

Report title	Camden Learning Disability Service: Annual Report 2020/21	19 May 2021
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Report summary	This report <ul style="list-style-type: none"> summarises the 2020/21 annual performance and budget out-turn for CLDS outlines priorities for CLDS and key risks, with a focus on our evolving response to the Covid emergency 	

Purpose	Information	Approval X	To note X	Decision
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i. Recommendations

That the board

- Note the annual performance data and budget out-turn (see attached reports)
- Commend the work to facilitate a smooth transition to the new supported living contracts
- Commend the effective nature of the health promotion approach with supported living providers that is effectively managing Covid risks in shared accommodation
- Commend the imaginative and effective supported vaccination programme for people with learning disabilities in Camden
- Approve review of the CLDS Service Specification (attached)
- Approve the 2021/22 priorities for CLDS outlined in the report to:
 - Support the take up of annual health checks to recover to previous levels by March 2022
 - Deliver the change to a whole system, strengths based model of community support envisages in the 'Living a Good Life' project
 - Further develop the health promotion and admission avoidance work of the Significant 7+ approach through the creation of a BCF funded Community Nursing post (if funding agreed)

ii. Strategic links

Activity and priority in CLDS throughout the financial year 2020/21 have been dominated by the impact of Covid and our response to the ongoing emergency. Many business as usual processes have taken a back seat, allowing us to focus on mitigating the impact of Covid on people with learning disabilities in Camden & to implement local and national plans. The report should be read in this context.

The Camden Plan envisages Camden becoming a place in which everyone has the chance to succeed, no one gets left behind & everyone has a voice. This means people with learning disabilities should:

- Have a place they call home
- Have access to the right jobs and enough money
- Be able to live a happy and healthy life
- Be part of a safe and strong community

The relevant priorities within the Integrated Care Partnership are:

- Upskill LD supported living care staff on monitoring and managing the complex health care needs of people with LD including infection control, spotting and acting on deterioration (see 2.5.2 Admission Prevention)
- Continue to use Building the Right Support and Dynamic Risk Registers (see 1.4)
- Deliver on LD Annual Health Checks commitments in NHS Long Term Plan (see 2.5.2)
- Establish multi-disciplinary strengths-based working in LD localities (see priority 2 above)

iii. Identified issues, risks and mitigations

Risk 1: There is evidence nationally, including reports from CQC the ASC task force, and LeDeR of the disproportionate impact of Covid on people with learning disabilities. An as yet [unreviewed national study](#) shows that people on their GP's LD Register were 5.3 times more likely to be admitted to hospital with Covid and 8.2 times more likely to die of Covid.

Mitigation: The Significant 7 approach with our providers has ensured that 'social care' providers have access to appropriate and timely clinical support aiming to reduce early deaths and prevent avoidable hospital admissions. There were no Covid deaths in Camden supported living during 2020/21. Further work, including a bid for BCF funding for a Band 8a RGN to bridge the gap between GPs and care settings, (including family carers), is ongoing.

Risk 2: Increasing risk of strain on family carers as Covid restrictions continue

Mitigation: Working with the ASC Carers Task and Finish group to identify and make contact with carers. Working to ensure LD Day Services and Breakaway can both continue to operate at all Covid risk levels and retain family carer confidence

Risk 3: Impact of Covid on staff, particularly re social isolation, stress and extended working from home

Mitigation: CLDS managers offering individual support and ensuring people know how to access the Council's staff wellbeing programme

Risk 4: People with learning disabilities are digitally excluded and unable to access virtual and online opportunities or information

Mitigation: From May 2020 CLDS funded the purchase of an iPad per supported living house to ensure everyone was able to benefit from the virtual offer. A significant number of carers budgets were awarded and used to purchase digital devices.

CLDS created a pop-up website, www.cldsinfo.net to ensure relevant local and national accessible information was available and easy to find and we will develop this further during 2021/21.

Issue 1: Supported Living contract efficiencies relating to a review of housing benefit will not be realised in 21/22

Action: Briefing paper submitted to Transformation board and see 5.3.2 below

Issue 2: Family members reference group have raised concerns about the new 'any available ward' model at St Pancras Hospital and the lack of consultation before it was introduced.

Learning: Ensure CLDS and C+IFT consult widely when any future changes are proposed

iv. Resource implications

See finance section

v. Engagement

A regular programme of engagement with people with learning disabilities in Camden is carried out, and a co-production approach is taken wherever possible. During 2020/21 all engagement moved online and successful meetings and events were held over Zoom.

Engagement mechanisms include:

- Planning Together, the Learning Disability Partnership Board, which is managed by the integrated commissioning team and chaired by the Andrew Reece, Head of CLDS.
- An LD Experts by Experience service, commissioned by the Council from CDA
- Speaking Up groups, developed by the Experts by Experience service.
- Attendance at monthly Carers Centre Family Members reference group
- LD Day Service Family and Carers forum
- CLDS support the monthly provider forum lead by the integrated commissioning team
- A new feedback mechanism in the supported living contracts to ensure the resident and carer voice is much more strongly represented in contract monitoring

Specific engagement activities are carried out as appropriate as part of service development.

vi. Equality impact analysis

This report was written in accordance with the provisions of the Equality Act 2010. Equality impact assessments are undertaken for policy, practice and service changes and developments as required, such as the Accommodation Strategy and re-commissioning of services.

Key headlines on equalities for people with learning disabilities include:

- Employment rates for people with LD remain very low and are falling rapidly.
 - Unity Works report that across London up to 60% of people with learning disability currently in employment have been made redundant or are at risk of imminent redundancy
- People with learning disabilities die between 18 and 27 years before their peers.
 - Early research on the national impact of the Covid pandemic suggests people with learning disability are disproportionately affected which may cause this gap to grow.
 - An as yet [unreviewed national study](#) shows that people on their GP's LD Register were 5.3 times more likely to be admitted to hospital with Covid and 8.2 times more likely to die of Covid.
- 30% of people with learning disabilities live in poverty. This poverty is usually lifelong, which is likely to contribute to the mortality gap
- People with a learning disability, especially women, are more likely to be overweight
- only 9% of people with a learning disability get enough exercise

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 in both the Social Work and Clinical Teams. Clinical productivity has been impacted by the high rate of maternity leave and by the impact of Covid, particularly in Speech and Language Therapy and Psychology. 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.

Due to the additional work related to Covid there is a waiting list for Social Work allocation, and this has resulted in some work being delayed and people going into crisis. This has had a budgetary impact.

1.2. **The CLDS service specification** has been reviewed and is being presented to Board alongside this report for approval

1.3. **First contact:** The transformation of the system to manage incoming work from a duty rota to a stable First Contact team has worked well for all stakeholders and is now being adopted as our business as usual process. There remain issues to resolve about how best to cover for sickness or other absence.

1.4. We are making progress in planning to support the last person in our **Transforming Care Programme (TCP)** cohort to move out to a community setting. NHSE have funded the purchase of a vehicle and property and we are working via the Court of Protection to progress the transition from hospital to her own home. The property adaptations have now been agreed and we have exchanged contracts. The property will be ready to be lived in by the end of June
The transition remains high risk and requires significant time commitment from senior clinical and SW staff in CLDS. In July we return to the Court of Protection to get permission to proceed to phase 2 (of 4) of the transition, so that she can visit the property.

1.5. With support from short term funding for additional SW posts, the tender of the **Supported Living** contracts was completed successfully (see 5.3.2).

1.6. The **Learning Disability Day Service (LDDS)** closed at the start of the national lockdown. The service reopened for people who live with family carers in August with a three tier offer of:

- Building based support for people with the most complex needs,
- Community based support for people wanting to access community resources
- An online offer open to all.

Due to the need to reduce the number of people supported to make the building Covid Secure, LDDS have not been able offer support to people who live in Supported Living (see 2.5.1), which has increased costs in the supported living budget.

- 1.7. An unannounced visit to **Breakaway** Short Breaks service by the CLDS Nurse Consultant showed the need to review some areas of practice. Breakaway, CLDS and integrated commissioning have set up a partnership group to monitor the 10-point development plan and agree a more formal quality assurance process. A learning event for staff involved in the safeguarding processes was being held on 22nd April and the recommendations from the event are currently under consideration by a joint group from Provider Services, Commissioning, CLDS and CYPD.
- 1.8. **Staff wellbeing and Covid:** levels of absence during Covid have not been significant except in the SLT team. There is a continuing risk to staff wellbeing due to the anxiety and stresses people are dealing with relating to the on-going Covid restriction and health risks. People who live alone have found working from home significantly more difficult, and the management team are working to ensure support is available as needed. Staff are now being asked to work with their managers to develop their own 'personal road maps' that will help them build up to their future agile working arrangements once all Covid restrictions are removed.

2. Quality

2.1. 'What went so right?'

CLDS think that it is important to learn from success as well as concerns, so that we will be better placed to replicate that success in the future. We will be undertaking a review of the successful transformation of the outcomes for person in the 'Transforming Care' group who had been in and out of hospital for many years but is now living successfully in a local community placement.

2.2. Incidents and Concerns (Social Care)

There have been no Social Care Serious Incidents or Concerns raised in 2020/21.

2.3. Serious and Untoward Incidents (NHS)

There have been no NHS Serious or Untoward incidents raised during 2020/21.

2.4. LeDeR Investigations

Ten people known to CLDS died during 2020/21 which are now in the LeDeR process. This is double our usual number of deaths. The youngest person to die was 33 and the oldest 83 with a mean age of over 59.

Three deaths were linked to Covid19 (see 2.5.2 below). Two of the Covid 19 deaths were in Q1/wave one. One person was 58, fully CHC funded and living in a nursing home where there was a Covid outbreak. One 33 year old man who died of Covid19 lived with his wife and parents. His mother died of Covid at the same time. They were from a South Asian background, lived in a multi-generational household and were both 'clinically vulnerable' to Covid. Although they had a direct payment to organise their own support, they had not been in contact with CLDS for some time (see 2.5.1: Family Carers).

There was a further Covid 19 death in Q2/wave 2. He was 83 and was admitted to hospital from Extra Care Housing following a fall. He was found to be Covid 19 positive on admission, from which he did not recover.

There were 3 other deaths in Camden, one of which is subject to a Coroner's investigation.

There were 4 deaths of people out of borough. These LeDeR reports will be completed by the CCGs where the deaths occurred. One of the deaths was reviewed via a Safeguarding Investigation and at the Coroner's Court as there were concerns about the conduct of the provider, but the Coroner found the death was accidental.

Although our response to COVID has delayed this, during 2021/22 we hope to be able to report how we are implementing [Coordinate My Care](#), aiming to further improve health care outcomes for people with complex health needs.

2.5. Responding to Covid

2.5. Social Work/Social Care

Virtual work: The social work team adapted quickly to Covid restrictions and have been able to continue working using digital solutions, such as Teams, Zoom and WhatsApp. Social Workers have continued to see people face to face if needed, often in outdoor or other socially distanced settings.

Information: in order to ensure easy access to relevant and up to date information we created a 'pop-up' website www.cldsinfo.net

Digital Exclusion: In Q1 CLDS funded the purchase of iPads for all supported living properties in Camden to ensure none of the tenants were digitally excluded. Many families also used carer direct payments to purchase devices so they could connect to the emerging digital offer. Access to devices and skills to use these will be central to the Living a Good Life project (see below).

Shielding: via the Council's shielding programme, CLDS contacted all the people known to CLDS who were advised to shield and ensured appropriate support was available.

'Service Suspensions': At the beginning of the Covid emergency, at the request of families and carers, about 38 people known to us had Floating Support reduced or suspended. Suspensions have gone up and down through the year as lockdown rules and Covid prevalence has fluctuated.

Homecare was reduced for 10 people where risks were assessed as low following the Prioritisation process to create Homecare capacity for the anticipated Covid surge. 9 of these have been fully reinstated or ended as no longer needed.

The actual demand for additional care and support capacity due to the Covid 1st wave did not justify this level of suspensions. No care was suspended or reduced in the 2nd wave. We are confident that such changes can be made quickly based on the 1st wave prioritisation work if there were to be a future surge.

Community Activities and Opportunities: The LD Day Service closed at the start of the 1st wave as they were not confident at the time about their ability to deliver a Covid Safe service, and the majority of families decided to stop people attending. The Day Service began to plan to reopen in July based on a new offer for people living with family cares only of:

- A building based offer for people with the most complex needs
- A community based offer for people able to socially distance
- A virtual offer for any one unable or not eligible to attend, including people in supported living

They reopened at the end of August and our local Public Health consultant commended their Covid Secure arrangements. They made a video to help families and people with learning disability understand and be reassured by the Covid Secure arrangements put in place as some people were anxious about returning.

Floating support and independent activity providers such as Unity Works followed a similar trajectory of stopping services, moving online and slowly reopening as lockdown rules allowed.

Living a Good Life: As part of the Living a Good Life Project, we are working with the floating support, day services and activity providers across Camden to develop a 'strengths based' community focused offer. People with Learning Disabilities need a variety of support models to be able to 'live a good life'. This project aims to integrate this spectrum of support models into a single continuum of support based on a shared model of person centred planning, rather than discrete and separate services with no interconnectivity or interdependence.

This project builds on the following existing projects:

- Community Inclusion project

- Specialist Travel Assistance Review
- Floating support re-tender
- Use of Wikis in Alexandra Centre and more recently LD Day Services

and links the progress made in these projects towards new ways of working to the changes in day services delivery that has been accelerated by the Covid crisis.

The project will build on this foundation and develop the current incoherence into a single coherent digitally enabled model of personalised strengths based support that will:

- increase people's quality of life
- enable people to share their Person Centred Plan via a Wiki and other relevant information about them with a variety of care and support providers
- reduce dependency on paid for support by starting with skills development ahead of paid for support (cf travel assistance review)
- deliver cashable savings in the medium term
- deliver significant cost avoidance for young people leaving school and college.

CLDS have submitted a bid to the ADASS/Microsoft Digital Innovation Challenge to support us to develop 'wikis' into a platform to host shared Person Centred Plans that can be shared across all providers and owned by people with learning disabilities. If successful, the bid will also support the development of Wikis to host EHCP 'single plans'.

Breakaway: During the first wave, Breakaway stopped offering short breaks so as to ensure capacity was available for emergency placements. Short breaks restarted midyear and continued as much as possible in the second wave. There has been additional demand for emergency placements due to the impact of Covid on families' ability to cope while many sources of support were closed or couldn't be used due to shielding etc.

Family Carers: The Social Work team, with support from Day Service staff in the early stages, have worked hard to keep in touch with family carers. Feedback from Planning Together is that, on the whole, family carers have welcomed the support, regular check-ins and welfare checks undertaken across the service during Covid19. A mailshot was organised to all others without commissioned services or input from CLDS offering advice and contacts for support.

There is currently a lower take up than expected from carers for people with LD and complex needs to attend Day Services, and there remain some carers who continue to be anxious about restarting Floating Support services. Concerns remain about exposure to the virus when people are being supported by care staff, accessing the community or building based resources. Easy Read and On-line information is being provided on the Covid safety measures in place to reassure carers.

The impact on some family carers has, in some cases, been severe, and the emergency placement facility at Breakaway has been invaluable in helping manage some complex risks.

The death of a family carer from Covid, an earlier death of a family carer that required an emergency Breakaway placement and a recent private care home placement by a family requires us to reflect on and consider whether we need to do more to keep in touch with and support family carers and to ensure we have constructive and trusting relationships with them.

2.5. NHS Clinical Care

Deaths reported: We have only had three deaths of people with a learning disability related to Covid19 (see 2.4 above). It is difficult to estimate the infections rate due to limited testing within the community at the start of the pandemic. We estimate about 15-20 service users demonstrated symptoms that could be related to Covid19.

Staff Testing: Working with CNWL/NCL, supported living providers and commissioning, we identified the providers who support people with the most complex health needs who are potentially most at risk from Covid19. These providers were invited to join the care home weekly test and trace scheme.

Admission prevention: Significant 7+ continues to be implemented in Camden. We are working with the new Supported Living providers to roll this out across the whole of Camden. Meetings took place in November to explore how we deliver the training (blending virtual and face to face). We also trained these providers to use pulse oximeters to support staff to recognise the signs of 'silent hypoxia'. For people with complex health needs this is a difficult to spot symptom of Covid19 for people with a learning disability who are not able to accurately communicate changes in their day to day health, as identified in the Kent LeDeR/Covid rapid review published in July 2020. The LGA have written up this work as a [case study in hospital admission prevention](#).

During 2021/22 we will build on this with a pilot of the 'Doc in a Box' telehealth kit from Whuzan. We are also working with Commissioners to explore the value of bidding for BCF money to develop a Specialist LD RGN to improve links between GPs and supported living teams and/or parents of people with complex health needs.

Infection Prevention and Control: CLDS Nurses have worked with internal and external providers to support the implementation of the local and national Public Health guidelines around infection control and PPE to support Covid secure working. Feedback from providers on this support has been excellent and there has only been one example of the spread of infection in any of the supported living.

Covid Vaccination Project: Lead by the nursing team, and learning from the success of the previous flu jab campaigns, from December onwards CLDS planned and delivered a programme of Covid vaccinations for people with LD who needed additional support to access a vaccine, such as a home visit, complex reasonable adjustments or MCA/Best Interests support.

The programme ensured all people in supported living were offered a vaccine well before they would have been without this creative and imaginative approach.

<https://mms.tveyes.com/PlaybackPortal.aspx?SavedEditID=bc2933d5-0bca-49b9-9582-173b44002a4e>

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'I wish it would all just go away'

A SCHEME has begun to make it easier for people with learning disabilities to get a Covid vaccine, writes Harry Taylor.

Camden's Learning Disability Service (CLDS) has been making the vaccinations a priority since February, administering some in patients' homes.

A study by Bristol University into the mortality during pandemic found people with learning disabilities are six times more likely to die from Covid.

The issue has received national attention. BBC Radio 2 presenter Jo Whiley raised the case of her sister, Frances, who has a learning disability, and had not received priority help for the vaccine.

Annette Jarram is among those to have received her first jab in Camden. The 49-year-old, who has mild learning disabilities, lost her job as a chef at the City and Guilds centre in Farringdon at the onset of the pandemic.

"It's been horrible," she said. "All the things I've been hearing on the news about Covid has been ridiculous, I wish it would go away. I feel for all the people, in the care homes, who have been dying. That's why it's important for everyone out there to go and get their vaccine."

"Mostly I miss going to a pub, restaurants, going for lunch with my friends. I can't do that at the moment because of lockdown and these changes."

Ms Jarram got her vaccine through the CLDS scheme, and was visited at home. The service has been working with the primary care network team at the Peckwater Vaccination Centre to contact people with learning disabilities and potentially vaccinate them at home, or make adjustments for them if they are having the job at the unit.

Community nurse Carys Hunt, from the CLDS, said the way the coronavirus rules had changed at different times, often at short notice, had been challenging for people with learning disabilities.

"I work with someone who is autistic, and doing the same routine every day is so important to everything," she said.

"If their routine gets messed up at all, it affects their sleep, how they're able to eat and it leaves them feeling really trapped and angry."

"So being told one day that 'yes you can meet your friends in the park on Saturday', then the next day 'it's changed, you can't do that any more' – that person's whole week has been completely ruined, they are off their food, they can't take their medicine, we've had to potentially go into hospital."

"It has been a real struggle and really stressful, that inconsistency."

Ms Hunt said the priority scheme had also worked to help people in supported living accommodation.



Annette Jarram receives her vaccination dose

NHS staff redeployment: At the start of the pandemic only Whittington health Staff were asked to redeploy. Our SLT lead, was redeployed into their infection control team 1 day a week to support staff across their inpatient site. No NHS staff were redeployed by their employing trust during the second wave.

Annual Health Checks: During 2020/21, largely due to the impact of Covid, the number of Annual Health Checks has dropped to a worrying level, firstly while GPs cancelled all face to face appointments, and secondly when GP capacity was focused on vaccinations. CLDS will work to support recovery to at or above pre-Covid levels during 2021/22. See recommendations above.

On-line therapy and sessions: Clinical teams delivered and supported a variety of on-line activity and learning sessions including the SLT led '[Sign-a-Song](#)' and joint SLT/OT on line sensory sessions with staff from the LD Day Service.

3. Performance Summary (see performance report)

The performance framework for CLDS is being reviewed so as to align it with both the Supporting People, Connecting Communities outcomes and the CLDS Promise. We aim to implement this for next financial year.

3.1. TOMs and HoNoS-LD

Data on outcomes collected via both Therapy Outcome Measures (TOMs) and Health of the Nation Outcome Scales for People with LD (HoNoS-LD) is now being collected via MOSAIC. We now need to work with Transformation and Performance and the Data team to agree how to reflect this in our outcomes reporting.

3.2. Compliments and complaints

3.2.1 Covid Response

CLDS and the Commissioning Team received the following compliment from a Supported Living provider for their joint work in supporting providers during the early stages of the pandemic:

'Camden as a borough have been outstanding in the support to providers in the following practical terms.

- *Access to PPE,*
- *listening to providers feedback through forums and phone calls,*
- *measured responses to challenges including reduction in updates at the right time*
- *recognising the pressures and not loading more on us,*
- *access to testing through UCLH,*
- *access to technology,*
- *Delay in the transfer of contract,*
- *communication to people about these decisions'.*

3.2.2 Social Work/Social Care

The commissioning team and the Social Work Team were complimented by a provider for the professional way the Supported Living contract mobilisation was delivered, describing the process as 'best practice. A Social Worker was complimented by an IMCA for the way they ensured the voice of the person was central to their meeting.

The First Contact Team have received several compliments for their improved way of working, and in particular the consistency of worker approach offered by the new structure.

3 complaints were received in Q1 and Q2.

- CLDS contributed to a complaint investigation led by Support and Safeguarding that a Care Act Assessment was not carried out and that the person assessed as not eligible for CLDS. Learning identified that manager-to-manager discussions are needed between Support and Safeguarding and CLDS, and should have taken place to ensure timely follow up and better communication between our services. Meeting being planned to progress this.
- Complaint that a Social Worker was not being helpful, and about the support from a support provider. The investigation did not uphold the complaint about the SW intervention, and the provider concerns were considered in the CLDS Quality Assurance process and responded to by the provider.

- The LG Ombudsman has asked us to investigate a concern from a family regarding the Direct Payment for their brother. We acknowledged that delays in implementing the outcome of a review meant the family did not get all the support they needed and apologies for this. This has now been resolved with the LGO and the agreed compensation has been paid to the family.

3.2.3 NHS

The clinical team received several compliments for the Covid vaccination programme. Compliments were also received for the 'Sign a Song' sessions organised by the SLT team and the on-line sensory sessions organised jointly by the SLT and OT teams.

Compliments were also received for the work of the CLDS clinicians at Alexandra Centre to create Wikis for people. Parents were particularly happy about the opportunities Wikis offer to share information with other professionals.

One repeat complaint was received in Q2 regarding the outcome of an eligibility assessment for CLDS. This complaint had already been addressed via the Camden Council complaints procedure and the complainer had been signposted to the Ombudsman. The LG Ombudsman has asked us to investigate this again. This was investigated by the CLDS SLT Lead and our original decision was upheld.

One young woman complained about the decision to admit her to mental health hospital. The investigation by a CLDS clinical manager found that that the decision to admit her was made under the mental health act independently of CLDS, but did recognise that the admission has placed strain on her relationship with CLDS, so we agreed to consider allocating her to a different Doctor.

The Learning Disability Family Members Reference Group at the Camden Carers Centre wrote to the Council and C+IFT to query the rationale for the new 'any available ward' model for mental health admissions and to express concern at the lack of consultation about the change from the allocated ward model. A joint meeting with CLDS, C+IFT, Integrated Commissioning and the Family Members Reference Group was held on the 5th November when the new model was presented. The group understood the rationale for the change but asked CLDS and C+I FT to ensure that any future changes should be co-produced rather than enacted without hearing the voice of people with learning disability and their carers.

4 Outcomes

4.2 Hospital Admissions (Physical)

There has been 2 planned admission to hospital for the following reasons

- Gallstones
- Investigation of deterioration

During 2020/21 only 4 people with unplanned admissions to hospital, via the Emergency Department that resulted in the person staying in hospital overnight:

- Epilepsy - significant seizure
- Complications due to infection that impacted on diabetes
- Aspiration pneumonia
- Fall at home

All 6 people were enabled to return home to their original accommodation.

4.3 Hospital Admissions (Mental Health)

There has only been one admission to a Mental Health ward in 2020/21, via a C&I bed. The person does not have a learning disability. He remains in hospital and has been transferred to a specialist inpatient unit for autistic people where he remains. A move to a rehab ward is being planned although regular relapses have delayed this.

5 Finance Summary

Detailed budget reports are attached, and a summary provided overleaf.

Budget Summary: Integrated LD	Budget	Outturn	Variance
	£m	£m	£m
LBC			
Learning Disabilities Social Care Staffing	1.128	1.165	0.037
Learning Disability Social Care Purchasing	17.139	18.524	1.385
Learning Disability Day Service Staffing	0.018	0.030	0.012
Total for LBC	18.285	19.719	1.434
CCG			
Learning Disability Health Care Purchasing	-0.001	0.021	0.022
Learning Disability Clinical Staffing	0.001	-0.042	-0.043
Total for CCG	0.000	-0.021	-0.021
Total for Service	18.493	19.698	1.413

5.1 Council Staffing

We have a slight overspend on SW staffing due to an underfunded QIPP transfer in 2019/20. The 2.5% staffing vacancy factor has been achieved by bringing forward the end dates for agency SW posts. Pressure of work means we now have a significant waiting list.

5.2 NHS Staffing

The budget for 2020/21 have now been agreed with the CCG based on the existing staffing complement.

The Integrated Commissioning Team have developed Service Level Agreements (SLAs) with C+IFT and WHCFT to formalise the current NHS staffing arrangements. The SLA with WHCFT is agreed and signed for 20/21 and it is expected the SLA with C+IFT will be agreed and signed shortly. SLAs for 21/22 will also be pursued, using the same template, once national NHS salary increases are announced.

5.3 Social Care and Support (MTFS)

5.3.1 Out of Borough placements.

As of end March 2021, savings of £575k were verified. This exceeds the £400k target for the end of 20/21 and will place us in good stead to meet the cumulative £700k target by the end of 21/22.

Note that a large CHC saving in May 2021 means there is likely to be scope to increase this savings target significantly.

5.3.2 Supported Living

The Supported Living budget is overspent by £0.854m. Reasons for this include undelivered MTFS savings, uplifts to existing providers in the first part of the year, day centre closures due to Covid-19, and the impact of new contract rates.

The retender of supported living and contract transfer is now complete after a 5-month Covid delay. CLDS and the integrated commissioning team were complemented by our biggest provider who

described the transfer as the most successful they have ever been involved in. Options for a learning process to capture and embed the good practice into future tenders is being planned.

Savings targets have not been achieved in the financial year (as noted above), as per previous agreement from the Transformation Board to defer the savings by a year. Work is ongoing with the new providers for them to put forward at least one savings project each year, which will be monitored via the joint provider engagement process and reported here and to the Transformation Board.

The most promising project involved a joint review of Housing Benefit to ensure that eligible housing and tenancy support tasks are funded by HB rather than care and support budgets. Advice from the Housing Benefit team is that this saving cannot be delivered in a single year, but there is scope to deliver some savings over a period of a few years with above inflation uplifts. These potential savings are being scoped by commissioning colleagues.

5.3.3 Homecare

Homecare is overspent by £0.453m. This is partly because Day Centres were closed during Covid, which increased pressure on Homecare to compensate for this. Additionally, a small cohort of high-cost people moved from Floating Support to Homecare exceptions, who require 24-hour care.

5.3.4 Community Support

Community Support is overspent by £0.120m, which can be explained by the MTFS savings not being delivered due to the number of new packages more than offsetting the savings made.

5.3.5 Client Transport

Client transport was underspent by £0.296m due to service closures, which in turn meant clients didn't need transporting. This contributed to reducing the overall overspend. For 2021/22 this budget transfers to the CATS service.

5.4 Health Care and Support

Discussions between the Council and the CCG regarding the health budget and the allocations of funds to meet the projected pressures in 2021/22 are still ongoing.

CCG senior officers now attend the CLDS Quality Assurance Panel, so all increases in costs have been ratified by the CCG CHC team.

REPORT ENDS