

Oxfordshire Council Council/Oxfordshire Primary Care Trust

2006/07 Performance and Key Issues 2007/08

Commissioning Learning Disability Services: update and key issues.

1. This report
 - summarises the progress that has been made in the commissioning of services for people with a learning disability since the implementation of the formal pooled budget and lead commissioning arrangements on 1/4/06;
 - sets out the issues regarding the future organisational form of the Ridgeway Partnership (The Oxfordshire Learning Disabilities NHS Trust);
 - financial and service challenges that commissioning for learning disability services will have to meet over the next 2 years and beyond.

Introduction and Background

2. In March 2006 Oxfordshire County Council and the Oxfordshire Primary Care Trusts agreed to move into a Section 31 Health Act Flexibility arrangement of Lead Commissioning and a Pooled Budget (both led by the Council) for the provision of social care and specialist health care for people with a learning disability from the age of 18.
3. The Pooled Budget was initially for a total of £58,907,300 and with 3 variations of contributions ended the year at a total of £60,166,500. The Section 31 is governed by a Joint Management Group which is chaired by the Lead Commissioner for Learning Disability with membership consisting of Commissioning and Financial representatives of the PCT and the Council with the Pool Manager and two representatives from the Learning Disability Partnership Board in attendance.

Expected Outcomes of the Section 31 Agreement

4. The three main expected outcomes of the S31 agreement were:
 - an improved financial position for Oxfordshire in relation to the provision of services for adults with a learning disability
 - an agreed strategy for the provision of services between the partners
 - an improvement in performance of the delivery of services
5. All 3 of these outcomes have been achieved with both the Councils and PCT's Learning Disability budgets balancing for the first time in at least the last 3 years; an agreed commissioning strategy in place for 2006/07 and for 2007/; an improvement in all Learning Disability key performance indicators.

6. These arrangements are intended to meet the needs of people with learning disabilities in Oxfordshire in ways which shall:
 - Promote rights, independence, choice and control
 - Achieve best value
 - Support carers
 - Promote social inclusion
7. The arrangements will protect and improve the health and well being of people with a learning disability through a single approach to commissioning and in a manner which will offer increased flexibility to respond effectively to needs.
8. Overall this has been achieved with a single approach to commissioning, the budget being balanced, more people being supported to live in the community and living in supported living, increasing numbers of carers being supported and more people in receipt of direct payments and less people in inpatient services or staying hospital longer than they need to.

Objectives

9. The JMG has had worked to 7 priorities over the past 12 months. These priorities are summarised in the table below. The progress that has been made is given in annex 1.

1. Enable development of services in closer consultation with users and carers.
2. Deliver integrated services which meet the needs of service users and avoid debate about when a particular task is a health-related task and when it is a social care task.
3. Allow assessments to be carried out and decisions taken quickly.
4. Make it easier for people who are ready for discharge from in-patient services to move back into the community, without the issues of funding and responsibility to be negotiated on each occasion.
5. Make most effective use of the funding available for the increasing numbers of people requiring support as near to the person's home as possible
6. To get the appropriate benefits from specialist health services.
7. Commissioning decisions to take an overview of the whole spectrum of services which are required so that: <ul style="list-style-type: none"> • The right amount of service is commissioned at every level to make sure people have access to suitable services to meet their needs whilst also maintaining as much independence as possible. • We are able to secure a range of services from the most complex in-patient services through to the lower level preventative services such as respite, which enable families to continue to support their relatives.

Progress Against Financial and Activity Targets

8. Overall the Pool Budget was in balance in 2006/7.

9. This is a considerable achievement as the PCT and the Council have overspent on their allocated budgets in this area over the past several years – on average by over £1,000,000.
10. The main variances have been:
- A £1.1m efficiency saving of mainly non-cash releasing that has enabled the budget to fund increasing demographic pressures.
 - A reduction in the spend on inpatient services and Out of Area Treatments
 - An increase in the costs of people who have been assessed as 100% Continuing Care commitments with only one new person assessed as being 100%.
11. The JMG agreed variances during the year to ensure that the obligations of the partners were met and the pool balanced.
12. The tables below show the expected and actual expenditure in the main service areas and activity of the Pool during 2006/7 and expected activity and expenditure for 2007/8.

Main Service Areas Activity and Expenditure 2006/7

Service Type	Predicted Activity 06/07	Predicted Spend 06/07 (£)	Actual Activity 06/07	Actual Spend 06/07 (£)
Supported Living Placements	456	21.7m	502	22.68m
Residential Care Placements	300	16m	343	14.29m
Residential Respite bed p/w	21	1.1m	21 285 people	£1.51m
Support at Home hours	2,500	2.5m	531 people	1.69m
Direct Payments (people)	60		65 people	0.59m
Day Services (half day sessions/people)	675	6.4m	531 people	6.17m
Employment Services	-	-	-	0.25
Out of Area Treatments	5	1.1m	8	1.53m
Continuing Care Placements	18	1.4m	19	1.70m
Inpatient beds at Ridgeway	17 beds	2.7m	17 beds 29 people	3.39m
LD Teams		4.5m		4.57m
Commissioning Team		0.4m		0.51m
LD Development Fund		0.6m		0.45m
		58.4m		59,33m

Predicted Expenditure and Activity Main Services 2007/8

Service Type	Predicted Activity 07/08	Predicted Spend 07/08 (£)
Supported Living Placements	520	23.1
Residential Care Placements	350	14.8
Day Services (people)	530	7.1

Support at Home (people)	550	1.8
Direct Payments (people)	90	0.8
Respite Services beds and people	21 beds 300 people	1.52
Employment Services		0.26
Inpatient Beds Ridgeway Partnership beds and people	17 beds 32 people	3.6
Out of Area Treatments	5	1.2
Continuing Care Placements	17	1.7
Learning Disability Teams		4.65
Commissioning and Contracting Team		0.57
Learning Disability Development Fund		0.48
Total		61.58

Involvement of Primary Care

13. During the past 12 months very good progress has been made in supporting the engagement of primary care and General Practice in ensuring that people with a learning disability receive good quality health checks. This work has been supported by a trainee registrar in Public Health.

The future organisational form of the Ridgeway Partnership

14. As an NHS Trust the Ridgeway Partnership has to consider its future as a possible Foundation Trust. This has brought into a very clear focus the long standing question of the best organisational form for the Ridgeway Partnership to take. As an NHS Trust it is successful but it is also unusual. It is a specialist learning disability trust and it has a very significant supported living element to its services. Seventy percent of its income is however derived from Oxfordshire and as the single biggest commissioner of its services have a particular role in considering the best form it could take in the future.

15. We have been in regular contact with Ridgeway regarding its plans for the future. The position that we have taken can be summarised as: we will take a view on the basis of the costs and opportunities presented by whatever model the Trust chooses to follow of achieving the commissioning objectives for people with a learning disability. We have however said that we wish to see a model that enables integrated services to be provided so that we can continue to generate the service and financial benefits of this model.

16. The Ridgeway Partnership are, in broad terms, considering a social enterprise approach and becoming a Foundation Trust. They are at present going through the FT Diagnostic processes. The issues

that are key at present at staff pensions, assets, and the approach to raising capital finance.

17. The table below summarises a social enterprise form and a Foundation Trust form. It is taken from the proposal prepared for the Diagnostic processes.

IS A SOCIAL ENTERPRISE MODEL SO DIFFERENT FROM FOUNDATION TRUSTS?

	Foundation Trust	Social enterprise (e.g. Community interest company)
Type of corporation	Public benefit corporation	Community interest company limited by guarantee
Relation to NHS	Fully part of the NHS	External provider to NHS
Financial freedom	<ul style="list-style-type: none"> No shareholders, no dividends Lock on assets and retention of surpluses/proceeds at disposal Year end flexibility, surplus reinvested Restriction on private income Access to capital based on ability to service debt 	<ul style="list-style-type: none"> No shareholders, no dividends Lock on assets Year end flexibility, surplus reinvested No restriction on private income Access to capital based on ability to service debt
Accountability	<ul style="list-style-type: none"> To members through board of governors (composition fixed) To Parliament through annual accounts To commissioners through legally binding contracts To Monitor (regulator) To Healthcare Commission (quality) 	<ul style="list-style-type: none"> To members To commissioners through legally binding contracts To the Regulators To Healthcare Commission (quality)
Regulator's powers	Monitor : <ul style="list-style-type: none"> Agrees on terms of authorisation Is responsible for ensuring compliance Intervenes only when necessary 	The Regulator : <ul style="list-style-type: none"> Approves eligibility (community interest test) Verifies integrity of asset lock Monitors compliance

Source: DH (for Foundation Trust), CIC Regulator (for community interest company)

Future issues and challenges

18. The JMG will be confirming the priorities for 2007/08 at its June meeting. These will build on the work and the developments that took place in 2006/07 and the priorities for 2006/07 will continue into 2007/08 where they have not been completed or where further work has been identified that is consistent with the overall objectives of the partnership. The JMG will be preparing over the summer for the County Council's annual financial and service planning processes for 2008/09 which start in November 2007. It is expected that the proposals that will go into the County Council processes will also come to this Board for discussion.

19. The key issues that commissioning will face include:

- Sustained pressure from the increasing numbers of people with a learning disability arising from greater longevity and children with significant disabilities surviving into adulthood.
- Very tight financial outlook for social care and the NHS.
- High likelihood of significant cuts in Supporting People funding for supported living.

These issues will be fully discussed at the JMG and, as indicated above, brought to this board for consideration.

Recommendations:

20. Commissioning Board is asked to:

- consider if it wishes to express preference for an organisational form for the Ridgeway Partnership;
- note the key financial and service challenges facing learning disability services.

Annex 1

Learning Disability section 31 joint commissioning priorities 2006/07

<p>Enable development of services in closer consultation with users and carers.</p>	<p><i>Overall there has been an improved relationship with service users and carers especially in relation to communication with the Learning Disability Partnership Board and Commissioning Strategy events. The Pooled Budget Manager also meets regularly with My Life My Choice.</i></p> <p><i>This is an area of work that still needs to be improved.</i></p>
<p>Deliver integrated services which meet the needs of service users and avoid debate about when a particular task is a health-related task and when it is a social care task.</p>	<p><i>This has been very successfully achieved with no disagreement about whether a task is social or health care. Although this has resolved for Oxfordshire this is still an issue for people living out of county.</i></p> <p><i>This still needs further work.</i></p>
<p>Allow assessments to be carried out and decisions taken quickly.</p>	<p><i>This has happened well with limited delays in people receiving agreement to fund services to meet their needs. There has been a delay for people with lower priority needs or people who have not been assessed as meeting the eligibility criteria.</i></p> <p><i>Work on prevention and independent living services is needed here.</i></p>
<p>Make it easier for people who are ready for discharge from in-patient services to move back into the community, without the issues of funding and responsibility to be negotiated on each occasion.</p>	<p><i>This has been very successful with more people receiving a service from inpatient services with less delayed discharges. A reduction in the number of people receiving treatment out of county in specialist hospitals has reduced from 8 to 3.</i></p>
<p>Make most effective use of the funding available for the increasing numbers of people requiring support as near to the person's home as possible</p>	<p><i>This has been achieved through the work of the LD Funding Panel and the equitable use of resources and the reduced number of people who are living out of county in specialist hospitals.</i></p>
<p>To get the appropriate benefits from specialist health services.</p>	<p><i>As with 4 above the throughput of people in specialist health services has been very positive and with a reduced number of delayed discharges. A reduction of the</i></p>

	<p><i>additional staffing costs of approx 50% was also achieved.</i></p>
<p>Commissioning decisions to take an overview of the whole spectrum of services which are required so that:</p> <ul style="list-style-type: none"> • The right amount of service is commissioned at every level to make sure people have access to suitable services to meet their needs whilst also maintaining as much independence as possible. • We are able to secure a range of services from the most complex in-patient services through to the lower level preventative services such as respite, which enable families to continue to support their relatives. 	<p><i>This has occurred well during 2006/7 with services commissioned and provided across the whole spectrum of needs and services. A new specialist service for people with autism has started and a service for people with mental health needs is being commissioned. Further short term break services are also being developed.</i></p> <p><i>Areas for development – prevention services and future planning for people whose needs do not meet the eligibility criteria. Further work is also needed on transition planning for young people with complex needs.</i></p>