

People Scrutiny Commission



13 March 2023

Report of: Hugh Evans, Executive Director

Title: Learning Disability and Autism (LDA) Programme

Ward: All

Officer Presenting Report: Jonathan Wright

Contact Telephone Number: 07500 032858

Recommendations:

Regionally and nationally, it is recognised that despite pockets of good practice, outcomes for people with a Learning Disability and/or Autistic people are often poor. In Bristol we seek to improve this through refining the commissioned models of support and addressing gaps within the local health and social care systems. By doing so, and by understanding the needs of some of our most vulnerable citizens, we are committed to improvement to support people to lead better lives.

This report provides information and context on the creation of a joint Learning Disability and Autism (LDA) commissioning team as agreed by the BNSSG Learning Disability and Mental Health Programme Board and by Bristol City Council's Cabinet in January 2023. The agreement is to use BNSSG ICB section 256 (S256) funding to target identified system improvements for those residents of Bristol, and the wider Bristol, North Somerset, and South Gloucestershire (BNSSG) area with a diagnosis of LDA.

The programme will have a number of component projects to address the following aims:

1. Reduce the number of people with LDA in locked wards (the 'Assuring Transformation' cohort) and create a system that supports the most complex in the community preventing Hospital admission.
2. Increased access to appropriate community-based care and support through a Strategic Partner in a locality model. Increasing community support options and developing a complete and equitable provision offer in all localities.
3. Shape the local market in terms of sustainable supply of specialist and general needs housing.
4. Better forecasting of demand from Children's Services into adult health and care services, and better transitional arrangements to 'bridge the gap' between childhood and adulthood.

1. Summary

This report provides an overview of the plan to create a programme of work to create a better market of accommodation, services, and support for people with learning disability and autistic people. The planned system improvements targeted here follow those recommended in national legislation, both the [Care Act 2014](#) and [SEND code of practice 2022](#), in addition to the local [Bubb Report](#) and BCCs own work into the current issues facing the local sector.

The work will cover four key areas and tie heavily to the work within the Commissioning team to reshape the market and address gaps in provision that result in costs that are above national benchmarks being paid to off-framework providers. In essence this work will be the first of several key developments to better commission for those with the most complex needs.

Forecasting

Evidence suggests that the transitions cohort coming from Children’s Services is becoming increasingly complex, and that spot-purchasing appropriate care and accommodation is challenging. As a result, we see an increase in off-framework and out of area placements. Whilst Better Lives at Home (BLaH) seeks to address the supply needs of the wider ASC cohort, it has become apparent the timescale in developing property often means young people move on before it is ready. To remedy this, we seek to improve current systems to identify from age 14, those that it is reasonable to foresee will require support as adults with accommodation, and subsequently plan for the right type of provision. This automated report will then inform development both of the accommodation and care, which need to go hand in hand.

Strategic Partner

Using the new ASC Single Framework, we seek to commission a strategic/preferred provider model to work in the health and care localities (three in Bristol) using a hub and spoke delivery model. This was the recommendation of the engagement work that BCC commissioned from 31Ten (a consultancy) last year. The aim is to create efficiencies/economies of scale by creating a sustainable market as well as provide a new emphasis on flow through the care ladder by incentivising providers to deliver the right level of support to promote independence and avoid over-reliance on long term care services. Against comparators, Bristol benchmarks high in the region for the number of people with LDA supported in residential care: often placed outside of the city. This work is looking to redress this imbalance in our care offer.

Price control

Part of the drive towards a preferred provider/s model. The Integrated Care Board (ICB) and BCC will improve overall management of the unit costs on individual packages of care. The new joint team will work with the Market Analysis Team which operates at individual provider level to work through their business models and pricing using Care Cubed (a national pricing tool) to be able to work with the best providers that can deliver positive outcomes for service users within nationally benchmarked rates.

Community support options

Whilst the majority of the work is concentrated at the most complex, the project must also work to deliver a cohesive offer in the community to reduce the need for statutory long-term services. The programme will engage the VCSE on the hub and spoke model on a locality footprint.

Improved accommodation

For those service users that struggle living with others and require a more bespoke environment the programme seeks to better utilise the Specialised Supported Housing (SSH) model as part of the ongoing development of accommodation supply. These homes can then be uniquely tailored to the individuals' needs to ensure a more appropriate long-term solution that is commissioned separately from the care and support. When built and developed through a specialist registered provider the housing costs can often be paid by Housing Benefit, reducing the direct costs to the local health and care system, and helping to offset the often extremely high initial costs for transitioning someone from long stay hospital back into the community.

Complete provision offer

At present the evidence suggests that no single provider is able to offer a complete provision of services in a locality from extraordinarily complex high end care to lower levels of need such as day support and back-to-employment support. In the longer term the programme will work with both the strategic provider and the ICS to develop a locality offer to meet the demands of the people that live there. This approach to locality-based commissioning will work to the [Think Local Act Personal](#) (TLAP) principles.

2. Context

Evidence Base

BCC currently commissions support for 1,138 service users with a primary support reason (PSR) of learning disability.

This is the highest percentage of support delivered to 18-64 year olds. 55.98% of these are in Tier 3 (long term) accommodation-based support (Residential, Nursing, Supported Living, Extra Care Housing). Details of this including the average unit cost can be found in *Appendix A*. Nationally, Bristol benchmarks poorly in the LGA's annual 'Use of Resources' report for the number of LD service users supported in a care home placement and for the unit prices obtained to secure those services.

Appendix B demonstrates that while the numbers have increased by 28 service users over the last two years, the average cost of placements has risen by 9.59%. The correlation with this and the waiting lists for packages with the Brokerage Team highlight the pressures specifically in learning disability Tier 3 provision. This, alongside the work within the Market Analysis Team, suggests that lack of supply is driving up costs in the market, where all packages are spot purchased at the point of assessment.

Appendix C contains a summary of the work completed by ASC Commissioning in conjunction with the consultancy 31ten, which was completed towards the end of 2022. The aim was to look at the local context and recommend how to change the market to best meet the needs of Bristol residents within the available resources. Much of the programme’s work is derived from those recommendations. It is also worth noting the modelling and work can also be relevant to other cohorts such as mental health.

3. Policy

This approach aligns with the One City Plan and its aim to make Bristol a fair and sustainable city. The approach also links to the Health and Wellbeing theme, ensuring everyone in Bristol will have the opportunity to live a life in which they are mentally and physically healthy and addressing health inequalities.

This work also aligns with our Equalities and Inclusion Policy (2018-2023) by valuing diversity and tackling harassment, in particular the following objectives.

- E03. To provide inclusive services which actively address inequality and exclusion and enable all of Bristol’s citizens to realise their potential and live safely.
- E04. To achieve a measurable increase in the extent to which communities facing inequality can share in and contribute to the city’s success.

4. Consultation

a) Internal

The programme documentation and *Appendix C* has been circulated amongst internal colleagues including CLB

b) External

As part of the market engagement work in *Appendix C* the LD provider market was consulted through an away day and 1:1 engagement sessions.

The programme documentation has been shared with North Somerset and South Gloucestershire commissioning colleagues, the Integrated Care Board (ICB), and Avon and Wiltshire Mental Health Trust Partnership (AWP) and Sirona colleagues via the Learning Disability and Mental Health Board.

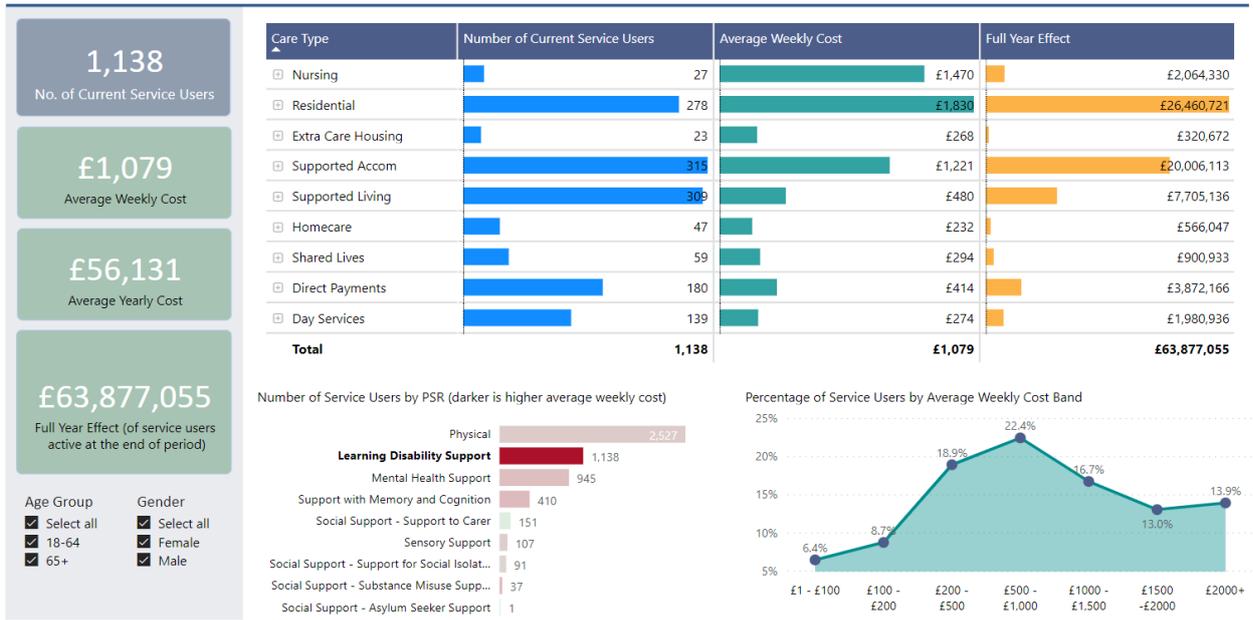
5. Public Sector Equality Duties

Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following “protected characteristics”: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:

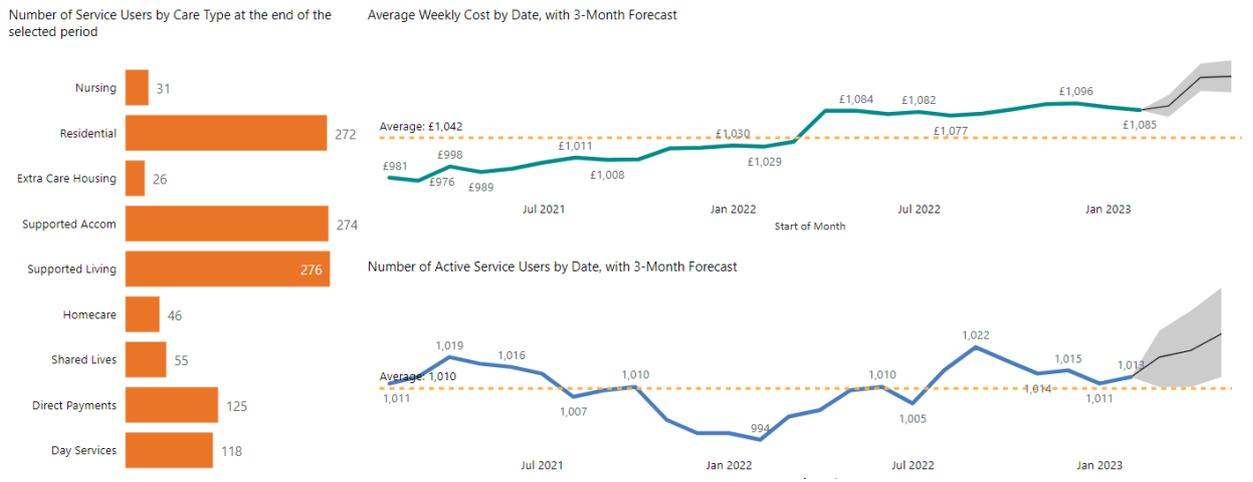
- i) Eliminate discrimination, harassment, victimisation, and any other conduct prohibited under the Equality Act 2010.
- ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --
 - remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;
 - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);
 - encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to:
 - tackle prejudice; and
 - promote understanding.

The work discussed within this report is in direct response to the Local Authorities statutory duties in relation to Disability. It does not preclude other protected characteristics and as such due consideration to equalities duties has been exercised in the relative workstreams discussed.

Appendixes



Appendix A



Appendix B

Appendix C – 31Ten Summary Report – enclosed.

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985 Background Papers:

None