



**AUDIT COMMITTEE  
TO BE HELD ON  
WEDNESDAY, 10TH MAY, 2023**

---

**Please find attached the report in respect of item no. 06  
on the agenda for the above meeting**

6.	<b>Progress Update on LDS Financial Management Recommendation</b> (Pages 3 - 26) Consider update on progress on the Internal Audit action related to budgetary control on Learning Disability Service. (Copy attached.)	20 mins
----	---	---------

This page is intentionally left blank

## **Audit Committee – May 10<sup>th</sup> 2023**

### **Update report Learning Disabilities Service**

- Completed by: Simon Burt – General Manager 19<sup>th</sup> April 2023
- Approved by: Chris Myers – Joint Director for Health and Social Care
- Financial support: Kirsty Maxwell and John Yallop – Financial Business Partners SBC

#### **1. Background**

The “Final Internal Audit Report- Learning Disabilities Services Financial Management” dated 30th April 2021 noted that there was limited assurance around financial management in the Learning Disability Service (LDS), and made the following recommendation:

“The LDS Manager should have greater clarity of what client volume and complexity of needs can be afforded within the available budget, including the delivery of savings. A project plan timeline and measures for delivery of savings should be developed and implemented.

Assumptions behind the development of the budget should be agreed between LDS and Finance. This will assist with the provision of variance analysis as part of the budget monitoring process for this demand-led Service. This may require some financial management training.”

This recommendation was considered as part of the Chief Officer Audit and Risk’s Internal Audit report to the Audit and Scrutiny Committee in May 2021, and as a result Members requested that updates on this recommendation to future Committees. Following this recommendation, the Scottish Borders Council Corporate Management Team commissioned an external review by Julie Haywood Consulting to further review the situation and identify opportunities for improvement. This was completed in June 2021 and the service has worked to implement the recommendations as part of the actions undertaken to improve overall assurance relating to the internal audit recommendation. Updates in relation to progress have been considered in the September 2021 and March 2022 Audit and Scrutiny Committees.

In the Audit and Scrutiny Committee in March 2022, the Joint Director Health and Social Care presented on progress against the final internal audit report action and outlined a number of further actions that were being undertaken to improve assurance against this recommendation. He indicated that in his opinion, one of the key actions was further external validation review by Julie Haywood Consultancy, which would allow for an independent review of the progress being made. He noted that this, along with the other actions should help to improve assurance against the internal audit finding and set a better financial trajectory for the Learning Disabilities Service. He proposed that the LDS financial management should be brought back for a further review in line with the outlined actions.

A further update was presented to the Audit Committee in September 2022 detailing the significant progress made against the 10 outlined actions as well as setting out the external validation report of July 2022 completed by the external consultant Julie Haywood. This highlighted that there were multiple green shots that are taking the team in a positive direction forward, and that further work is required to more fully realise and demonstrate these in the following four areas, with further information outlined in the appendix of this report:

- It Takes Time, Thought and Creativity to be Truly Assets Based
- Training and Development for Staff is Needed to Improve Consistency of Submissions to Panel
- A Funding Framework Might be Helpful to Avoid Risk of too Many Discretionary Decisions and to Support Some Standardisation of 'What if?' Scenarios
- Panel Members Should be Clear on their Role (and not just their membership) in Panel

This paper seeks to summarise the measures in place to address the original recommendations from the Final Audit Report – Learning Disabilities Services Financial Management” dated 30<sup>th</sup> April, including a summary of the ongoing efficiencies initiatives developed by the service and their financial impacts.

We believe that the measures in place, along with their ongoing implementation have reduced the financial risk and have provided increased financial stability.

## **2. Summary of financial measures in place and links to Julie Haywood report recommendations**

Below we have set out the range of operational measures that have been enhanced/implemented over the last 2 financial years. These measures are now embedded and ongoing.

Monthly budget expenditure reports/analysis (Rec 10)

- Finance provide a monthly breakdown of all client expenditure for scrutiny and verification by the Group Manager. This provides client by client expenditure trend and allows us to both verify the data and keep track of the spending trends.

Monthly Budget Efficiency meetings (Rec 6, 7, 10)

- Formal monthly Budget Efficiency meetings are in place attended by our senior leadership team and our Finance Business Partner. Meetings include as standard analysis and feedback regarding the monthly client expenditure, the monitoring of overall spend as well as updates from each of the efficiency initiatives in place.

Resource Panels (Rec 1, 2, 4, 5, 8, 9, 10)

- The Resource Panel has been further developed taking a quality improvement approach to ensure that all resource requests, whether involving internal or externally provided provisions, apply the principles of reablement, skills development and financial best value to all proposed packages of care. Decision making is recorded and information shared between service and our finance business partner. This includes new resource requests and reviews of existing resource allocations.

## Demand

- Future demand is analysed together with our Finance Business Partner to ensure improved financial assumptions and planning is in place. Our multi agency Transitions Tracking meetings are fundamental to good financial planning ensuring that we are clear on the number and complexity of transitions cases coming through from children’s services.

More recently we have established a multi-agency “Coming Home Programme Board” which coordinates a range of projects to ensure that we have cost effective and resilient services in place for those with complex needs going forward. A summary briefing paper is being developed together with our Finance Business Partners in Health and the Council setting out the demand, both current and future, approach and financial implications. Adults with complex needs are the strategic commissioning priority within the LDS for the next 3 – 5 years.

### 3. Efficiency Projects (Rec 1, 2, 4, 5, 6, 7, 8, 9, 10)

As mentioned earlier, the LDS has and continued to look to deliver efficiencies as a core business as usual task. Table 1 below sets out the efficiency initiatives in place spanning 2021 – 2023. Table 2. Sets out the ongoing efficiencies initiatives

#### Health & Social Care – Learning Disability Service – Efficiencies - 2021-23

Table 1

Efficiency initiatives	Savings delivered £000
Review of Day Services	200
Review of Care Packages (*)	190
Shared Lives (**)	400
HCSS Recommissioning	220
Local Area Coordination Service	113
Increasing charging income (Client contribution)	168
<b>TOTAL</b>	<b>891 Recurring</b>

\*Includes the recoupment of £170k pa from successful Ordinary Residence case recurring

\*\*IJB Approval to off-set Shared Lives savings on a deliverability basis. Small savings have been realised, as well as estimated £60k per client cost avoidance for each of 9 full time placements, which cannot be translated into “cashable” savings.

Table 2

<u>Additional efficiency initiatives</u>	<u>23/24 (£K)</u>	<u>24/25 (£K)</u>	<u>25/26 (£K)</u>	<u>26/27 (£K)</u>	<u>27/28 (£K)</u>	<u>RAG Confidence level (deliverability)</u>
<u>Resource Panel initiatives</u>	<u>50</u>	<u>50</u>	<u>50</u>	<u>50</u>	<u>50</u>	
<u>Increasing charging income</u>	<u>13</u>					
<u>Positive risk taking</u>	<u>25</u>	<u>25</u>	<u>25</u>	<u>25</u>	<u>25</u>	
<u>Reduction in respite care contract</u>	<u>20</u>					
<u>Review of night time care</u>	<u>50</u>					
<u>Totals</u>	<u>158</u>	<u>75</u>	<u>75</u>	<u>75</u>	<u>75</u>	<b>Total = £458k recurring</b>

As can be seen, the totality of efficiency savings made within service from 2021 -23 totals £891k. A further £458k planned through to 2028.

#### 4. Impact

##### *Impact of measures:*

Efficiencies initiatives

- It is evident from section 3 above that the efficiency initiatives delivered between 2021 – 2023 have achieved significant financial cashable savings equating to £891k recurring. Further efficiency initiatives in place if delivered total to a further £458k of recurring savings.

Expenditure trend

- Previous analysis of the LDS budget expenditure have concluded that controlling and/or reducing the volume of support provided will have the most positive impact upon overall budget spend. Approximately 80% of all LDS expenditure is committed to a range of provisions collectively titled as “Community Care” spend.

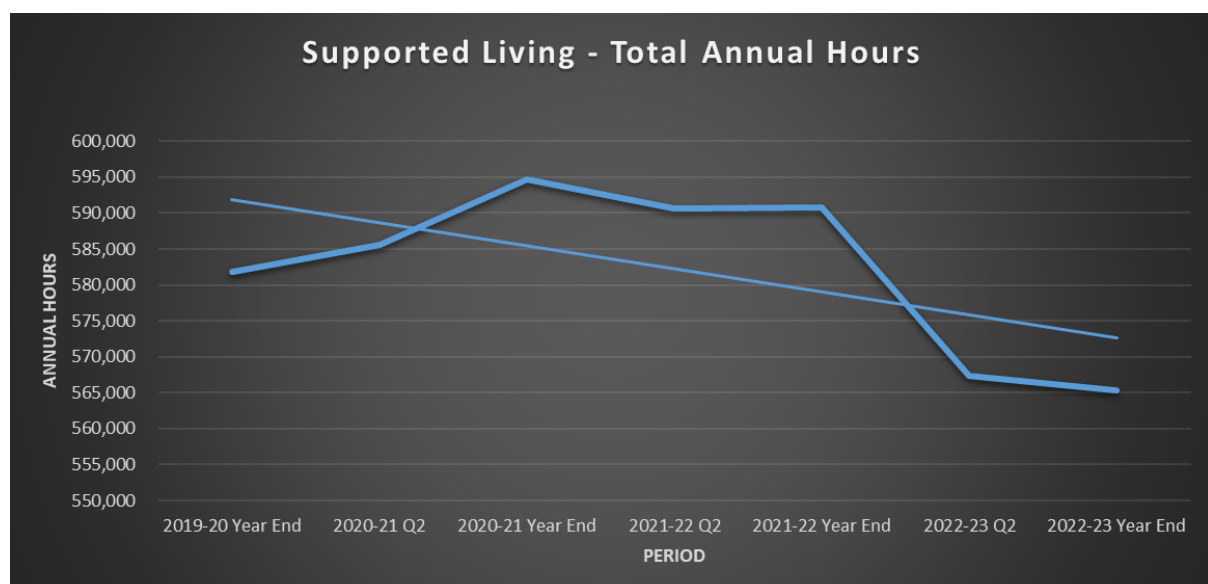
Table 3 below evidences that between 2019 – 2023 the LDS has delivered an overall reduction in “Community Care” expenditure equating to £374K pa.

Table 3

**Learning Disability Service - Care Provision Trends - 2019-20 to 2022-23**

	Hours			Current Rate	Benefit
	2019-20	2022-23	Variance		
Supported Living Overnight Support	581,787	565,265	16,522	20.27	334,901
Sleepovers	121,749	104,187	17,562	12.96	227,604
Waking Night Cover	50,952	49,787	1,165	20.88	24,325
Direct Payments	79,706	108,324	(28,618)	14.24	(407,520)
Client Income (£)	(189,268)	(383,628)	194,360	1	194,360
					<u>373,669</u>

The run chart below builds upon this by highlighting the trend in the reducing volume of support for Supported Living (the largest number of hours of support within “Community Care”). This illustrates that from a peak of 594k hours at year end 2021 there has been an initial gradual reduction followed by a sharper reduction in the volume of hours provided to 565K hours year end \*2023. This coincides with the additional focus of measures to manage the budget spend implemented from 2021.



\*Year end volume and spend 2023 are forecast figures but in line with previous data point reductions.

## 5. Summary

It is clear that the service are on an ongoing journey of improvement and that with further ongoing focus, they will be able to continue to manage the financial risk, provide an enabling approach, and improve outcomes.

The data presented within this paper that expenditure and volume of hours provided have been positively impacted by the range of measures implemented by the LDS during the last 2 years. These measures are now built into the routine management processes in place going forward. However, although the net downward trend in the above areas of service is positive, it is still anticipated that financial pressures in 2023-24 will be reported throughout the year. It is expected that this will be a non-recurring pressure in 2023-24 on the basis that the reduction in volumes is maintained.

The upward trend in Direct Payments is currently not seen as having a negative impact on financial recovery given the hourly rate differential, i.e. £14.24 Direct Payment hour v £20.27 external provider hour.

It is also clear that the recent and ongoing efficiencies initiatives have delivered significant financial savings.

Following this year's allocation of the delegated budgets including LDS to the IJB, the financial risk associated to the LD service is now overseen by the IJB and due to ongoing high levels of spend, there will be further scrutiny by the IJB Audit Committee on an ongoing basis for both the SBC and NHS funded LD allocations moving forward.

Appendix – Julie Haywood report





**Appendix**  
**Learning Disability Care Package (Supported Living) Review Project**  
**Progress Validation**

DRAFT



## 1. Introduction

In June 2021, Scottish Borders Council received a summary report of the outcomes concluded from a review of the Learning Disability Service. The review was conducted in the context of 'an equivalency model'; that meant understanding whether the Learning Disability service is being efficient and effective at ensuring that:

- Anyone with a Learning Disability has needs assessed and care arranged in a way that applies standards, processes and practices that are 'equivalent' to approaches taken with other people in adult health and social care services.
- Anyone with a Learning Disability is offered a package of care in the community that is 'equivalent' in cost and outcomes to what they could have expected to receive had they had care arranged in an alternative, comparable setting/alternative, comparable way.

Equivalency is an important principle in Learning Disability Services because of the inclusion of learning disabilities as a characteristic subject to the Equality Act<sup>1</sup>. The Act requires that no one is discriminated, harassed or victimised by virtue of having a protected characteristic; this includes any restrictions to opportunities, education, work and transport etc. People with a learning disability should expect assessment and (if eligible) support, care and treatment that enables them to live with expectations of empowerment, safety, privacy, dignity, and well-being. Individuals and families should expect to be supported to be as independent as possible; with the lowest level of restriction that is safe and the highest standards of quality care.

The report produced from the review made 10 recommendations for onward consideration. Scottish Borders Council have mobilised significant effort to implement improvements in processes, systems and approaches to ensure that the Learning Disability service is both proactive and proportionate.

The Council wishes to understand progress made against the recommendations provided by the review. A short validation exercise has therefore been commissioned to objectively assess any changes made since the recommendations were provided, and their current/expected impacts.

## 2. Approach

In order to assess progress, the recommendations made in 2021 have been summarised below and agreements made with the Council about the evidence used to consider progress made. The evidence provided is not exhaustive. A range of approaches has been applied e.g. review of paperwork, observations of meetings, staff feedback etc.

The following work has been undertaken:

---

<sup>1</sup> <https://www.gov.uk/guidance/equality-act-2010-guidance>



- Desktop review of the June 2022 GRIP Report, Resource Panel Terms of Reference and Appendices (where provided), Staff Feedback, and 2 Resource Panel records (agenda, submissions and Data reports) from 14.6.22 and 3.5.22
- 2 meetings, 1 with Operational Leads and 1 with the Finance Lead
- Queries to wider Council Leads (Digital, Chief Social Work Officer)
- Virtual attendance to observe a Resource Panel on 21.6.22

A summary of the original recommendations from the review in 2021 (against which progress is being assessed) and the evidence that has been used to consider progress made is provided below.

### **Recommendations in June 2021**

1. The Learning Disability Service should consider whether all future assessments and reviews need a stronger focus on assets/strengths based thinking with more LAC involvement and more focus on community engagement.
2. The Service should continue to ensure that recently implemented changes to put all package requests through scrutiny at the Resource Panel, regularly and regardless of cost or type, is maintained and that the measures of impact being monitored now (i.e. savings achieved) are maintained.
3. The Council needs to make a decision on consistent criteria levels for all users of adult social care to ensure equity is implemented.
4. The Learning Disability Service could consider ways to be assured that all needs described as critical or substantial (whatever the Council eligibility criteria is confirmed to be) really are all critical. Reviewing every care package request at the Resource Panel and considering how other teams in SBC adult social care interpret a need as 'critical or substantial' may assist in creating more confidence about equivalency.
5. The Service should ensure that assessors and reviewers make explicit the alternatives explored and supports/ideas/efforts already exhausted (working and why, not working and why) (with evidence) in all package requests made to the Resource Panel so that the Resource Panel can be assured that a package request is properly evidenced and that need is met proportionately for the individual and with the best financial value for money in mind.
6. The Service should ensure that reviews for all packages are conducted in a timely way (and the council should decide whether reviews in all of adult social care need to be completed minimally every 6 months as in Older Adults) with clear goal setting aligned to the package of care and a review of whether SMART goals are achieved from care provided to date and 'if not why not?'
7. The Service should consider use of technology to assist with prompting reviews, linked to financial decisions about package end dates (whole package or part), this should be considered to assist in the review process and reduce the risk of 'drift'.
8. The Service should consider whether the use of 1:1, 2:1 and specialist face to face support to meet needs is proportionate, aligns with principles of being 'least restrictive' and is warranted by meaningful and considered, evidence and not a risk averse philosophy.
9. The Council should consider if greater deployment of assistive technology can be implemented as a baseline for support.



10. The Service should consider routinely scrutinising all and any packages for 'marginal gains' to be assured that support is not over provided, ineffective and/or that it cannot be provided in a different, more person centred, more community focused AND more cost-effective way.

DRAFT



Disability (Supported Living) Review Project Recommendations & Assessment of Progress to Date		
Recommendation	Evidence Looked For	Evidence Assessment (RAG rate)
<p><b>1. The Learning Disability Service should consider whether all future assessments and reviews need a stronger focus on assets/strengths based thinking with more LAC involvement and more focus on community engagement.</b></p>	<ul style="list-style-type: none"> <li>• Staff self-report confidence, and sufficient training/supervision in deploying assets based assessment and review approaches in their work, (e.g. using positive risk taking strategies and the principles in the Keys to Life etc.) and in being supported by seniors and managers to take this approach.</li> <li>• Processes and paperwork enable staff to be assets based.</li> <li>• Evidence of assets and strengths based assessment, care planning and reviews can be found in individual's documentation.</li> <li>• Evidence of assets and strengths based risk assessment can be found in client documentation.</li> <li>• Managers self-report more consistent involvement of LACs in cases, with positive results (accepted referrals in the main and good outcomes achieved).</li> <li>• Evidence of assets based approaches impacting progress for individual clients is found in measures of success in care plans.</li> <li>• Evidence of asset based approaches impacting use of commissioned services is evidenced via support requested from panel.</li> <li>• Strategies employed to encourage an improved focus on assets e.g. training/workshops/supervision.</li> </ul>	<p><b>Partially Evident (A)</b></p>
<p><b>Comments</b></p> <p><b>Meeting with Douglas Ireland and Susan Henderson 29.6.22 for an Evidence Review: Feedback</b></p> <ul style="list-style-type: none"> <li>• <b>Staff Self-Reporting</b> - Most staff will self-report confidence and sufficient training/supervision to enable them to deploy assets based assessment and review approaches in their work, (e.g. using positive risk taking strategies and the principles in the Keys to Life etc.) and in being supported by seniors and managers to take this approach. Staff are considered to be routinely looking at the assets of the individual, looking at giving people experiences that increase independence and take managed risk to meet outcomes and needs (accepting that some risks cannot be mitigated and so have to be managed).</li> <li>• <b>Good Examples</b> - Senior managers see examples of asset based approaches with social workers, in care plans, in discussions with managers, in moving people out of hospital and high cost care, in moving adults from home with families to supported living with others, in moving from 2:1 support to less, in working with carers, and in facilitated discussions with MDTs/panels. Senior managers consider staff are open and honest with providers, families, colleagues, about what can be offered AND what cannot.</li> </ul>		



They also see social workers using advocates and advocacy organisations in some cases to support with 'fairness' in how decisions are made about packages and needs.

- **Issues in Practice** – Many staff though will self-report insufficient time for asset based approaches to be deployed in practice, and in all cases, because of an increasing emphasis on crisis response and issues with gaps in posts within teams. At times of great pressure people are less able to be creative and staff who are struggling with capacity may not do things that require creativity to address issues. Morale is observed to be very flat at times which impacts staff's ability to deploy skills in planned and time consuming ways. Reactive work sometimes gets in the way of planned work.
- **Development Needs** – Senior Managers consider that some staff and some team managers do have development needs/need more support to do asset based work consistently. Development needs are the case in all and any teams. Where support needs are identified management supervision or more formal improvement work is deployed to enable staff/managers to improve skills.
- **Bespoke Improvement Work** - In support of improvements, the service as a whole has implemented a bespoke approach to supporting staff with Positive Risk Taking with the Risk Management Panel. In this panel staff look at MDT views of very complex needs and risk taking approaches, especially where 2:1 support is provided. Staff scrutinise a selection of high risk cases on a monthly basis so that those packages can be considered for changes to plans (whilst managing risks) to make sure the package is proportionate whilst maintaining good outcomes. Providers, staff, senior managers, partners all support this process.
- **Process Improvements** – Managers in the LD service are unable to change assessment and care planning documentation in itself (to make it SMARTER or more assets based) as it is linked to Council wide approaches and Mosaic. There is recognition that paperwork is long and cumbersome and doesn't lend itself to being SMART but the team is doing more to work on being SMART within support plans. Support plans and assessments are checked in panels and the Resource Panel Checklist requires Social Workers to set time limits on requests. Managers do circle back to make sure that requests are implemented as agreed and that they don't drift. There are IT issues with Mosaic meaning that prepping panel paperwork can be laborious as the system crashes routinely.
- **Involvement of LACs** - Managers self-report more consistent involvement of LACs in cases, with positive results (more accepted referrals in the main and good outcomes achieved). The involvement of LACs is recorded from panel and a LAC team rep sits on the panel membership. The service receives monitoring info from LACs and there is on-going feedback case by case. LACs have developed an outcomes based work flow on Mosaic so managers can see what the LAC team are working towards on an individual case. There is an agreed minimum of 6 weekly updates which helps a Social Worker to see what the LAC is working towards, what's achieved/not achieved etc. Senior Managers acknowledge that there is still work to do to further improve joint working with LACs but a joint service development session is planned. LACs will not be involved with all cases and not all people and that is acceptable to the Learning Disability team. LACs are being tied in much more closely with the new model of day service being tendered too, to ensure more integrated working with day services/and in the community.

**Disability (Supported Living) Review Project Recommendations & Assessment of Progress to date**



Recommendation	Evidence Looked For	Evidence Assessment (RAG rate)
<p><b>2. The Service should continue to ensure that recently implemented changes to put all package requests through scrutiny at the Resource Panel, regularly and regardless of cost or type, is maintained and that the measures of impact being monitored now (i.e. savings achieved) are maintained.</b></p>	<ul style="list-style-type: none"> <li>• Evidence of all package requests going through the Resource Panel can be found in panel processes.</li> <li>• Evidence of monitoring of panel processes, decisions and outcomes is obtainable via reporting.</li> <li>• Metrics describe in each panel outcomes report - numbers of cases scrutinised, numbers of packages declined, numbers approved etc.</li> <li>• Assurances in Panel records show that strengths based care has been applied, progress of care to date is evidenced suitable alternatives explored/exhausted.</li> <li>• Supporting information or examples where panel have requested additional information is evident.</li> <li>• Dates and agendas of panel to demonstrate all requests are scrutinised.</li> </ul>	<p><b>Fully Evident (G)</b></p>
<p><b>Comments</b></p>		
<p><b>Observed Resource Panel 21.6.22.</b></p> <ul style="list-style-type: none"> <li>• This panel meeting received all package requests for the week leading up to the meeting. 7 cases were on the agenda.</li> <li>• The Social Worker and their Manager submitting a request usually attend for each of the cases referred (not at this panel) to present to senior managers on the panel (a LAC representative and operational leads etc.)</li> <li>• Paperwork was submitted for 4 out of 7 requests; it included the Resource Panel Checklist (outlining the request to panel, underpinning evidence, the rationale for the request, alternatives explored, authorisations obtained in advanced and costs of the request), as well as needs assessment, risk assessments and support plans. Not all required paperwork was submitted/submitted in advance for the 4 requests made, where paperwork was available.</li> <li>• Social Workers/Managers/representatives presented the request and were asked to address questions raised by panel managers who scrutinised the information around the request and explored other alternatives (including alternatives such as other providers, other ways of meeting need, risks of placement or carer/breakdown should a request not be funded and therefore risk of escalating costs for the package as a whole, possibility of a direct payment being used to meet need etc.).</li> <li>• <b><u>Case presentation redacted to maintain service user anonymity</u></b></li> </ul>		





- **Miscellaneous Issues:** Remaining panel time was used to consider potential future referrals to panel. A future referral was discussed. Agreement in principle made, for planning purposes, subject to a formal request to panel with all the necessary paperwork and based on the likelihood that not agreeing to the future request will incur increased costs.

Coaching and feedback for staff not submitting correctly/or with poor performance at panel was also picked up.

### Feedback Out with Panel Discussions

- **Meeting Logistics** - The Resource Panel meets routinely to consider any requests for commissioned resources and social workers making any requests are asked to attend with their manager and to have submitted all required submission paperwork in advance (unless the request is an emergency request). The manager and social worker are invited to present the submission and q&a on the request aims to illicit judgements around alternatives tried, options that might be better value for money, risks etc. Social Workers are asked to specify their request as clearly as possible with their rationale as well as the purpose of the request, costs, duration, expectations etc.

There are ToR for the panel which are being refreshed at the current time. The ToR outline the expectations for the panel to operate effectively including aims, membership, and processes.

- **Panel Paperwork and Process** – Panel paperwork has been improved so that submissions to panel are ideally made to the same standard. There is a Resource Panel Checklist which has to be completed with an up to date needs assessment and support plan. Senior managers survey staff to consider their experience of panel too. Staff report lots of positives in their experience of panel (feeling supported, participating in good quality discussions, seeing good practice in decision making, meetings running to time and being efficient etc). There is some concern about the time panel takes and the experience people have in q&a at panel. Feedback from staff particularly suggests that they notice that there is more progress to be made in the quality of submissions (comments referring to submissions that have not been properly prepped in advance or that should have been screened out in advance, not being SMART or inclusive of all possible solutions as well as paperwork requiring duplicated effort etc.) From the surveys of feedback being run more than once senior managers feel that it is an improving picture of feedback from people who experience panel.

Paperwork remains under review but use and application is getting better. The Panel Data Form is used routinely for capturing panel decisions (and panel activity) such that staff are increasingly confident that panel is doing the right thing. The Resource Checklist helps staff pull the key info into a nutshell and the use of the up to date assessment and support plan ensures links to the wider care plan as well as the invoicing of providers, clients, partnership working with health, stat duties etc. Submitting to panel can involve repetition but panel leads expect Social Workers to be able to summarise.

- **Performance at Panel** - Some staff need support/training/improvement work regarding submissions to panel and how to verbally present a succinct, proportionate and evidence and assets based request for resources as well as respond to q&a. Staff have been briefed that





incomplete/poorly reasoned requests will be declined discussion and this is evident in practice but it needs to be 100% consistent to set clear expectations and change behaviour.

- **Data** – Outcomes and decisions from panel are recorded so that managers can monitor variation in packages and reporting on reviews. Managers aim for the spreadsheet to answer the ‘how will we know?’ questions to inform opinion about impact and progress etc. Managers consider that they have what they want for noe in the data report and that it captures the what? why? how?, requirements as well as changes, increase, decrease, bring back rates, LAC involvement, timeliness, decisions, etc. There is on-going monitoring to refine things.

### Desktop Review of Panel Documentation

#### 14.6.22

5 cases on the agenda, 1 deferred due to no paperwork, 1 considered without paperwork (under the emergency criteria), 1 with incomplete paperwork.

- **Case presentation redacted to maintain service user anonymity**
- Data Report – Produced to record the outputs from the meeting; records all the details of the panel including cases, pre panel costs, cost of requests, total package cost post panel, increase/decrease etc as well as notes.
- Panel Outputs - 1 decrease, 4 increases, no referrals to LAC, 1 well produced checklist, 1 that lacked some clarity re costs. Lack of specificity on end dates for changes to packages.

#### 3.5.22

3 cases on the agenda, 1 with incomplete paperwork, 2 with checklists and support plans only.

- **Case presentation redacted to maintain service user anonymity**
- Panel Outputs – 3 increases agreed (Case X referred for onward referral to the ECR Panel), 1 referral to LAC. Some lack of specificity in checklists (end dates, proposed costs, follow on from extra supports).

### Disability (Supported Living) Review Project Recommendations & Assessment of progress to date

Recommendation	Evidence Looked For	Evidence Assessment (RAG rate)
<b>3. The Service should consider whether all future support plans need to demonstrate stronger consideration of those aspects of the ‘Keys to Life’ that were insufficiently evidenced so as to support</b>	<ul style="list-style-type: none"> <li>• Evidence of due consideration to learning, education, work, use of public transport, relationships outside of family etc.) can be found in client documentation.</li> <li>• Managers are assured that any service delivery interrupted by covid is being restarted/has been restarted in line with individual need.</li> </ul>	<b>Partially Evident (A)</b>



**personal growth, choice, control and community participation. Future support plans will need to include reference to the recovery of and engagement with services as restrictions are lifted around Covid-19.**

**Comments**

- Evidence reviewed from panels showed that Social Workers continue to give due consideration to family, friends, other support services like health, housing etc. The challenges Social Workers face in enabling access to public transport (because of rurality and need) continue to be reflected in the on-going requirement for taxis and escorts in many packages.
- There remains limited emphasis on evidencing efforts to create opportunities that try different solutions first (outside of family or commissioned support) using learning, education, training, public transport, personal relationships etc. or to consider how commissioned support might be temporary whilst skills, training, volunteers, friends, housing, advocates, community groups are leveraged to provide follow on support for lower level needs e.g. issues with money management, prompting with domestic skills. The increased involvement of LACs in panels and in the service specification for day services is a very welcome step forward that will support Social Workers who are pressured for the time to be able to be holistically asset based. Comments in panel requests such as ‘it appears unlikely for X to build up his skills in this area to the point that formal support will no longer be necessary’ were unevidenced re: what skills development had been tried to date and what things worked/didn’t work. The emphasis on crisis work and the necessary attention Social Workers are giving to covering vacancies or responding urgently will be impeding the ability to be as creative as they could be (as observed in Recommendation 1) but the culture of the team’s approach needs to shift further to always evidencing requests/statements and assumptions.
- Evidence reviewed from panels showed that individuals are being supported to re-engage with support post covid (re-starting or increasing days etc).

**Disability (Supported Living) Review Project Recommendation & Assessment on progress to date**

Recommendation	Evidence Looked For	Evidence Assessment (RAG rate)
<p><b>4. The Council needs to make a decision on consistent criteria levels for all users of adult social care to ensure equity is implemented. The Learning Disability Service could consider ways to be assured that all needs described as critical or substantial (whatever the</b></p>	<ul style="list-style-type: none"> <li>• The Council has taken steps to ‘harmonise’ the approach to eligibility for adult social care via corporate communications (internally and on the website).</li> <li>• The Learning Disability Service has collaborated with other teams in adult social care to consider how criteria are applied and interpreted.</li> <li>• There is change from 2021 criteria documentation and 2022 criteria in practice.</li> </ul>	<p><b>Unable to assess (B)</b></p>



<p><b>Council eligibility criteria is confirmed to be) really are all critical.</b></p>	<ul style="list-style-type: none"> <li>Reviewing every care package request at the Resource Panel and considering how other teams in SBC adult social care interpret a need as ‘critical or substantial’ may assist in creating more confidence about equivalency.</li> </ul>	
<p><b>Comments</b></p>		
<ul style="list-style-type: none"> <li>We were unable to consider this recommendation properly as no formal evidence was available. SBC representatives recollected discussions at a CMT meeting about the eligibility criteria for Social Work but the paper referred to could not be located and the output from the discussion was unclear to us. Anecdotal information suggested that the issues about eligibility were linked to making potential changes to eligibility to support with managing pressures stemming from Covid-19, rather than harmonising the on-going and different understandings that have sometimes been observed in practice across the Social Work Teams.</li> </ul>		
<p><b>Disability (Supported Living) Review Project Recommendations &amp; Assessment progress to date</b></p>		
<p><b>Recommendation</b></p>	<p><b>Evidence Looked For</b></p>	<p><b>Evidence Assessment (RAG rate)</b></p>
<p><b>5. The Service should ensure that assessors and reviewers make explicit the alternatives explored and supports/ideas/efforts already exhausted (working and why, not working and why) (with evidence) in all package requests made to the Resource Panel so that the Panel can be assured that a package request is properly evidenced and that need is met proportionately for the individual and with the best financial value for money in mind.</b></p>	<ul style="list-style-type: none"> <li>Goals, options explored and requests for commissioned services are backed up by SMART evidence of need and risk in assessment, care planning and reviews as part of client documentation and presentations to the Resource Panel.</li> <li>There is evidence of training or supervision to reinforce the consideration and awareness of alternatives.</li> <li>Paperwork modifications ensure that exploring and exhausting alternatives is a requirement in commissioning applications.</li> </ul>	<p><b>Partially Evident (A)</b></p>
<p><b>Comments</b></p>		
<ul style="list-style-type: none"> <li>There is increasing evidence of goals, options explored and some alternatives being considered before requests for commissioned services are made in panel paperwork. The Resource Checklist requires that such issues are considered and addressed and Social Workers are asked to back up requests with SMART evidence of need and risk in assessment, support planning and reviews as part of client documentation and presentations. Some submissions however still lack specificity or clarity (exact costings, end dates, questions on alternatives exhausted answered as ‘n/a’ on the submission form</li> </ul>		



etc). The increased rigour, noted in recent panel observations, being put around panel including deferring incomplete submissions, providing feedback on inadequate submissions and managers approving submissions first etc is all very positive but there are still gaps in standards.

- There is evidence of supervision to improve panel submissions and reinforce the need to be SMART, consider alternatives etc. The panel feedback survey shows that managers are mostly successful in intercepting submissions to panel and working with Social Workers to either find different solutions or improve the quality for the submission in some cases but again there are gaps.
- Paperwork for panel has been and is modified based on learning from the feedback survey and experience. Assessment and Support Plan paperwork cannot be modified as it is linked to Mosaic.

**Disability (Supported Living) Review Project Recommendations & Assessment of progress to date**

Recommendation	Evidence Looked For	Evidence Assessment (RAG rate)
<p><b>6. The Service should ensure that reviews for all packages are conducted in a timely way (and the council should decide whether reviews in all of adult social care need to be completed minimally every 6 months as in Older Adults) with clear goal setting aligned to the package of care and a review of whether SMART goals are achieved from care provided to date and ‘if not why not?’</b></p>	<ul style="list-style-type: none"> <li>• The Service has a clear and communicated stance on when reviews should be completed and the service is able to meet it’s own expectations on the frequency of reviews being conducted.</li> <li>• Reviews set SMART goals (with analysis and scrutiny if goals have not been met by date) and this is evidenced in client documentation.</li> </ul>	<p><b>Partially Evident (A)</b></p>

**Comments**

- The requirement to submit up to date assessments and support plans with panel requests is assumed to be supporting improvements in the timeliens of reviews. SMART working expectations are included in panel ToR and are beginning to be more evidenced in panel requests.
- The stance on the frequency of reviews was assured by managers in meetings, though the evidence in policy and practice was not clear. Standards for reviews are left to discretionary operational practice, according to feedback from the Director of Social Work and Practice:
 

*‘there will be different practice standards / policies for each of the different elements of provision. It would also depend on the type of case that was being reviewed as some will require less frequent reviews than others’*
- Risks exist for the Learning Disability Team from reviews not taking place where decisions to end/change a support plan or commissioned service were initially agreed, ‘subject to a future review’. The lack of a subsequent and on-time review led to costs being incurred for longer than had originally been intended



in some cases looked at in the original project review. The operation of panel processes and the e links with the MOSAIC finance module reduce these risks to some extent, as does filling vacancies in teams to allow for sufficient capacity to undertake reviews. We still feel though that there should be some minimum standards for undertaking a review as this is in the best interest of the individual, their family and SBC. We also consider that a trigger process should be in place to bring a package forward to panel should an end date for an element of the package have been reached.

<b>Disability (Supported Living) Review Project Recommendations &amp; Assessment of progress to date</b>		
<b>Recommendation</b>	<b>Evidence Looked For</b>	<b>Evidence Assessment (RAG rate)</b>
<p><b>7. The Service should consider use of technology to assist with prompting reviews, linked to financial decisions about package end dates (whole package or part), this should be considered to assist in the review process and reduce the risk of 'drift'.</b></p>	<ul style="list-style-type: none"> <li>The Council has implemented updated IT systems to connect financial monitoring to case based decisions, (especially exceptions and anomalies) in a more 'live' way so that spend and activity can be monitored reliably and information analysis is aligned without time consuming manual cross checking.</li> </ul>	<p><b>Partially Evident (A)</b></p>
<b>Comments</b>		
<p><b>Meeting with John Yallop 4.7.22 for Evidence Review: Feedback</b></p> <ul style="list-style-type: none"> <li><b>Progress Against Financial Plans</b> – The Learning Disability team is observed to be making some financial progress with a new Recovery Plan. Budget forecasts have been reprofiled and recosted over 5 years with re-phasing on big schemes e.g. Shared Lives. Finance observe that Positive Risk taking is a good step forward and wish to see it accelerated (with support). Financial plan savings for Shared Lives are to be considered as cost avoidance, not as savings. A benchmarking exercise is underway with 3 other authorities to look at base budgets which showed the SBC LD budget to be middle of the pack and not an outlier in terms of spend per client. This exercise needs to be updated to look at 21/22 outturn as other authorities seem to work within a clearer financial framework with a per client budget envelope to work within and less end of year overspending against forecast (but this needs to be benchmarked properly).</li> <li><b>Processes</b> – Financial reconciliation used to involve downloading information from Mosaic into a Microsoft Access database which would then go into Business World with start dates etc. The e finance module is being implemented meaning that information can go directly from Mosaic directly to Business World to assist forecasting. Removing the database link will free up finance time to do more value add financial analysis to really understand the financial impacts of panel, reviews, assets based working, the Positive Risk Taking MDTs etc. and bespoke reports such as proportion of spend on particular kinds of support offered e.g. 1:1's, 2:1's, transport, budgeting etc.</li> </ul> <p>Whenever there is a change to a client's package it should ideally be updated in Mosaic within 72 hrs to help forecasting to be accurate, meaningful and useful. At year end forecasts can be inaccurate because changes haven't been incorporated into forecasting as a result of not being included within Mosaic. Projections can be up to £50k out and 2,3,4 mths out of date in worst cases.</p>		



- **Forecasting** – Generally in year forecasting only bases assumptions on what is in Mosaic and assumes that what is in place in year will be in place till year end. Nothing else is built in, so the forecast can fluctuate (with Out Of Area placements, carer breakdown, moving out, deaths) but overall in year gains and losses even out. Children to adults is accounted for with plans of estimated costs for 17yrs to 18yrs. based on actual client data.
- **Delivery Cost Pressures** – Finance are expecting further cost pressures in the LD budget as rising costs in transport, fuel, energy, covid absence rates, agency cover for increasing absence (used to be a 3% absence costs, increased now to 6% but forecast to be nearer to 10%) etc. impact. Homecare providers have received a calculated increase in the rate, as a grant, to cover emergency pressures. Required uplifts in other budgets are also expected.

Disability (Supported Living) Review Project Recommendations & Assessment of progress to date		
Recommendation	Evidence Looked For	RAG rate
<p><b>8. The Service should consider whether the use of 1:1, 2:1 and specialist face to face support to meet needs is proportionate, aligns with principles of being 'least restrictive' and is warranted by meaningful and considered, evidence and not a risk averse philosophy.</b></p>	<ul style="list-style-type: none"> <li>• Evidence that supports use of 1:1 and 2:1 where it is in place is justified.</li> <li>• Reviews of cases where 1:1 was put in place has occurred.</li> <li>• The Service has a clear and communicated stance on when 1:1 and 2:1 etc. should be commissioned.</li> <li>• The service is able to meet it's own expectations on the use of such support. Examples are available of positive risk &amp; behavioural approaches before restricting peoples freedoms.</li> </ul>	<p><b>Partially Evident (A)</b></p>
<p><b>Comments</b></p> <ul style="list-style-type: none"> <li>• A Risk Management Panel is now meeting to review the most complex/high cost packages from a multi disciplinary perspective. The panel aim to explore opportunities for revising support offered using positive risk taking strategies.</li> <li>• Reviews of 1:1 and the intervals of these will be important to monitor restrictive practice and reliance on support that might have been a crisis strategy but without re-evaluation becomes an ongoing commitment without clarity of purpose. Use of personalised 1:1 and 2:1 can also mask gaps in services and service delivery which might otherwise need to be visible and understood. To remove 1:1, 2:1 support month's down the line can be increasingly challenging, therefore monitoring of 1;1, 2;1 etc requires a focused and prioritised approach. A work plan for the Risk Management Panel which brings forward any cases with 1:1 or 2:1 into a timetabled discussion with this panel could assist with this, especially with the focus on positive risk taking in the context of a multi disciplinary discussion with shared accountability, as could financial monitoring of the use of 1:1 and 2:1.</li> </ul>		
Disability (Supported Living) Review Project Recommendations & Assessment of progress to date		
Recommendation	Evidence Looked For	RAG rate
<p><b>9. The Council should consider if greater deployment of assistive technology can be</b></p>	<ul style="list-style-type: none"> <li>• The Council has implemented improved deployment of assistive tech to people with a learning disability.</li> </ul>	<p><b>Not Yet Evident (R)</b></p>





<p><b>implemented as a baseline for support.</b></p>	<ul style="list-style-type: none"> <li>• Examples of where technology is being implemented to realise benefits or capitalise on opportunities exist.</li> </ul>	
<p>Comments</p>		
<ul style="list-style-type: none"> <li>• Senior managers consider that there has been very limited progress made with implementing increased digital support into Learning Disability services with no specific focus on increasing the availability of tech, ensuring for example that a minimum standard of basic assistive technology is made available nor keeping track with any latest technology enablers for people with a Learning Disability within the corporate digital agenda. We made contact with digital leads but were unable to find evidence of planned developments.</li> </ul>		
<p><b>Disability (Supported Living) Review Project Recommendations &amp; Assessment of progress to date</b></p>		
<p><b>Recommendation</b></p>	<p><b>Evidence of Progress</b></p>	<p><b>RAG rate</b></p>
<p><b>10. The Service should consider routinely scrutinising all and any packages for ‘marginal gains’ to be assured that support is not over provided, ineffective and/or that it cannot be provided in a different, more person centred, more community focused AND more cost-effective way.</b></p>	<ul style="list-style-type: none"> <li>• Evidence of realising marginal gains in assessment, care planning and reviews is clear in client documentation and/or presentations to the Resource Panel.</li> <li>• Evidence shows that information taken from monthly client by client finance reports showing all increases and decreases is utilised.</li> <li>• Evidence confirms that the recommended and finally agreed support plans are as efficient as possible. This evidences that no further room or missed opportunities for marginal gains.</li> </ul>	<p><b>Partially Evident (A)</b></p>
<p>Comments</p>		
<ul style="list-style-type: none"> <li>• See connections with 1, 2 and 6 above. Panel processes should be achieving the realisation of marginal gains but panel is at the moment acting more primarily as scrutinsied approval process. If panel is not the vehicle for achieving such progress (and that might be the correct way forward) then the opportunity to achieve marginal gainst diverts back instead to the need to have a really robust, routine and rigorous review process which is assets based, supported by a culture of positive risk taking and SMART working.</li> <li>• A consistent and regular way to review packages of support for people is not yet comprehensively employed. The routine screening whether in supervision or as part of bespoke audit processes would likely also benefit the individual if there are restrictive practice, missed or new opportunities or needs identified.</li> </ul>		

### 3. Analysis

The evidence within the review of progress made so far in addressing the recommendations from the supported living project demonstrates that there is lots of really good work in train. The emerging rigour around the Resource Panel, improving joint working with the LAC team, the initiation of the Risk Management Panel and the discipline being applied to processes are all signals of positive steps forward.

The positive impact on the budget, from this particular aspect of the overall savings programme, is yet to be realised. The team have had financial forecasts reprofiled (and certain savings plans written off due to lack of feasibility). This will have provided temporary relief in financial forecasts but the cost pressures experienced by service providers relating to energy, fuel, staffing shortages etc. are likely to present new financial challenges ahead.

The challenge for SBC now centres around supporting the Learning Disability service to continue progress on the 'small things'; the marginal gains that can be realised by a relentless focus on strong processes, assets based culture, reviews, and positive risk taking, as well as an equally strong focus on the 'big ticket items' (day services, shared lives, high cost placements etc.) The Learning Disability team are in a good place in terms of progress on processes around cases. There are though a few areas to flag if the team are to continue to stride forwards with demonstrable progress. These areas are described below.

#### **1) It Takes Time, Thought and Creativity to be Truly Assets Based**

There are development needs for some staff and managers in terms of routinely deploying assets based skills (and not always defaulting to familiar ways of working). The team should consider some development work to ensure that all staff and managers are deploying asset based skills, routinely, so that any assumptions that an individual with a Learning Disability 'is unlikely to acquire the skills' or will 'need this support for life' are evidenced and if not evidenced then challenged in a helpful and proactive way. The assessment of the person and the strengths in their network or circumstances must be well considered and any interventions must aim to promote individual wellbeing and maximise the utilisation of existing resources within and close to the individual rather than the 'provision' of additional services or 1:1, unless evidenced.

We recognise that being asset based is difficult when staff shortages or pressures in workload require a focus on reactive or crisis based work. However, if support is initiated with assumptions (rather than evidence) that no other assets can be successfully leveraged, it not only provides intervention to the individual that may not be the least restrictive it can also be hard to withdraw the support at a later stage and/or replace it with something more asset based.

In keeping with the original review the aim is to approach any recommendations with the lens of equivalency. Therefore there is still some way to go to be confidently assured on this within Learning Disability services. The analysis found there were instances where creativity and curiosity is applied to working in partnership with individuals and their assets which can lead to proportionate requests or intervention where people can retain or regain their independence and resilience. The team has to strive further for this approach to be evident in all cases.



## **2) Training and Development for Staff is Needed to Improve Consistency of Submissions to Panel**

Some checklists reviewed (and some presentations observed) were more coherent, convincing and just easier to follow/more SMART than others. In some checklists likely end dates were not specified, costs were not always clearly described, or alternatives tried described. Some risks were not 'SMARTly' described on the Resource Checklist with statements on a request for support to help with money management such as risk of 'self-harm' without specificity or evidence either to the request or the individual.

We recognise that variation is always going to be evident and that the panel has adopted a proactive stance on deferring cases that are not properly 'worked up' or alternatives to requesting supplemental funding are not substantiated. Some further development work is required though, with staff and managers e.g. routinely sharing excellent examples, as standards, so that everyone knows what's expected or using a team development session to address improvement requirements.

The panel should always be vigilant on sending applications back, with explanation, if content does not stand up to initial desktop scrutiny (e.g questions with n/a, or incomplete/unconvincing answers, lack of evidence etc). A request to panel more often than not results in a commitment of additional expenditure sometimes totalling many thousands of pounds so the rigour described in the ToR for the panel should always be evident in practice and until that is the case there should be a staff development approach maintained.

## **3) A Funding Framework Might be Helpful to Avoid Risk of too Many Discretionary Decisions and to Support Some Standardisation of 'What if?' Scenarios**

Whilst eligibility of need is a checklist question we are unclear as to the financial parameters that panel has to operate within; put simply is there a 'no limit' financial threshold on cases? We raise this because of the cases observed, it was established there was significant investment already being made before additional funding was agreed, in some. We also raise it because of observed concerns such as 'the foster carers have said that they will pull out of caring if we don't fund x'. The lack of mention of a financial framework for individual cases suggests that decisions about funding are discretionary to the judgement of need. If this is the case there are 2 things to consider:

- 1) Whether the introduction of a financial framework for individual funding requests made at panel would assist Social Workers in conversations with families about 'additionality' in funding requests, avoiding confrontation and helping with transparency in requests, choices, priorities, decisions and limits.
- 2) Whether the introduction of a financial framework for individual funding requests would assist SBC in its quality assurance of decisions made, such that no matter the individuals on the panel, the same parameters are in place for decisions to be made.

This will be important when there is progress on the establishment of criteria for what determines a persons needs as 'critical, substantial' etc and how criteria are applied and interpreted.

#### **4) Panel Members Should be Clear on their Role (and not just their membership) in Panel**

The Resource Panel is gaining maturity and some further formality of how the panel works in practice would assist that process. Panel members should be clear about their roles not just their membership, so that each member knows 'what am I here to do and how is my doing it evidenced?' The Chair role should be supported by active participation from all panel members so that everyone collectively offers shared assurance and so that the panel being effective as effective as possible is not wholly reliant on the input from the Chair.

Roles, responsibilities and functions should be reflected in the ToR for panel and the Chair should ensure they are appropriately discharged in the meeting.

#### **4. Conclusion**

The Learning Disability Team continues to be working hard to constantly respond to the challenges it faces. There are multiple 'green shoots' linked to their response to the recommendations from the review, that will take the team in a positive direction forward.

Given that the original review was relatively recent, services have wrestled with Covid recovery and are now facing longer term structural issues re workforce, external prices etc. seeing green shoots is more positive than the term itself suggests.

The recommendations from the initial review are not yet though fully evidenced in practice in our opinion. We have identified areas where we felt more work is required, as per each recommendation and we have offered further observation and suggestion above. The team needs to tie good process improvements in with further training, development, monitoring and standardisation improvements too, so that impact and benefits can be both more fully realised and demonstrated.

**Julie Haywood**  
**Director and Project Manager**  
**Julie Haywood Consulting Ltd**  
**14.7.22**