What are we doing in Portsmouth? - Transformation Programme

The purpose of the Learning Disability service is to support people with a learning disability to achieve meaningful outcomes related to work, health, keeping safe, empowerment, independence and social inclusion, in the most cost effective way. The transformation programme is designed to deliver those outcomes.

The transformation programme is based on three key principles:

- People with a learning disability have a right to work towards the same outcomes as anyone else
- We work best when we work **with** people, understanding their needs, aspirations and assets and those of their carers
- Delivery of improved outcomes can support cost effectiveness

Budget Context.

The Local Government Association states that the number of people using Learning Disability Services increases on average by 2-3% per annum. The budget pressure is greater however because of the increased complexity of need - young people living on into adulthood and a significant increase in the numbers of older people. This produces a 7% per annum budget pressure. Alongside this Local Authorities experience reductions in budget allocations from Central Government which means that Transformation must not only deliver improved outcomes but significant cost reduction. 2017-18 the LD service in Portsmouth has a £1.3m funding shortfall. The Learning Disability Service in Portsmouth has achieved significant savings through contract negotiations, moves to Supported Living from Residential Care and the development of lower cost services. However the law of diminishing returns applies and we can only save money and protect delivery if we do things differently. The LGA working with a large number of LAs concluded that the only sustainable savings plan involves supporting people to be part of their Community and supporting people to be independent which reflects our Statement of Purpose. In the short term we have a clear set of actions to deliver savings

There are 7 key elements of the Transformation programme. They support each other and together offer a coherent and comprehensive approach to deliver cost effectiveness and better outcomes for people.

Day Services

We have de- commissioned 66% of the in-house service and much of the independent sector provision and have commissioned services that focus on the 4 Preparing for Adulthood outcomes:

- Work
- Health
- Independence/Learning
- Relationships and Community

We have replaced 'block contracts' where we agree to pay a provider a fixed amount, with individual budgets so people can change their service and the money moves with them. This approach works together with the introduction of a named worker for all service users

and a focus on a support plan that identifies clear long and short term, aspirational outcomes for people. We have moved from a 'supermarket' model of provision where Day Services try and do everything to a 'high street' model where you receive support for a particular purpose from a service designed to deliver a particular outcome. The DST has resulted in a flourishing market place with Health and Independence Services, Social Enterprises, a work finding and training service and specialist services for those 'at risk' under the Transforming Care Agenda. The residual in house service focusses on supporting people with complex physical needs and is becoming a Centre of Excellence. Feedback from service users, family carers and other agencies is universally positive

Transition

Transition is a perennial concern for young people and their families. Since the Children's Act Statements have been replaced by Education Health and Care Plans which from the age of 14 should focus on the 4 Preparing for Adulthood outcomes. We have dedicated Transition Workers within the integrated Team and as a Demonstration site for the South East are tackling 3 issues:

- Making sure that EHC Plans identify and support achievement of aspirational PfA outcomes.
- Using information from planning to inform commissioning particularly for people who may 'fall between stools' for example people with autism
- Working with Colleges to make sure transition in and out of College is smooth and that we work together under the umbrella of the EHCP

Working with Education we are

- Designing information and decision making tools to support people to take control of their planning
- Developing formats for planning in both Children and Adults services that support the focus of the 4 outcomes
- Designing services (eg Day Services as above) to deliver outcomes related to the 4 PfA outcomes
- Developing the 'Local Offer' to provide the information that people need about what is available and how they access it. Also to help them think through what is right for them
- Working with 'In Control', Colleges, young people and their families as part of a Partners in Policy making project to improve post 16 transitions and ensure that all are working together to deliver in relation to the 4 outcomes

Housing and Support

In 2013 we set a target to reverse the residential care/supported living ratio 40(SL)/60(Res Care) and we have done that. But often Supported Living is only understood as a service type and we need to make sure that people have as much choice and control as possible and that they are supported to be independent.

The Housing strategy is underpinned by Aims and Principles.

We aim to:

- Increase the range/choice of options
- Maximise independence, sense of ownership and personal responsibility
- Promote development and maintenance of personal relationships
- Reduce stigma/promote inclusion - Community Relationships
- Be cost effective
- Develop a local market
- Support Transition into adulthood
- Reduce financial vulnerabilities around limited provision for 'specialist' services
- Support choice and decision making
- Increase quality in both accommodation and support
- Be collaborative

We will:

- Increase Floating Support ie move away from 24 hr support arrangements where possible. We will need to develop on call arrangements and alternative ways of support eg drop in service rather than staff visiting homes where more suitable. We want to do this because it promotes independence and reduces cost
- Develop a KeyRing Model
- Develop Home Ownership
- Move away from people with complex needs in small Units. Where there are 3-4 people with complex needs and 24 hr support in a Shared House there are often issues of compatibility and we often have to staff intensively so that people can go out as individuals or part of a smaller group. This is too costly
- Develop more schemes with flats and communal areas with 8 maximum as a guide. This is primarily for 24 hr supported settings
- Actively de-commission anywhere we would be reluctant to place. This will cause disruption but the alternative may mean placing reluctantly/ not placing which risks placement by another Authority with cost transfer to us/ payment for voids/increased charges from providers operating on a smaller scale/unplanned closures
- Reduce Sleep In On Call and replace with less intrusive and costly means of getting help if needed
- Replace poor quality accommodation with better.
- Develop a culture of doing nothing for people that they can do themselves or do themselves with training
- Develop capacity for difficult to place and growing need - complex needs/older people.
- Disaggregate where people live from their Day Service
- Reduce overprovision by offering group support based on compatibility of need. So we will not offer a place in a house with SIOC to someone who doesn’t need that facility. Where significant adaptions are made - hoists etc we will place people who need that facility. We will establish clear categories of Housing and Support options within a range and match to people's needs This creates a significant tension with for example people choosing on the basis of friendship
- Support informed and collaborative decision making
- Develop mechanisms for collaboratively agreeing quality and quality measurement methods

Respite

Currently the basic offer is Russets - a Residential Care Home. It is expensive, it doesn't reflect the range of respite options that people want and it is expected to accommodate emergency placements and a range of needs often which are incompatible. So we are looking to move from a one stop shop to offer a menu. The capacity to develop a range of services is limited by the fact that our funding is tied up in a residential respite service (Russets) that is part of a PFI arrangement. However we have converted 2 houses to support emergency placements and provide for people who need a smaller quieter environment. We have also put into place Gig Buddies an innovative befriending service

Integration

The integrated team is made up of Nurses, Social Workers, Psychology, Occupational Therapists, Speech and Language Therapy, Psychiatry. CQC have rated the Service 'Outstanding' and we are one of very few LD Teams in the UK to be judged as such. We have introduced single line management, single assessment and a Named Worker system. This means that all service users have an allocated worker. It could be any one of the range of professionals which has meant changing roles of, for example, Nurses. The introduction of Named Worker reflects an asset based approach and has moved the focus away from getting involved when something isnt working to planning proactively in relation to aspirations and outcomes. It has made market development possible as workers are identifying the outcomes that people are wanting to work towards and what needs to happen for those outcomes to be achieved. Workers have an ongoing relationship with people on their caseload and their families which makes aggregation of need possible and means that when opportunities occur because of the relationship and knowledge the Named Worker has referrals are readily forthcoming. We have developed a link worker system so services have a Named Worker. This enables us to understand, challenge and support services effectively. Specifically in relation to the health element of the Team - We have an excellent Liaison Team at Q A hospital. We also provide the liaison service on behalf of Hants. Every G P surgery in Portsmouth has a Link Nurse, Health facilitation training is available to all providers and we support people to have Health Action Plans

Collaboration

In terms of carers we provide regular meetings and Newsletters. Carers welcome the Named Worker approach and the consistency of someone they know. All new contracts require that providers involve carers and service users in measuring the quality of that service and support carers and service users to have their say. All Day Services have or are developing 'governance groups'. As part of implementing the Housing Strategy we have recently trained service users and carers to 'Enter and View'. Feedback from parents and carers has led to significant changes at Russets in terms of environment. Stakeholders are also involved in the design of services whether that's sitting down with architects plans or advising re colour schemes and furnishings. We obtain regular feedback from service users and carers regarding their experience of the service provided by the Integrated Team

We are currently working with People First to establish a service user led advocacy service in Portsmouth and have successfully applied for a Partners in Policymaking course from In Control who will begin working with service users and carers in September

We see providers as partners and have a provider forum and maintain regular contact. We encourage Named Workers to get to know providers well and have introduced Link Workers.

This all comes together in the Partnership Board which has a wide range of stakeholders and which monitors the transformation programme as well as being the conduit for stakeholder views. The Partnership Board has a number of subgroups including Housing and Transition both of which have service user and carer representation

Transforming Care

The Transforming Care Agenda is focussed on reducing the number of people currently in hospital settings and minimising the number of admissions by acting proactively locally

- We have 7 people in hospital (specialist hospitals) Based on demographic size/population Portsmouth estimated inpatient (those in secure hospital settings) number should be 12/13
- By March 2017 we expect to have only 2 people in hospital
- We have an intensive support element of the integrated team to support and keep people in the community through one to one work and support to providers
- We know who is a risk of admission and we support them more closely
- We are developing locally based services for people who have behaviour that challenges including a new purpose built Supported Living Service for 12 people

Conclusion

Taking forward the Transformation Agenda is clearly a challenge but we are at a point where significant progress has been made and we have strong collaborative arrangements and relationships with stakeholders. For information regarding how specifically we are taking different areas forward we are happy to provide detail in the form of Strategies and Action Plans

Mark Stables 11.6.17