

Future social care needs and services for older people and adults with learning disabilities in Herefordshire

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Summary

Working with its partners, Herefordshire Council is committed to maximising the independence, well-being and choice of vulnerable adults. In doing this, it faces a major double challenge: despite substantial additional investment and service improvements in recent years, it still lags behind what is provided by high-performing authorities serving comparable areas; and the demand for services continues to rise significantly year-on-year.

Older people

The already disproportionately high number of older people in the county will continue to increase more rapidly than nationally. In particular, the number of people over 85, who are by far the heaviest users of social care, is expected to increase 43% by 2011 (1,800 more people), and nearly 79% by 2020 (3,300 more people).

Even after allowing for what may be optimistic national forecasts of improved health, there is expected to be a 55% increase by 2020 in the number who need help with essential activities like washing and going to the toilet. There is likely to be a similar increase in those who will need help with shopping or cleaning.

Within these totals, there will be a disproportionate increase in those suffering from dementia: by as early as 2010 there are expected to be 700 more such people who need continuous support.

These changes will be accompanied by a disproportionate increase in the number of older people living alone, and there are already signs that fewer family members may be willing to provide care.

Compared with generally high-performing East Riding, Shropshire and Somerset, Herefordshire proportionately provides much lower levels of residential and nursing home care, helps fewer people to live at home, and is slower to complete assessments and provide services. It spends less but has higher unit costs, which is partly because it raises less income from charging service users. It has fewer social workers, care managers, support staff and senior managers. It has much poorer systems for data collection and analysis.

Compared with Shropshire, it appears to have a significantly lower level of voluntary-sector community support that enables people to live fulfilled lives in their own homes and communities. These are needed as the bed-rock for sustainable and cost-effective services. They are not about professional social care and should be developed as part of the comprehensive strategy *Growing older in Herefordshire*.

This community support needs to have good links to professional social care and health services, especially reablement that supports people intensively for a limited time to enable them to return to independent lives in their communities.

Other crucial ingredients of future services are: a network of active-ageing centres in existing community buildings; changing the eligibility criteria for social care to require that the non-social care options should first have been exhausted; extending direct payments and individualised budgets to as many people as possible; extra-care housing; telecare; much more intensive home care, especially to meet the needs of the rapidly rising number with dementia; but also (because of our current low level of provision) a more modest increase in residential and nursing home places, with a

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shift in the balance towards nursing and specialist care; and the closer integration of community hospitals in the delivery of services to avoid hospital stays that undermine independent living.

If Council Tax increases are to be kept low, these better services won't be possible unless the Council raises more income from service users who can afford to pay; attracts more money from external sources for multi-use community facilities and other developments; drives more radical approaches to care and support packages; streamlines its assessment and other processes, maximising the potential of the *Herefordshire Connects* programme, including the new contact centre and Info. shops; and puts in place a strong partnership commissioning strategy.

Equally vital for success will be an injection of additional management capacity and better ICT. These are mainly common to the changes needed in respect both of older people and adults with learning disabilities. As such, they are summarised below.

Just to maintain the current, inadequate pattern and levels of services to meet the minimum expected increases in demand for social care, making the maximum efficiency savings possible in those circumstances, would cost an estimated additional £3.6 million a year by 2011, compared with costs in 2005-06 (all figures at 2005-06 prices).

On the assumption that the Council would increase its income from charging for social care and operate as efficiently as possible, high-performing services would cost an estimated additional £1.9 million a year by 2011, compared with 2005-06 (i.e. £1.7 million less a year than continuing with the current pattern of services).

This takes no account of the costs of developing the wider preventative services under *Growing older in Herefordshire* that are crucial to reduce to the essential minimum the growing demands on social care. If this isn't achieved, the net costs for the high-performing social care services described above are unlikely to be adequate. Accurate costs are not yet available for the non-social care developments, but it is reasonable to assume that at least an additional £1 million a year would be needed to achieve substantial initial impact. Even with that investment, the net costs would still be lower than continuing with the current pattern of services.

Adults with learning disabilities

Many more children with severe learning difficulties (often together with severe physical disabilities) are surviving into adulthood. More generally, people with learning disabilities are living longer, increasingly into old age.

As a result, the number of adults with learning disabilities (AWLD) is expected to increase 13% (69 more people) by 2011 and 19% (102 more people) by 2015; and to carry on increasing thereafter.

The number with higher levels of dependency (needing more care and support) is expected to increase 16% (50 more people) by 2011 and 27% (83 more people) by 2015; and to continue to increase thereafter.

At the same time, the average age of family carers is increasing, with already 33 AWLD living with a carer over 70; and younger parents are much more likely to expect their children to live independently, away from the family home.

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Herefordshire could face even bigger demands for social care because the current number of AWLD known to services is 17% below the national prevalence; and if there were unexpected increases, such as from the large number of people placed here from other counties, whose residential care is paid for by the placing authorities. Since these demands may not arise and cannot be predicted, they are not included in the proposals for improved services.

In comparison with high-performing Somerset (which has a similarly low number of service users relative to national prevalence rates), Herefordshire proportionately places far more people in residential care; supports far fewer to live in their own homes or with family carers; provides fewer short breaks; and enables far fewer to gain meaningful employment. It spends less in gross terms and per user, but is nonetheless in the top third of its statistical neighbour authorities for expenditure per head of total population on learning disabilities. It has much lower income from charging users and from the PCT. It has fewer senior managers and has much poorer systems for data collection and analysis.

Although Herefordshire is ahead of Somerset in the provision of some modern day services, we still offer many more buildings-based opportunities (to which many people are bussed) than in flexible local community settings.

A vital contribution in enabling AWLD to live fulfilled lives in their local communities, and to avoid inappropriate demands on social care, needs to be made by generic community facilities and services. Every opportunity to enhance these for AWLD should be taken under *The Herefordshire Community Strategy*.

Accommodation should normally be in supported tenancies and, where possible, owner-occupation, accessing non-Council capital and revenue funding. There should be equal opportunities in this respect for those with high dependency.

The crucial ingredients of improved social care will be: a substantial reduction in residential care, with normally no more than four people in a home; better, targeted support for family carers; increased use of the voluntary and community sector, including for emergency respite care; careful planning with users and family carers to manage the transition to independent living, for all ages; a continued move away from buildings-based day services; a commensurate increase in community-based opportunities; an expansion of opportunities for meaningful paid and voluntary employment; a comprehensive programme of communication training for all working with AWLD; the extension of direct payments and individualised budgets to as many people as possible; and changing the eligibility criteria for social care to require that the non-social care options should first have been exhausted.

If Council Tax increases are to be kept low, these better services won't be possible unless the Council raises more income from service users who can afford to pay; attracts more money from external sources for housing, multi-use community facilities and other developments; drives more radical approaches to care and support packages; further reduces avoidable transport costs by enabling people to take part in local opportunities and use public transport; and puts in place a strong partnership commissioning strategy.

Just to maintain the current, inadequate pattern and level of services to meet the expected increase in demand for social care, making the maximum efficiency savings possible in those circumstances, would cost an estimated £963K a year by 2011, compared with costs in 2005-06.

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On the assumption that the Council would increase its income for social care and operate as efficiently as possible, high-performing services would cost an estimated additional £164K by 2011, compared with 2005-06 (i.e. nearly £800K less a year than continuing with the current pattern of services).

These costs take no account of what would be needed further to improve access for AWLD to generic (i.e non-social care) community facilities and services. If this isn't achieved, the net costs for the high-performing social care services described above are unlikely to be adequate. Accurate costs are not yet available for the non-social care developments, but it is reasonable to assume that at least an additional £0.5 million a year would be needed to achieve substantial initial impact. Even with that investment, the net costs would still be lower than continuing with the current pattern of services.

Increasing capacity to deliver the high-performing services

The recommended improvements to achieve high-performing services that would meet the unstoppable increased demands for social care for older people and AWLD won't be achieved without significant additional management resource.

This report assumes that the permanent elements of this would be secured, without additional cost, through the establishment of the proposed Public Service Trust. This would need to be tested as proposals for the Trust are developed.

Some elements would be time-limited – assumed to be for a period of three years from April 2007. These would include full-time posts of general manager to lead the change team; project manager; business process engineer; and a specialist to generate additional external income.

In addition, a time-limited specialist will be needed to generate sustainable arrangements to secure meaningful employment opportunities for AWLD.

These time-limited posts would cost a total of some £259,000 per annum.

Equally crucial to delivery of the improvements are effective ICT-based systems to provide managers with timely and accurate intelligence to manage services and budgets (which have already been identified as a priority in the *Herefordshire Connects* programme); a comprehensive change management programme for all staff in the Council and partner organisations, including a workforce action plan to make sure that the Council has the right staff with the right skills; and regular review and periodic formal evaluation. These should not require additional resources in addition to those to be provided for *Herefordshire Connects* and those that can be secured from external sources.

Section 1: Introduction

- 1.1 With its partners, the Council is committed to maximising the independence, well-being and choice of vulnerable adults.
- 1.2 Despite substantial additional investment over previous years, and changes aimed to enable people to lead safe and fulfilled lives in their own homes and communities rather than in residential care, the Council's patterns and levels of services in 2004-05 for older people and for adults with learning disabilities placed it in the lowest quartile of local authorities in England. Further additional investment resulted in measurable improvement in 2005-06 but against the background of other authorities continuing to improve.
- 1.3 In addition, demand for these services has risen substantially in recent years and continues to do so, to the extent that expenditure has significantly exceeded budgets.
- 1.4 This is taking place against the background of the ambitious developments in Government policy for health and social care set out in the White Paper of January 2006, *Our health, our care, our say: a new direction for community services*. This calls for a fundamental shift in services to local communities, to be developed by local partners in ways that better meet the needs of individual people. It sets four main goals:
 - a. **better prevention and earlier intervention** – reducing the chances of people becoming ill or dependent in the first place;
 - b. **more choice and a louder voice** – ensuring that people are in control of the services they receive, through approaches such as the extension of social care direct payments and budgets for individuals;
 - c. **tackling inequalities and improving access to a wider range of community services** – getting the areas of greatest need the services they deserve; and
 - d. **more support for people with long-term needs** – better integration of services and joint planning across health and social care for those who make the most intensive use of services
- 1.5 These goals are underpinned by national consultation that showed strong support for more community services. That is reflected in the consistent findings of public consultation in Herefordshire, most recently that carried out in the development of the new *Herefordshire Community Strategy 2006 – 2020*, which highlighted as key issues for local people support to live independently and better access to local services. The Council and its partners in The Herefordshire Partnership have responded by making *Healthier Communities and Older People* one of the *Strategy's* four priorities for better outcomes.
- 1.6 In the light of these considerations, and as one of the essential foundations of its comprehensive Adult Social Care Improvement Plan, the Council is committed to work with its partners, and with

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service users themselves and their families and representatives, to develop and deliver better, sustainable services for the future. It wants, in particular, to strike the right balance between preventative services and the provision of more intensive support and care.

- 1.7 In respect of older people, having regard to the evidence that those who live active and fulfilled lives in their communities are less likely to need social care (or, at least, not to need it so soon), it wishes to take forward the planning and development of its social care services as an integral part of its comprehensive corporate strategy for older people, *Growing older in Herefordshire*, which is scheduled to be completed by October 2006.
- 1.8 The wider development of social inclusion and services for adults with learning disabilities will continue to be planned through a partnership strategy developed by the Valuing People Partnership Board.
- 1.9 In all of this, the Council is particularly conscious of the inter-relationship of social and health needs, and the inter-dependence of social care, housing, health services, the voluntary and community sector, and user and carer organisations necessary to achieve the best outcomes for people.
- 1.10 There is a particular need for close joint working between the Council and the Primary Care Trust (PCT). This is now being taken forward within the context – and the major opportunity – of the commitment in principle of the Council and the PCT to create together a Public Service Trust to plan and deliver fully integrated primary and social care services for Herefordshire.
- 1.11 The Council therefore decided to carry out urgently a thorough assessment of future needs in Herefordshire for social care services for older people (including those with mental health problems) and of adults with learning disabilities; of the patterns and levels of services needed to meet those needs; and of the costs involved in doing so, taking into account the scope for greater efficiency in moving from the present services to a new, more effective pattern.
- 1.12 This report has been prepared under the leadership of the Council's Corporate Policy and Research Team, working with relevant staff in the PCT and in the Council's Adult Social Care Department and Resources Directorate. The membership of the Steering Group is at Appendix 1.
- 1.13 The Steering Group has been advised by distinguished experts in the field, throughout the project by Professor Gerald Wistow and Eileen Waddington and, additionally for the initial assessment of future needs, by Lynda Hoare. Further information about the expert advisers is at Appendix 2.
- 1.14 The first stage of the project was to estimate the likely need for social care of older people and adults with learning disabilities through to 2020. This was to provide the long-term context for the second stage: the assessment of what patterns and levels of cost-effective services would be needed to meet expected needs in 2011.

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1.15 Rather than conduct a theoretical assessment of these service needs, the best possible comparator local authorities were identified; that is high-performing councils serving areas with broadly similar settlement patterns and demographic characteristics to those found in Herefordshire. Through analysis of comparative data about services and costs, of inspection reports, and by visiting the authorities, we established what patterns and levels of services they provide; how they intend further to change and improve them to meet future challenges; and, crucially, how they manage and deliver them successfully. These findings were then applied, having regard to the distinctive needs and circumstances of Herefordshire and to wider relevant comparisons.

1.16 The final stage was to translate these findings into costed proposals for the development of services through to 2011.

The structure of the report

1.17 Section 2 of the report concerns older people. It is divided into four parts: the assessment of future social care needs; the assessment of what patterns and levels of services will be needed to meet those needs in 2011; the capacity that will be needed to develop and deliver them successfully; and the costed options.

1.18 Section 3 concerns adults with learning disabilities. It is structured similarly.

Section 2: Older people

Assessment of future social care needs

2.1 The full assessment of future social care needs for older people is at Appendix 3. It begins with a summary.

2.2 The crucial points are:

- the already disproportionately high number of older people in Herefordshire will continue to increase more rapidly than nationally: over 65s by nearly 19% by 2011, and by over 50% by 2020; over 85s (i.e. those most likely to need intensive social care) by some 43% by 2011 (1,800 more people), and by nearly 79% by 2020 (3,300 more people)
- applying to Herefordshire what may well be optimistic national forecasts of improved population health would still leave a 21% increase (900 more people) by 2011 and a 55% increase (2,300 more people) in the number who need help with essential activities for daily living, like washing and going to the toilet, and who are likely to place a high demand on social care
- on top of these, by 2011 there is expected to be a 22% increase (2,300 more people) in those with some lesser dependency, such as needing help with shopping or cleaning; which is estimated to rise by 2020 to a 54% increase (5,700 more people)
- within these increases there is expected to be a disproportionate increase in the number of older people with dementia: by 2010 of some 69% (over 700 more people) in those needing continuous support, rising to 97% (over 1,000 more people) by 2015 and likely to carry on rising substantially to 2020
- all these increases will place additional demands on informal (normally family) carers as well as professional social care. These will come at the same time as a projected decrease in adults living with their elderly parents, a disproportionate increase in the number of older people living alone and signs that fewer family members may be willing to provide care. This points to a need for more support for carers or, in their absence, to find other (non- professional social care) ways to meet simple day-to-day needs

The pattern and levels of services to meet needs in 2011

2.3 In comparison with the relatively high-performing East Riding, Shropshire and Somerset, Herefordshire proportionately:

- provides a much lower level of residential and nursing home care (70 supported places per 10,000 people over 65, compared with an average of 87 in the comparator authorities)
- helps fewer people to live at home (83 per 1,000 over 65, compared with an average of 94 in the comparator authorities; and

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only 5.7 households per 1,000 people over 65 receiving intensive home care, compared with an average of 9 in the comparator authorities, which in turn is under half that achieved by top quartile performers)

- is slower to complete assessments (70% commenced and completed within officially defined acceptable timescales, compared with an average of 86% in the comparator authorities)
- is slower to provide services following assessment (79% within four weeks, compared with an average of 93% in the comparator authorities)
- spends less in gross terms (£745 per person over 65 per annum, compared with an average of £854 by the comparator authorities)
- has much higher gross costs per user per annum than East Riding and Somerset (12% higher than the latter), but they are 3% lower than the average for the comparator authorities
- attracts significantly less income from charging service users (just over £1,000 per user per annum, compared with an average of more than £1,550 by the comparator authorities; in which context it is noteworthy that the relative income deprivation of over 65s in East Riding, the authority that raises the most proportionately in charges, is higher than in Herefordshire)
- invests less in care management and assessment, employing fewer social workers and care managers (3.8 per 10,000 population, compared with an average of 5.4 in the comparator authorities)
- and even fewer administrative staff (2.2 per 10,000 population, compared with an average of 3.6 in the comparator authorities)
- relies on the PCT for occupational therapists and does not have them as part of its core team for assessment and care management
- across all adult social care, has fewer managers, evidencing much less strategic planning, capacity to manage performance and change, and less developed commissioning plans (1.7 per 10,000 population - 1.9 including the joint, PCT-based IMPACT team - compared with an average of 2.1 in the comparator authorities)
- has poor, inefficient systems for the collection and analysis of data on the basis of which the performance of services can be continuously monitored and improved
- compared with Shropshire, appears to have a significantly lower level of voluntary-sector community support that enables older people and their carers to lead fulfilled lives within their own homes and communities

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2.4 This last point is of enormous importance to the provision of affordable, sustainable patterns of services (and communities) in the future. Over the past few years, Shropshire has invested substantially in voluntary sector-led community services, both as a preventative measure and as a way of minimising what would otherwise be additional demands on relatively expensive professional social care. The formal evaluation, scheduled for publication in the autumn, is expected to show not only that these services have played a major part in improving the quality of life of older people and their family carers, but also that they have enabled the authority to reduce in absolute terms the amount of residential care it provides, while holding flat its provision of domiciliary care. It will also provide information on the costs.

2.5 Some idea of the nature and scale of the investment needed may be indicated by the projects that gained two-year Department of Health support under the Partnership for Older People's Projects (POPPS) in 2006. Rural authorities such as Dorset (£2,394,000), Northumberland (£2,030,000) and Somerset (£1,347,000) focused their bids on community development work, networks built on existing services beyond health and social care, and providing low-level support from community bases such as village halls. The projects' success means that they are seen as effective applications of current national policy. In Herefordshire, such developments would build on the work already done in areas such as signposting, benefits take-up and village wardens.

2.6 This analysis leads to our recommending the following as the principal ingredients of the modern, cost-effective patterns of services that should be developed in Herefordshire.

2.6.1 The bed-rock should be effective preventative measures, maintaining emotional health as well as physical well-being. The great bulk of these should be low-unit cost community-based initiatives, professionally managed by the voluntary sector but run largely by unpaid volunteers (many of whom will be drawn from the swelling numbers of older people themselves, helping them to lead fulfilled lives as they help others). They should include a wide range of activities that promote social participation and personal fulfilment, including through the arts. Their essence will be their local creativity and flexibility.

2.6.2 Without these, the Council could expect to be besieged by ever-rising demand for social care; to be condemned, at best, to mediocrity in its provision of social care services as resource constraints forced it to raise thresholds for eligibility to still higher levels; and to be incapable of meeting the Government's policy imperatives of maximising independence, well-being and choice.

2.6.3 This challenge extends well beyond social care; indeed, it isn't about professional social care at all. Instead, it needs to lie at the heart of the strategy *Growing old in Herefordshire* and to be embraced by all partners, with the same common purpose and drive as has enabled the *Signposting Scheme* to get off to such a successful start. It will take a number of years to roll-out and bring

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substantial, measurable benefits but intensive work to ensure that those kick in before the end of the decade needs to begin immediately.

- 2.6.4 Since this is not about social care, the costs are not included in the social care costings below. They will need to be considered in detail in their own right as part of the implementation of *Growing older in Herefordshire*.
- 2.6.5 Crucial though these preventative measures will be, they will not bring the best results unless they have effective links with professional social care and health services. In particular, they need to operate with links to an intensive reablement service, in which occupational therapists play a central role. This should support individuals for a strictly time-limited period, enabling people to resume independent lives in their communities with the support of family and community networks, rather than continuing to be dependent on professional social care.
- 2.6.6 As an integral part of the links between voluntary and community-based initiatives with professional care, consideration should also be given to the development of a county-wide network of active-ageing centres. These should use existing buildings, such as community halls, pubs and schools. And they should be conceived and operated, not as ghettos for older people, but as part of wider community infrastructure, accessible to a wide range of people of all ages and for multiple uses.
- 2.6.7 To underpin the primary emphasis on supporting most people, most of the time, by means of generic, community services rather than professional social care, it is recommended that the Council should include in its social care eligibility criteria a requirement that the non-social care options must first have been exhausted. This would require the provision of accessible, up-to-date information to service users, carers and those working in professional, voluntary and community services.
- 2.6.8 Other essential ingredients of the new patterns of services will be extra-care housing (adaptations of existing housing and new-build in population centres, with mixed tenure; flexible and own-home based in rural areas); telecare; flexible 24/7 teams to provide short-term support that prevents avoidable residential or hospital care; and considerably more early intervention – again with strong links into wider forms of community support and activity.
- 2.6.9 Even with these developments, however, the combination of our current low level of provision and the substantial year-on-year growth of demand does require the additional provision of intensive domiciliary services. For the same reasons, there is also a need to increase, broadly in line with population growth, the number of residential and nursing homes places, but with a shift in the balance of provision towards nursing and specialist care.
- 2.6.10 Not least, this will be necessary to meet the most intensive care needs of the disproportionately increasing number of people with

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mental health problems: preventative and lower-level services can, at best, do no more than delay the progressive deterioration inherent to dementia.

- 2.6.11 Even so, the general approach to growing mental health provision should be to offer the great bulk of services (including preventative services) as part of those provided in communities to all groups. This will require the development of specialist skills in the care of people with dementia in a larger proportion of staff and wider awareness and basic skills training for all. Support needs for older people with mental health problems will require a significant increase in health care provision, planned and delivered alongside the improvements in social care.
- 2.6.12 Herefordshire has a significantly higher level of community hospital provision than two of the comparator authorities but a little less than the third. This is a good starting point for addressing the White Paper requirement to develop the role of our community hospitals as a fully integrated element of efficient and effective local community health and social care services. This will require multi-professional input, along the lines that characterise the currently separate intermediate care services, so as to avoid inappropriate hospital stays, which are a poor use of resources and undermine independent living skills.
- 2.6.13 Building on the *In Control* pilot, direct payments and individualised budgets should be extended to as many people as possible.
- 2.6.14 On the basis of clear, documented business processes and protocols, contact centre staff should filter (and document) initial contacts, undertaking simple initial assessments of needs and financial eligibility. This should all be within the single assessment process agreed between the Council and the Herefordshire health community.
- 2.6.15 To do this safely and successfully, contact centre staff must have immediate access to professional care staff, to whom they refer all relevant cases for advice or action. In particular, occupational therapists must be available to advise front-line staff; to undertake initial, more specific assessments; and, in the light of those, to make immediate decisions on the provision of equipment and on whether a full community care assessment should be carried out.
- 2.6.16 To ensure that the best possible care and support is available to all who need them, and to control the additional costs of the improvements, the Council needs to generate significantly higher levels of income from those able to pay for all or part of their care. This will require both a review of charging caps and a strong approach to financial assessment, for example so as to identify undisclosed capital assets. A review of fair charging will begin shortly, with the report due in December 2006.
- 2.6.17 There should continue to be regular review of the most expensive packages of care; and consideration should be given to establishing Performance and Funding panels to drive radical

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approaches to care/support packages and lever better value for money.

- 2.6.18 There should be a parallel drive to increase income from other sources to enable capital and other non-recurrent developments, not least in respect of multi-use community facilities. Sources might include: Government special grants; the National Lottery (including for culture and leisure), business and the Private Finance Initiative (PFI).
- 2.6.19 A strong partnership commissioning strategy needs to be developed as a matter of urgency, central to which must be the medium to long-term development of the care market to deliver the new patterns and levels of services. This should take into account the implications of significant growth in the numbers of direct payments and individual budgets.

The additional capacity needed to deliver the improvements

- 2.7 Developing and delivering the detailed management programme to realise these higher-performing services will require a significant injection of additional management resource. The key ingredients will be highly-skilled general and financial management; dedicated project management; business process engineering; and service planning, commissioning and contract management.
- 2.8 Some elements of this would be time-limited – to initiate change and ensure that sound foundations were laid; others would be long-term – to maintain and adapt cost-effective processes and changes, and to provide the drive for continuous improvement.
- 2.9 This report assumes that the long-term elements would be secured as an integral part of the economies of scale to be achieved through the establishment of the Public Service Trust. This would need to be tested in the light of an assessment of the competencies of existing staff. It might, for instance, be necessary to bring in additional long-term expertise in health and social care business processes. It will also be necessary to take into account possible new staffing models, which seem likely to include more generic health workers and growing numbers of personal care assistants.
- 2.10 Long-term staffing changes would need to include:
- more qualified social workers
 - administrative staff working within improved systems to reduce the routine assessment and other burdens on social workers, and so increase overall productivity and value for money
- 2.11 There may also be a need for more occupational therapists (OTs) to carry out assessments and other work under the same line management as the relevant teams. This will need to be assessed in detail in the light of the need more generally for occupational therapy across health and social care; and to what extent, if any, OTs currently

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employed by the PCT might fulfil this role.

- 2.12 The time-limited management additions – in all cases operating in these roles in respect of both older people and adults with learning disabilities - are estimated to be whole-time equivalent (WTE) posts as follows:
- a general manager, with good financial management skills
 - a project manager
 - a specialist business process engineer
 - a specialist to generate additional income for capital and other non-recurrent developments
- 2.13 Crucial also are quality-assured and timely service and financial data, analysed to provide managers at all levels with intelligence, on the basis of which services can be rolled-out and managed successfully, and budgets controlled. This report assumes that this will be addressed – and financed – as part of the Council's *Herefordshire Connects* programme, under which it has already been identified as a priority.
- 2.14 This will need to be done so as to deliver the requirements of the agreed single referral and assessment process. It follows that there will need to be fully compatible ICT and information protocols and systems across agencies. Again, it is assumed that this will be addressed as part of the creation of the Public Service Trust.
- 2.15 A further important link with the *Herefordshire Connects* programme will be the development of the single referral and assessment process in relation to the creation of the Council's contact centre.
- 2.16 All this will require a comprehensive change-management programme affecting all staff and partner organisations in all sectors. Two of the key ingredients will be: top-class communication and consultation at all levels, internally and externally; and a skills audit of existing staff in relation to the new patterns of services and processes, with an action plan to deliver the necessary training, development, restructuring and recruitment. In view of the Council's substantial underspending against training budgets, the potential to exploit additional external sources and the economies of scale that might be achieved under the Public Service Trust, no additional resources for training and development are included in the costings.
- 2.17 The new patterns and levels of service should be subject to regular review and periodic formal evaluation. This should include an external, independent element, if possible linked to national evaluation programmes. If necessary, the costs of this should be found from within the overall costings.

The costs

- 2.18 The overall patterns and levels of high-performing services proposed are set out in the chart at Appendix 4, which also explains the underlying assumptions.

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- 2.19 Appendix 4 contrasts the proposed services with the services in place in 2005-06. It also contrasts them with the level of services that would need to be in place in 2011 were the Council **not** to make significant changes to the present pattern.
- 2.20 Against the background of the steadily increasing demand indicated by the needs assessment – and confirmed by the national *Wanless Report* – this shows that the Council would have no choice but to continue to expand services. But, unless it modernises services along the lines proposed in this report, it would be expanding a “no stars” pattern and level of services, and could expect to continue to be poorly rated by inspectors. Worse than that, it would be doing so in a context where the performance of authorities can be expected, on average, to continue to improve year-on-year and in which Government and the inspectors are likely to have ratcheted up the minimum acceptable standard for services and, therefore, the threshold for intervention.
- 2.21 Additionally, the maximum possible sustainable improvements in efficiency can only be achieved if services are modernised, as proposed.
- 2.22 The recurrent costs of the proposals for high-performing services in 2011, and how they compare with those in 2005-06 and those that would be incurred in 2011 without modernisation, are:

Year	Daily no. of users	Gross costs £m	Income from users £m	Other income £m	Total Income £m	Efficiency savings £m	Net total costs £m	Net additional cost to the Council £m
2005-06	4,040	26.072	4.178	0.957	5.135	N/A	20.937	N/A
2011 -no change	5,010	32.333	5.181	0.957	6.138	1,678#	26.193	3.579
2011 - modernised	5,510	36.100	8.552	0.957	9.509	3.747*	22.844	1.907

Four years compounded efficiency savings of 1.25% a year, based on gross costs of no change to the pattern of services in 2011 = 5.19%

* Four years compounded efficiency savings of 2.5% a year, based on gross costs of modernised services in 2011 = 10.38%

- 2.23 The key thing this shows is that **the modernised, high-performing services would, in net terms, cost the Council nearly £1.7 million less a year than continuing with the current pattern.**
- 2.24 **In addition to these recurrent costs, the older people element of the time-limited posts would cost some £148K per annum.** It is assumed that these posts would be filled for three years, from 2007 to 2010.

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- 2.25 These costs take no account of what would be needed, under the *Growing older in Herefordshire* strategy, further to develop the wider, non-social care community opportunities that would help maintain the emotional and physical health of older people. Unless this happens, there will be substantial and inappropriate additional demands on social care that are not provided for in the social care costings above.
- 2.26 The Shropshire evaluation, expected this autumn, should give a better idea of the costs in this respect and how resources would be best targeted. In the meantime, the POPPS programme (see paragraph 2.5 above) suggests that **additional investment of at least £1 million a year could be needed to achieve substantial initial impact. Even with that investment, the net costs would still be lower than continuing with the current pattern of services.**

Section 3: Adults with learning disabilities

Assessment of future social care needs

3.1 The full assessment of future social care needs for adults with learning disabilities (AWLD) is at Appendix 5. It begins with a summary.

3.2 The crucial points are:

- many more children with very severe learning difficulties (often together with severe physical disabilities) than in the past are surviving into adulthood
- generally, people with learning disabilities are living longer, increasingly into old age, and consequently need more care and support
- these changes will increase significantly both the number of AWLD and their level of dependency
- the number of AWLD is expected to increase 13% (69 more people) by 2011 and 19% (102 more people) by 2015; and to continue to increase thereafter
- the number of those with higher levels of dependency (and therefore needing more care and support) is expected to increase 16% (50 more people) by 2011 and 27% (83 more people) by 2015; and to continue to increase thereafter
- as the age and dependency profile of AWLD increases, so will the average age of family carers (in Herefordshire there are already 33 people living with a family carer over 70); and there are clear signs that younger parents are much more likely to expect their children with a learning disability to live a more independent life, away from the parental home
- there are a number of factors that could increase still further the level of demand for social care: the current number of AWLD known to services is some 17% below national prevalence rates, which might mean that some people who would be eligible for services are currently unknown; some people who are not eligible for a service at present may become eligible in the future as their age and dependency increase; and we may face greater pressures in respect of the large cohort of those placed in residential care from other counties (22% of AWLD currently living in Herefordshire). Since these demands may not arise and cannot be predicted, they are not included in the proposals for improved services.

The pattern and levels of services to meet needs in 2011

3.3 Although three apparently high-performing authorities were originally selected for comparison, Somerset was found to be the only one that provided a sound basis for this assessment. In particular, the

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number of AWLD known to its services is, pro rata to population, at a similarly low level to that in Herefordshire.

3.4 In comparison with Somerset, Herefordshire proportionately:

- places far more people in residential care homes (1.33 per 1,000 population 18+, compared with 0.87)
- supports far fewer to live in their own homes (0.73 per 1,000 population 18-64, compared with 1.29)
- supports far fewer living with family carers (1.1 per 1,000 population 18+, compared with 1.8)
- provides fewer short breaks, particularly in non-residential care home settings (0.72 per 1,000 population 18-64, compared with 0.98)
- enables far fewer to prepare for and gain meaningful paid or voluntary employment (0.53 per 1,000 population 18-64, compared with 1.87)
- spends less in gross terms (nearly £29,000 per annum per user, compared to over £30,000. However, it is important to note that both Somerset and Herefordshire are relatively high spenders, with Herefordshire in the top third of its statistical neighbour authorities for expenditure per head of total population on learning disabilities. This is particularly significant in light of our number of service users being 17% below national prevalence rates)
- has much lower income (£6,639 per annum per user, compared with £12,232), including from charging users and from the PCT
- invests not much more than half as much in care management and assessment (6% of total spending on AWLD services, compared with 11%)
- has fewer managers across all adult social care, evidencing much less strategic planning, capacity to manage performance and change, and less developed commissioning plans (1.7 per 10,000 population – 1.9 including the joint, PCT-based IMPACT team – compared with an average of 2.1 in Somerset, Shropshire and East Riding)
- has poor, inefficient systems for the collection and analysis of data on the basis of which the performance of services can be continuously monitored and improved

3.5 Although Herefordshire is ahead of Somerset in the provision of some modern day services, we still offer many more opportunities in

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traditional, buildings-based locations (to which many people have to be bussed) than in flexible, local community settings.

- 3.6 This analysis leads to our recommending the following as the principal ingredients of the modern, cost-effective patterns of services that should be developed in Herefordshire.
 - 3.6.1 The overall objective (and therefore the test of all services) is to enable AWLD to lead fulfilled lives as valued members of their local communities.
 - 3.6.2 It follows that, as in the case of older people (see Section 2 above), a vital contribution to meeting the needs of AWLD and, where they exist, their family carers should be made by generic community facilities and services rather than professional social care. The Council and its partners in the Valuing People Partnership Board will need to use every opportunity under *The Herefordshire Community Strategy* to increase the inclusion of AWLD in leisure, lifelong learning, the workforce and community activities generally. Since this is not about social care, the costs are not included in the social care costings below.
 - 3.6.3 The primary model for accommodation should be supported tenancies and, where possible, owner-occupation, accessing wider sources of capital and revenue funding (the Housing Corporation, MENCAP and other charitable bodies, business, benefits etc.).
 - 3.6.4 There should be equal opportunities in this respect (and more generally) for those with a high level of dependency.
 - 3.6.5 There should be a commensurate substantial reduction in residential care over time, with no more than four people in a home.
 - 3.6.6 Exceptions should only be made on the basis of clearly established objective criteria, such as forensic or complex medical needs, and subject to high-level approval.
 - 3.6.7 The pace of reduction should reflect careful consideration of the wishes of affected individuals, the level of available resources and relative priorities within the overall service improvement programme. In particular, no services should be removed or reduced in quality until better alternatives are available.
 - 3.6.8 Where individuals choose to remain in the family home, there should be better, targeted support for family carers (with increased use of the voluntary and community sector, including for emergency respite care).
 - 3.6.9 There should be careful planning with users and family carers to manage the transition to independent living, rather than merely a response to crisis. This should apply equally to younger and older people.

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- 3.6.10 There should be a continued move away from buildings-based day services and day care provided by residential homes, with the emphasis on accessing mainstream community-based opportunities (including in multi-purpose community centres) rather than specialised facilities for AWLD.
- 3.6.11 Employment and volunteering opportunities should be expanded, through systematic engagement with local employers, social enterprises and hard-headed support for self-employment initiatives, such as micro-enterprises.
- 3.6.12 This should be complemented by the expansion of college opportunities, including the *Skills for Life* curriculum, with the emphasis firmly on securing meaningful employment rather than (as too often now) mere readiness for work.
- 3.6.13 The Council and partners should themselves offer high-quality employment opportunities and influence others to do so.
- 3.6.14 As a significant contribution to better services, including the prevention and management of challenging behaviours, comprehensive multi-agency speech and other communication training should be delivered to all people working with AWLD (i.e. including those in non-social care capacities).
- 3.6.15 Building on the *In Control* pilot, direct payments and individualised budgets should be extended to as many people as possible.
- 3.6.16 For the most part, the current eligibility criteria for specialist services should be maintained, with continued services for current users regardless of IQ, but with an IQ below 70 the requirement for new users.
- 3.6.17 But this should be accompanied by the development of agreed protocols with other services: to ensure clarity about respective responsibilities and relationships, and minimise the risk of individuals not getting appropriate services (e.g. those with Asperger's Syndrome).
- 3.6.18 To underpin the emphasis on meeting as many needs as possible through generic, community services rather than professional social care, the Council should add to the eligibility criteria a requirement that non-social care options must first have been exhausted. This would require the provision of accessible, up-to-date information to service users, carers and those working in professional, voluntary and community services.
- 3.6.19 To maximise efficiency and effectiveness, comprehensive business processes should be developed and maintained.
- 3.6.20 To ensure that the best possible care and support is available to all who need them, and to control the additional costs of the improvements, the Council needs to generate significantly higher levels of income from those able to pay for all or part of their care and from external sources. This will be assisted by the actions

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recommended above to enable people to live as tenants or owner-occupiers and to gain meaningful paid employment.

- 3.6.21 There should be a parallel drive to increase income from other sources to enable capital and other non-recurrent developments, not least in respect of multi-use community facilities. Sources might include: Government special grants; the National Lottery (including for culture and leisure), business and the Private Finance Initiative (PFI).
- 3.6.22 There should be continue to be regular review of the most expensive packages of care; and consideration should be given to establishing Performance and Funding panels to drive radical approaches to care/support packages and lever better value for money.
- 3.6.23 Steps should be taken further to reduce avoidable transport costs by ensuring that, wherever appropriate, AWLD attend local opportunities and use mainstream public transport.
- 3.6.24 A strong partnership commissioning strategy needs to be developed as a matter of urgency, including the medium to long-term development of the care market to deliver the new patterns and levels of services. This should take into account the implications of significant growth in the numbers of direct payments and individual budgets. Preparatory work on this is already underway.

The additional capacity needed to deliver the improvements

- 3.7 Developing and delivering the detailed management programme to realise these higher-performing services will require a significant injection of additional management resource. The key ingredients will be highly-skilled general and financial management; dedicated project management; business process engineering; and service planning, commissioning and contract management.
- 3.8 Some elements of this would be time-limited – to initiate change and ensure that sound foundations were laid; others would be long-term – to maintain and adapt cost-effective processes and changes and to provide the drive for continuous improvement.
- 3.9 This report assumes that the long-term elements would be secured as an integral part of the economies of scale to be achieved through the establishment of the Public Service Trust. This would need to be tested in the light of an assessment of the competencies of existing staff. It might, for instance, be necessary to bring in additional long-term expertise in health and social care business processes.
- 3.10 There would also be a need for an additional 8.5 WTE professional members of community teams (compared with the 27 currently): to handle the additional assessment and care management essential to the proposed high-performing services; and to deliver the enhanced speech therapy services, including the training of all those working with AWLD in communication skills (see paragraph 3.5.14 above).

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- 3.11 The time-limited management additions – in all cases operating in these roles in respect of both older people and adults with learning disabilities – are estimated to be WTE posts as follows:
- a general manager, with good financial management skills
 - a project manager
 - a specialist business process engineer
 - a specialist to generate additional income for capital and other non-recurrent developments
- 3.12 There would also need to be a time-limited WTE specialist to generate long-term sustainable arrangements to secure meaningful paid and voluntary employment opportunities for all who can be capable of holding them down.
- 3.13 Crucial also are quality-assured and timely service and financial data, analysed to provide managers at all levels with intelligence, on the basis of which services can be rolled-out and managed successfully and budgets controlled. This report assumes that this will be addressed – and financed – as part of the Council's *Herefordshire Connects* programme, under which it has already been identified as a priority.
- 3.14 Equally crucial will be fully compatible ICT and information protocols and systems across agencies. Again, it is assumed that this will be addressed as part of the creation of the Public Service Trust and linked to the *Herefordshire Connects* programme.
- 3.15 All this will require a comprehensive change-management programme affecting all staff and partner organisations in all sectors. Two of the key ingredients will be: top-class communication and consultation at all levels, internally and externally; and a skills audit of existing staff in relation to the new patterns of services and processes, with an action plan to deliver the necessary training, development, restructuring and recruitment. In view of the Council's substantial underspending against training budgets, the potential to exploit additional external sources and the economies of scale that might be achieved under the Public Service Trust, no additional resources for training and development are included in the costings.
- 3.16 The new patterns and levels of service should be subject to regular review and periodic formal evaluation. This should include an external, independent element, if possible linked to national evaluation programmes. If necessary, the costs of this should be found from within the overall costings.

The costs

- 3.17 The overall patterns and levels of high-performing services proposed are set out in the chart at Appendix 6, which also explains the underlying assumptions.

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3.18 Appendix 6 contrasts the proposed services with the services in place in 2005-06. It also contrasts them with the level of services that would need to be in place in 2011 were the Council **not** to make significant changes to the present pattern.

3.19 Against the background of the steadily increasing demand indicated by the needs assessment, this shows that the Council has no choice but to continue to expand services. But, unless it modernises services along the lines proposed in this report, it would be expanding a “no stars” pattern and level of services, and could expect to continue to be poorly rated by inspectors. Worse than that, it would be doing so in a context where the performance of authorities can be expected, on average, to continue to improve year-on-year and in which Government and the inspectors would be likely to have ratcheted up the minimum acceptable standard for services and, therefore, the threshold for intervention.

3.20 Additionally, the maximum possible sustainable improvements in efficiency can only be achieved if services are modernised, as proposed.

3.21 The recurrent costs of the higher performing services, and the comparisons with the costs in 2005-06 and the 2011 “no change” baseline, are as follows (all at 2005-06 prices):

Year	No. of users	Gross costs £m	Income from users £m	Other income £m	Total Income £m	Efficiency savings £m	Net total costs £m	Net additional cost to the Council £m
2005-06	531	15.335	1.044	2.521	3.525	N/A	11.809	N/A
2011 -no change	600	17.327	1.135	2.521	3.656	0.899	12.772	0.963
2011 -modernised	600	18.152	1.774	2.521	4.295	1.844*	11.973	0.164

Four years compounded efficiency savings of 1.25% a year, based on gross costs of no change to the pattern of services in 2011 = 5.19%

* Four years compounded efficiency savings of 2.5% a year, based on gross costs of modernised services in 2011 = 10.38%

3.22 The key thing this shows is that **the modernised, high-performing social care services would, in net terms, cost the Council nearly £800K less a year than continuing with the current pattern.**

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- 3.23 **In addition to these recurrent costs, the AWLD element of the time-limited posts would cost some £111K per annum.** It is assumed that these posts would be filled for three years, from 2007 to 2010.
- 3.24 These costs take no account of what would be needed further to improve access for AWLD to generic (i.e non-social care) community facilities and services. If this isn't achieved, the net costs for the high-performing social care services described above are unlikely to be adequate.
- 3.25 Accurate costs are not yet available for the non-social care developments, but **it is reasonable to assume that at least an additional £0.5 million a year would be needed to achieve substantial initial impact. Even with that investment, the net costs would still be lower than continuing with the current pattern of services.**