Appendix 1

People and Resilience

The Disability Service Improvement Programme

Report to Overview and Scrutiny Committee

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1. Setting the scene: why change?

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The need for change

Through the work to develop our Improvement Programmes and the PIR Strategy, service users, parents, staff taught us many things, and the collective evidence confirms their views.

- That residents want to be safe, independent and live their lives with their families and communities;

- There is not enough help earlier. This leads to crisis management and reactive service delivery that is costly, not good for achieving positive outcomes and outside of communities;

- We need more specialist provision to meet fast growing and changing community needs including autism, behaviour that challenges and complex physical disability;

- Transition at all life stages, but especially from childhood to adulthood was one of the most important things for achieving independence and positive life chances and this needed to be much better and work for residents and staff;

- Children, families and adults want to tell their story once, have simplified and modern ways of accessing services and support, and to work together without barriers across community, provision, services and professional boundaries.

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The need for change (cont.)

- Projected increase of 45% in those aged 60-69 over the next 10 years, with hospital admissions set to increase by 25% over the same period

- 16% increase in completed Crisis Intervention packages in 2019/20; 10% growth in nursing placements as complexity increases

- 40% increase in the number of children on EHCP plans – an unprecedented growth that shows no sign of abating, with increasing complexity of need

- Increasing numbers of ASD and Substance Misuse service users – with demand for Mental Health services expected to rocket

- 1 in 4 people between 64 -75 years and half of over 75's live alone in Barking and Dagenham. 1 in 3 carers above 65 years reported social isolation

- Our Design In Social Care Project told us that families are confused by our processes; Healthwatch feedback mirrors this

- Significant financial pressures – forecast to increase in the coming years

Our population is growing – in both numbers *and* complexity of need. This is placing significant pressure on existing service delivery models and generating enormous financial pressure that will continue. To arrest this trajectory, change was already required.

And then…

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…the pandemic happened

We are still only beginning to fully understand the impact of the pandemic on our residents and, by extension, our plans for the future. Whilst it does not look good, there are opportunities as well.

There are however some things that we *think* we do know…

- Structural inequalities have been exacerbated: inequality existed previously, but Covid-19 has magnified and exacerbated it to the extent we run the risk of wiping out the equalities progress we have made.

- Demand will surge in the short term, and may continue to increase: hospital discharges and demand for Mental Health services are likely to increase, as are other elements of need as the impacts of the recession are felt.

- We can be confident as a system leader: the local authority can seize this role as an enabler and orchestrator of change, not just a service provider

- Digital is essential: our digital capabilities made a lot of this possible. The digital disadvantage faced by some of our residents now puts them at further disadvantage to accessing services and opportunities

- Necessity is the mother of all invention: there are many examples of joined up work and innovation that we must build upon for the future.

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How this is impacting on the services

Disabilities

- Lack of community provision often means that cases escalate into statutory services as no means of containing and supporting
- Unprecedented levels of demand and complexity – which continues to grow
- Extensive pressure across all budget lines totaling circa. £6m.
- Small numbers of complex children's placements costing a lot (£1.4m)
- Significant pressure associated with packages for adults with learning disabilities (£3.8m)

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2. The response: the Disability Improvement Programme

…we are not starting from scratch…

This isn't the beginning, but rather a staging-post on the development – and improvements – that have been underway for 12-months. These plans build on that progress, and set the direction of travel for the next two years.

Adults and Disabilities Improvement Boards are well established.	Barking and Dagenham Delivery Group established	We started a different dialogue with the community and voluntary sector
We received support from Mutual Ventures to explore the possibility of a mutual arrangement in Disabilities – learning has shaped the PID	Our Stories project was the beginning of our new model of social work (strengths and asset based)	We undertook significant informal consultation and co-production with Disabilities staff on the future of the service which has informed the PID
Our business process/income maximisation project improved our income and financial forecasting	We have implementation Panels to manage package costs and improve housing options	Adults and Mental Health ended up at a near 'break even' position at year end

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Disabilities Programme Summary

Scope: Social Care Teams (Disability); Transitions; EHCP and EP; Education Support; SEND Transport; SEND/Autism

Workstreams

Provision in the Right Places: ensure that the correct services, that meet current and predicted needs, are in place to improve outcomes and reduce forecast financial pressure through prevention.

People in the Right Places: sufficiently resource the correct parts of the system, moving staff around to be deliver a properly integrated response.

Getting Transitions Right: improving the pathway and support for children and young people with SEND/LD to become independent adults.

Autism and Behaviours that Challenge: recommissioning services to respond to the growing pressure that this cohort is placing on the system, and improving their outcomes.

Learning Disabilities and Aging: improving the dementia pathway, securing appropriate housing options and effective planning for death.

Safeguarding: reviewing our Safeguarding Partnership arrangements to ensure that we are clearly responding to the risk in our community.

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3. The impact: expected benefits and outcomes

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Critical Success Factors: Intended Outcomes

Disabilities

- Better quality financially sustainable of Disability Services.
- Earlier interventions in place having a positive impact on demand
- Better, more integrated services with Health.
- A new service offer in place that is multi-disciplinary and multi-agency.
- Practice Framework in place tested through improved QA.
- New Safeguarding Partnership Arrangements in place.
- Renegotiated s75 agreement in place
- Improved outcomes (tracked through the SPF)

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Benefits summary: Disability Improvement Programme

Provision in the right places

- In borough ASD housing
- Development of specialist older adult LD accommodation
- Work to improve Assisted Technology Offer for LD residents

Transitions

- Extend the Trinity LLC offer to 21
- Develop a Transition Hub that manages education, employment and life skills for YP

Learning Disability and Ageing

- Improve CHC funding pathway for Older Adults with complex health needs
- Improve Dementia diagnostic pathway
- Improve Older Carers planning

People in the right places

- Additional Adult and CYP social workers reducing reliance on agency cover
- EHCP &EP move to Education
- Reconfiguring community offer for CYP

Autism and Behaviours

- Development of a Behavioural offer aim to prevent family breakdown and escalation to residential services
- Stronger parenting offer pre and post diagnosis

Safeguarding

- Improve the reporting of Hate Crime in the borough and plans to tackle with Community Safety
- Continue to improve Financial Abuse investigations with the Fraud Team

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End