeR Investigations

There was 1 death in Q1, 1 during Q3, which followed a terminal illness and a further 4 deaths in Q4. The average age of death was 58, showing that the national mortality gap is replicated in Camden and all the people died before the average life expectancy for their gender.

A comprehensive palliative care support plan was put in place to enable the person who died in Q3 to die at home and we think the LeDeR review will identify this as good practice. Lead and support investigators have been allocated to all LeDeR reviews.

The Safeguarding Adults Review (SAR) for Mr WW was recently presented to the Safeguarding Adults Partnership Board (SAPB). A key lesson was the need to provide timely medical and clinical support and advice to social care providers. The SAPB are considering the recommendation to fund additional GP support for people with complex health needs in supported living.

CLDS are working with the Learning Disability Advisor at NHS England, exploring tools to support social care providers in recognising and reporting signs of declining health by piloting the Significant 7 methodology, developed in dementia care, with learning disability providers.

A second SAR, relating to an individual who died in 2017, is about to commence with a 'Significant Event Analysis' learning workshop scheduled for the 5<sup>th</sup> June.

## 2.4 Quality Improvement Programme

### 2.4.1 Social Work/Social Care

CLDS currently contributes to the audits led by the Principal Social Worker including Safeguarding Adults and 3 Conversations.

In December 2018 Adult Social Care and Camden & Islington Foundation Trust undertook a safeguarding audit using a sample of cases from each service area. General feedback has been mixed, with some good examples of immediate protection planning; clear management oversight and recording of views. However, there was continuing evidence of drift in progressing concerns into enquiries and undertaking elements of the enquiry within the concern stage, which appears to be in relation to the extended concern form we have in Camden. CLDS has taken action to address this and has shown a reduction in the % of concerns converting to s42 enquiries since 2016/17.

Year	2016/17	2017/18	2018/19
% concerns converting to s42 enquiry	47%	35%	39%

## 2.4.2 NHS

As per the request at the last board, CLDS have developed a programme Quality Improvement Projects to be delivered over the next 3 years which will be reported on an ongoing basis: see attachment.

NHS England published new [Learning Disability Improvement Standards for NHS Trusts](#) in June 2018 and promised to publish tools to support self-audit against these standards by September 2018. The tools are still not available, but CLDS will complete the self-audit when these tools become available.

CLDS have completed the baseline self-assessments against the two new NICE standards published recently ( [NG93: Learning Disabilities and Behaviour that Challenges](#) and [NG96: Care and Support of People Growing Older with Learning Disabilities](#)). No areas of concern were identified and when the standards associated with the guidance are published we will complete the self-assessment and report the findings to the board.

Hospital admission data requested from RFH was received in Q3. The plan to interrogate this information had to be postponed due to the SEND inspection and will be picked up during 19/20.

## 2.5 Providers: quality assurance and contract monitoring

Block contracts are monitored on a quarterly basis, led by integrated commissioning and a representative from CLDS, through monitoring returns and quarterly meetings. Each provider conducts an annual user satisfaction survey.

For supported living services, the CLDS representative for each contract conducts a robust unannounced visit each quarter, inspecting the property, paperwork, and interviewing the staff members and service users present where appropriate. Each visit is RAG rated to determine the level of concerns and this informs the frequency of future unannounced visits. The new Named Worker model we are developing for supported living shows there is an appetite for more in depth partnership working, particularly in developing the skills and practice of provider staff teams.

CLDS and commissioners are currently working together to improve the quality assurance process and strengthen contract monitoring. This includes strengthening the voice of individuals and carers/families in contract monitoring and launching a provider forum in 2019/20.

## 3. Performance Summary (see performance report)

### 3.1 NHS Waiting Lists

We are not yet able to formally report on NHS waiting lists. With the proviso that this is based on informal monitoring, we believe that all people referred for clinical support receive this support within the national NHS 18 week target.

We are working with the MOSAIC team to automate reporting of this target and hope this will be reportable during 2019/20.

### 3.2 NHS Annual Health Checks

Ensuring that all Camden residents with a learning disability aged 14 or over are offered and take up an annual health check with their GP is a measure for the LD clinical priority area in the CCG Improvement and Assessment Framework, along with the completeness of our GP learning disability register.

The Annual Health Check working group, consisting of the GP clinical lead, Elected Nurse Representative, commissioning and CLDS representative, have implemented a range of actions to increase the completeness of the LD register and take up of Annual Health Checks.

- Rates of annual health checks for people over 14 increased from 72% to 75% during 2018/19. The nationally reported figure will reduce slightly from 65% to 61% but this relates to the whole LD population including under 14s.

- In 2018/19 the number of people on a GP learning disability register has increased from 744 individuals to 1014, compared with Camden's estimated LD prevalence of 1075 individuals.

The Specialist Support Worker team have played a significant role in supporting people who live independently to access their GP and take up an Annual Health Check. The loss of 1 SSW may put this at risk.

Contract monitoring meetings with providers have also been used to ensure supported living providers are facilitating GP visits and this activity has complemented work by commissioning, CCG LD leads and GPs.

### **3.3 Safeguarding**

The number of people asked about the outcomes they want to achieve from a Safeguarding enquiry is reported as only 66% of completed enquiries and CLDS SW managers are working with the data team to better understand this.

### **3.4 Social Care Process Indicators**

The out turns for Direct Payments (31% to 37%), Carers Assessments completed (50 to 98) and completed reviews (65% to 75%) have all improved during 2018/19 and the team are to be congratulated on their hard work and improvements driven by the Named Worker approach.

### **3.5 Employment**

The nationally reported indicator (ASCOF 1e) on learning disability employment has fallen from around 6.5% to 4.6% after a data cleansing exercise. However this indicator only allows us to count people who both work and have ongoing paid for support from CLDS. This means that when CLDS supported a 52 year old man to get his first job ever as a kitchen assistant in the new Coal Drops Yard development our ASCOF performance got worse not better.

The new local indicator that measures all people known to CLDS in employment was also subject to data cleansing so has dropped below the current figure of 18% to 6.5%.

CLDS hopes to offer a supported internship within the service in September 2019 and is working with the new Supported Employment advisors to develop this area of practice.

### **3.6 Settled Accommodation**

The opening of Burnet House has created five new supported living placements in Camden. During 2018/19 the proportion of people in settled accommodation has increased marginally from 83% to 85% against a London average of 71%.

### **3.7 Complaints/ compliments**

#### **3.7.1 Social Work/Social Care**

One complaint was received in Q3, which was managed as a s42 Safeguarding Enquiry. (See 2.1.4).

Several compliments have been received in relation to the Named Worker Project. Verbal compliments have come from tenants in Support living, provider staff and family/carers, who welcome the relationship based practice approach. Some of these compliments have been captured as part of the 3 Conversations Evaluation.

Other feedback has told us that having a Named Worker for everyone in supported living, has led to better communications with providers, tenants and their families, reducing the need to repeat information to different workers over time, and allowed for a more effective and positive experience when working with CLDS.

#### **3.7.2 NHS**

One complaint was received in Q3 regarding the outcome of an eligibility assessment for CLDS. This complaint had already been addressed via the Camden Council complaints procedure and the complainer has been signposted to Ombudsman.

We have received compliments from two families thanking staff for the care and support provided by CLDS to their relative

### 3.8 The CLDS Survey

The CLDS survey was developed to measure how well we are delivering our commitments in the CLDS promise.

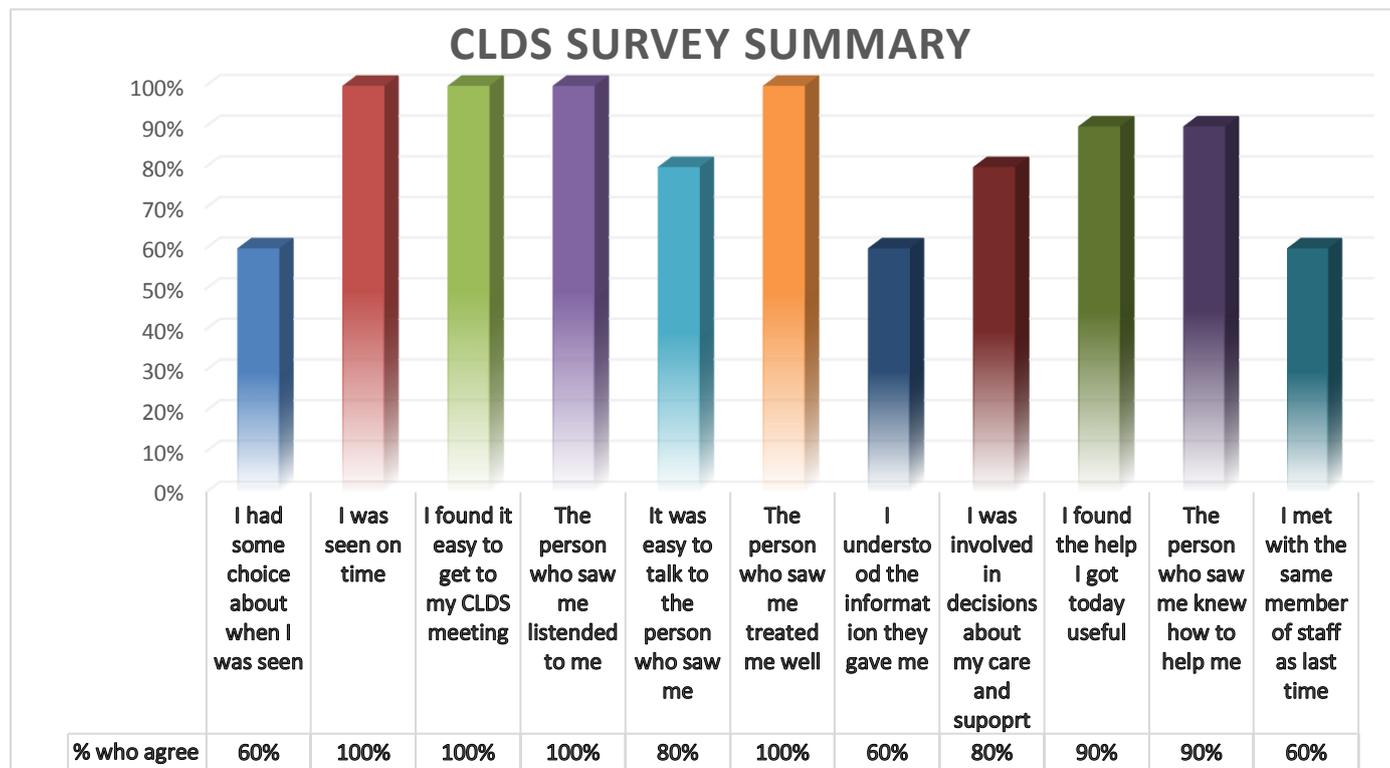


Table above represents as summary of all responses in the last 12 months. The low completion rate is concerning and we are working via a QI project to increase response rates to make the findings more meaningful.

## 4. Outcomes

### 4.1 Hospital Admissions (Physical)

While UCL has not been able to provide historic admissions data (they have only just introduced an LD flag for the records system), Royal Free have provided 5 years of data. We will be working with the LD liaison nurse for the Royal Free and integrated commissioning to review the data and consider how we might reduce admissions risks on a person by person basis for people with a pattern of repeat admissions.

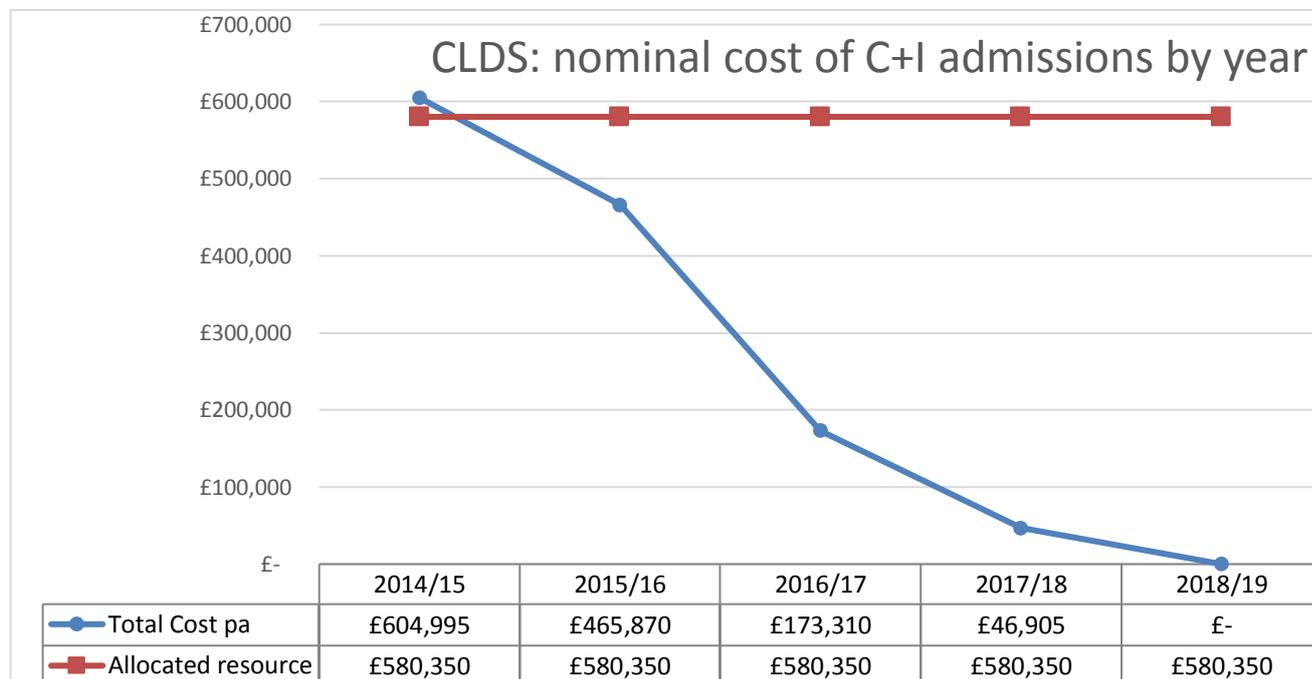
We have studied PHE evidence on reducing avoidable admissions: as a result the nursing team led a campaign to offer flu jabs to all front line staff in CLDS and provider services. Over 90% of CLDS clinicians have had the jab, compared to around 25% in the rest of C&I. The CLDS Nurse Consultant was invited to showcase this achievement during a PHE webinar on Flu Jabs.

CLDS have also worked with PHE, the GP lead and CCG to ensure that GPs were aware of the reasonable adjustment guidance for Flu Vaccinations for people with learning disabilities who are needle phobic.

The CLDS Nurse Consultant is working with NHSE to deliver a project called Significant 7 which aims to ensure staff in supported living are able to recognise and respond appropriately to physical health risks in the people they work with. This involves delivering training and support to care staff with the aim of keeping people well, reducing avoidable admissions but making sure staff can spot high risks and respond quickly. We expect to be able to report more formally on this during 2019/20.

#### 4.2 Hospital Admissions (Mental Health)

In the last 5 years admission days for CLDS have dropped from over 700 per year to under 60 in 2017/18. This downward trend continued in 2018/19 and there were no acute mental health admissions for people with learning disabilities, creating a nominal saving for the CCG of over £600k per annum.



No adjustment for the additional costs of supporting people more intensively in the community has been made to the CLDS NHS budget. The loss of 1 SSW post will put this progress at risk.

#### 5. Research

Professor Hassiotis, a joint CLDS/UCL consultant psychiatrist has just been awarded a £2.5M grant to lead a research programme to investigate aggression in adults with intellectual disabilities.

#### 6. Finance Summaries

Detailed budget reports are attached

<b>NHS Budget summary</b>	<b>CCG proposed budget</b>	<b>Outturn</b>	<b>Variance</b>
	£m	£m	£m
CHC/s117 and joint funded health care	2.712	<b>2.884</b>	<b>-0.172</b>
Staffing	1.422	<b>1.422</b>	<b>0.000</b>
<b>Totals</b>	<b>4.134</b>	<b>4.306</b>	<b>-0.172</b>

#### 6.1 Council Staffing

At year end all Social Work posts were recruited to, with the Team Manager post being our only agency member of staff. We have been unable to recruit to this post on a permanent basis pending a decision across ASC on the Team Manager grade.

#### 6.2 NHS Staffing

Specialist LD posts remain difficult to recruit to, particularly physiotherapists with LD experience, which could only be covered with bank staff, which has made managing the budget challenging.

Midway through this financial year the CCG reduced the staffing budget by £200k, having previously agreed to manage the QIPP target through reductions in support packages. Permanent reductions of

£83k were already in place through UCL part funding of one of the consultant posts and the deletion of the B7 Counsellor post.

The budget has been kept in balance through vacancy management and not fully covering posts during periods of maternity leave.

The full QIPP for 2019/20 will be delivered by:

- Holding vacant the Senior Specialist Support Worker Post. If the post holder returns from secondment we would delete one Specialist Support Worker (SSW) post (subject to consultation)
- Joint funding the remaining SSW team with LBC
- Deleting the dietician post

This deliver savings with a full year effect of at least £205k.

### **6.3 Social Care and Support**

The only MTFs saving for CLDS during 2018/19 relates to Out of Borough placements. As of March 2018, the £125k target had been verified with a total verified saving of £332k which will place us in good stead to meet the cumulative £400k target by the end of 19/20.

Work has already started to deliver next year's MTFs targets relating to the Supported Living Project and extending the use of Assistive Technology.

The Supported Living saving's target is now RAG rated Red due to the decision of the Transformation Board not to count savings from new CHC eligibility.

### **6.4 Health Care and Support**

When people who are no longer funded by CLDS are removed, the total CLDS spend on health care and support in 2016/17 was £2.8m. The same adjustments give a 2017/18 outturn of £2.77m.

The out turn for 2018/19 is £2.88m despite significant new pressures during 18/19 which include:

- An individual accepted as CHC from August 18, and moving to a new placement in Q4
- An individual accepted as fully CHC funded from December 18
- New joint funding for two individuals who were on the TCP risk register and would probably have been admitted to St PH without this support

There have been no deaths of people with NHS funding in 2018/19. (Note: there were 4 deaths in 2017/18).

The draft budget for 2019/20 includes new pressures of £731k, which includes a young person with high needs who turns 18 in June 2019.

**REPORT ENDS**