1. Summary and Purpose of Report

1.1 This report is the full version of the review, which now incorporates input from the Healthier Communities Select Committee on 17th January, as well as the inclusion of costed recommendations for changes in service provision.

2 Comment from Healthier Communities Select Committee

2.1 At the meeting on 17th January, Members of Healthier Communities Select Committee requested additional information and analysis on the following areas:

- Health needs of people with learning disabilities
- Employment and people with learning disabilities

These additional sections can be found on pages 20 to 23 of the review

2.2 In addition, it was agreed to amend one of the underlying principles of the service so that it now reads “Provide a range of high quality, appropriate, local services as a cost effective alternative to out of borough placements”.

3.1 Recommendation

3.1 Mayor and Cabinet are asked to agree the recommendations set out below. These recommendations are repeated in full, in the main body of the paper, in order that the review can stand as a single document. A summary of recommendations is also published as an appendix. Comments from the discussion at Healthier Communities Select Committee on 6th February will be reported verbally to the meeting of Mayor & Cabinet.
3.2 In undertaking this review it has become clear that there are a range of options available that could be taken to deliver effective and modernised services and reduce the projected overspend in the learning disabilities budget. These are, however, complex areas and careful consideration has been to be given to ensure any changes are consistent with the legal and policy framework under which the learning disability service operates. It is important to note that many of the proposals will require formal statutory consultations before these can be fully agreed by Members and implemented by officers in the adult social service. These consultations will involve discussion with stakeholder and service users, to better understand the impact of these proposed changes on individual clients.

3.3 The section below outlines the areas where service redesign and / or cost reductions are recommended. Figures refer to the full year effect of the saving made to the Learning Disabilities budget.

3.4 Governance

As in the main body of the report (section 5, page 27), it is recommended that the financial accountability of the Learning Disabilities service be brought under the responsibility of one partnership organisation. Initially it would appear that the council is best placed to undertake this role but further work is needed to validate this outline proposal.

Impact –Clearer lines of financial accountability through a single Directorate Management Team.

Potential Savings – None

3.5 Target services to those in greatest need – changing eligibility criteria.

The only needs currently met are those which are identified as being eligible under FACS (Fair access to services); in Lewisham these are restricted to those identified as critical or substantial. Given that eligibility is defined across adult social care, any change in the threshold would require application across the whole spectrum of adult social care. Where the council has sufficient resources to meet all the eligible needs in one band, but insufficient to meet all the needs in the next band they have the discretion to either separate the band into two sub bands or use professional judgements on levels of risk. The theoretical framework by which this might be achieved is being developed and will involve a clear assessment of the risk, which is the main determining factor in defining the level of need.

It is, therefore, recommended that the FACS substantial band is examined in order to establish an upper and lower level of eligibility within the band, not only in relation to the Learning Disabilities service
but across all adult social care provision. By tightening the eligibility criteria, fewer people would receive statutory services. This proposal is subject to the completion of a formal statutory consultation exercise, to assess the impact on individual service users.

*Impact* – Potential impact on all 608 clients of the service.

*Potential saving* – The saving to the Learning Disabilities budget would be £358k.

### 3.6 Carers - Redefining the Role of Carers

In the report considered by Healthier Communities Select Committee on 17th January, a discussion took place on the possibility of re-defining the expected limits of the caring role. For example, only considering residential support when a pre-determined point is reached e.g. death of co-carer, physical infirmity, or when the cost of supporting the carer exceeds that of a residential placement. However, this approach was not endorsed by either the review steering group or the Healthier Communities Select Committee. In addition, a number of objections have been received in relation to this proposal, highlighting the legal position of carers as defined by the Carers (Recognition and Services) Act, 1995 and Carers (Equal Opportunities) Act, 2004. This outline proposal will not be pursued or considered as an area for potential savings.

### 3.7 Harmonising service offer across all client groups

Services are commissioned which, in some cases, enable people with learning disabilities to enjoy a high standard of social interaction and leisure opportunities. Whilst this is consistent with “Valuing People”, it may in some cases result in the provision of a higher level of service than that provided to people from other client groups with comparable eligible needs. Evidence of this higher level of service is provided in the table below which provides examples of the different cost of care packages between the various client groups.
### Sample Cost of Care Packages

<table>
<thead>
<tr>
<th></th>
<th>No of Clients assessed as in substantial need</th>
<th>Sample costs of substantial care package</th>
<th>No of Clients assessed as in critical need</th>
<th>Sample costs of critical care package</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older People</td>
<td>7</td>
<td>£183</td>
<td>5</td>
<td>£488</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>5</td>
<td>£415</td>
<td>5</td>
<td>£741</td>
</tr>
<tr>
<td>Younger Adults with disabilities</td>
<td>5</td>
<td>£115</td>
<td>5</td>
<td>£660</td>
</tr>
</tbody>
</table>

This table reports the average cost of care packages (per week) taken from the 32 case files, sampled as part of the Older Persons’ review. There is evidence of wide variations between different types of care package and the various client groups.

It is, therefore, proposed that a principle of comparability with other residents be adopted and that service responses are limited to those which would be made within other client groups.

**Impact** - Potentially impacts on the quality of life for all clients receiving services: 608

**Potential saving** - Incremental saving as contracts for support are re-negotiated at renewal. Potential saving: up to £220k

### 3.8 Review services to those previously thought to be at risk of offending

There is a small but significant group of clients who can function independently but have previously thought to be at risk of offending. Services are sometimes provided which limit the individual’s scope to make decisions or act without supervision. An option would be to reduce those services delivered through a project, for users whose assessed need now show they only pose a limited risk. It is important to note that a risk assessment would be undertaken with each client prior to the removal of service in this area.

**Impact** - 23 people currently receive services to reduce contact with the criminal justice system.

**Potential saving** - Potential saving: £100k
3.9 **Aligning day centre capacity to the number of users with eligible needs**

There may be a reduction in the number of day care places as a direct result of changes to eligibility criteria and a reduction in the number of eligible users. This is, of course, subject to consultation.

*Impact* – This is difficult to calculate as the figure is dependent not only on the outcome of consultation and therefore the number of FACS eligible users, but also on the proportion receiving day care services. This proposal could potentially impact on most of the 207 clients currently receiving day care services.

*Potential saving* - £150k

3.10 **More cost effective local placements**

The Partnership commissions services for approximately 150 people within private and third sector provision outside Lewisham. Due to the diverse range of need, this is the only practical solution to supporting the needs of some clients; others were placed outside Lewisham many years ago and now view the placement as their permanent place of domicile. A third sub group of clients in these placements were placed in the relatively recent past on the basis of expediency.

In an effort to re-integrate clients with their Lewisham networks and to reduce the costs of out of borough placements, the Partnership has initiated a Back to Lewisham project. The project focuses on clients who meet the following criteria:

- Retain connections with Lewisham
- Wish to move back or have no opinion on their place of domicile
- There is a supporting business case which demonstrates the cost effectiveness of such a move in the short to medium term.

The first cohort of 10 clients who wish to move back to Lewisham has been identified and work commenced to enable the moves where this would be cost effective. It is anticipated that there is a maximum of 25 clients currently placed out of Lewisham who would actively wish to return.

It is recommended to extend the Back to Lewisham Project to include all those for whom return may prove possible.

Extension of the Back to Lewisham Project to include all those for whom return may prove possible would extend the life of the project to 5 years producing a maximum saving of £1.5 million.
Impact – A maximum of 150 clients could be affected by this proposal, however the saving has been calculated on the basis that 10 clients per annum will move back to Lewisham.

Potential saving - Potential saving of £300k per annum for 3 years. Saving of £60k already achieved as part year effect 2006/07.

3.11 Equalising costs of care at home and residential care

There are a limited number of clients who receive outreach services in the family home, the cost of which exceed the anticipated cost of residential care if that were provided as a substitute. It is recommended that the current policy which sets a ceiling for the provision of support designed to maintain clients in the family home is implemented fully. Families would not be denied the right to continue caring in the family home, but the financial contribution from the Borough is fixed at a level which represents the anticipated cost of residential care.

Impact - There are currently 7 clients receiving outreach services which cost more than the average cost of residential care.

Potential saving - If the cost of alternative residential provision to meet assessed need can be contained within the average cost of residential care, the potential saving is £130k

3.12 Transport to colleges

Clients are supported to attend college though the provision of transport, both from the Council’s internal provider and local cab firms. The majority of college attendees who receive transport provision attend colleges which represent a cost effective means of meeting eligible day support, but there are 10-15 people who attend solely for the purposes of further education and have negligible eligible needs during the day. Whilst the Council has the power to commission transport, it does not have a duty to provide; it is therefore recommended review these cases and to offer transport to colleges only when attendance at the college represents a more cost effective way of meeting eligible care needs.

Impact - 10 clients

Potential saving - Up to £30k from internal block contract with Adult Social Care (not learning disability specific).
3.13 **Grants to voluntary organisations / CEL**  
(Putting all grants to voluntary organisations through the formal Council voluntary sector application process)

The Partnership provides a number of discretionary grants to voluntary organisations, which support activities and advocacy for people with learning disabilities without any assessment for eligibility under FACS.

- Lewisham Speaking Up, a self advocacy organisation
- Entelechy Arts, providing support to performing arts for people with learning disabilities
- Mencap Pathway, providing employment support
- Lewisham Mencap
- Lewisham Voice Train the Trainer
- CEL Computer project

It is proposed that in future, these groups seek funding through the Council’s formal voluntary sector grant application process.

**Impact** – The council will be in discussion with these groups in order to mitigate any impact resulting from a reduction in grant, by utilising the Voluntary Grant Aid Programme. In respect of the CEL computer project, negotiations are underway with the learning and skills council to mitigate the impact in this reduction of funding.

**Potential saving** – This proposal would deliver a saving to the Learning Disabilities budget of £244K. It is, however, proposed to offset this saving with additional growth to the voluntary sector grants budget of £100k.

3.14 **Equalising Respite Care**

Respite provision to maintain a family caring relationship is currently provided according to assessed need with no upper or lower limit. Figures show that the number of respite nights provided to the carers of clients with learning disabilities is upwards of 40 nights per annum, while in other adult sector, carers supporting clients with a similar level of need, receive 28 nights. It is, therefore, proposed to provide a comparable level of respite provision to all carers supported by adult social care services.

**Impact** - Limiting the number of respite nights to 28 days would impact on 14 clients

**Potential saving** – £50k, but the need to provide more than one additional residential placement would result in a net deficit.
3.15 **Staffing Changes**

This saving would be delivered by reshaping the staffing mix in assessment and care management, changing the balance between qualified / unqualified staff and professional / administrative staff in operating the duty system and in completing reviews. Savings could be generated by reducing staff establishment numbers.

*Impact -* 1.5 full time equivalent posts may be saved.

Potential saving (year 2/3): £50k

3. **Policy Context**

3.1 Early in 2006/07, the Adult Strategic Commissioning Board recognised the need to review service provision for people with learning disabilities.

3.2 As any fundamental change to service delivery requires a “whole system” health and care service remodelling, the review have been undertaken jointly by the Council and the Primary Care Trust (PCT).

3.3 In discussing the future direction of the service, members will be aware that there are currently significant changes in how the NHS is run – the role of Strategic Health Authorities and Primary Care Trusts is changing. In particular, in London, there is discussion about the relationship of PCTs to the Strategic Health Authority. A major focus for the PCT will be on reducing costs across the whole system. It is expected that over the next few years many health services will move from hospitals into the community with further implications for partnership arrangements and local authority funding.

3.4 Other challenges come from population changes. There is an increased number of people who are living longer, with increased complex needs; and better survival rates of very low birth weight babies with disabilities. Increased survival from better medical provision for children from the late 1980s is now also impacting on adult services. This presents both a need to identify and develop more specialist facilities/care in the adult sector and a resource pressure.

3.5 Relevant to any discussion is the policy framework for health and social care which was set out in the White Paper “Our health, our care, our say” published in 2006. Key messages were that, within national standards, there should be local discretion as to how services are best commissioned and provided, that there should be greater integration of adult social care and community health services, and that services should be individualised and tailored to meet assessed need. Central government has also stressed that, in modernising services, patients should be given an increased voice and that the involvement of users
(and their carers) should be central in the design and delivery of programmes.

3.6 It is also expected that there will be closer integration between councils and local health bodies to develop joined up services to meet the seven outcomes set out for all adult services. These outcomes are wider than the remit of health and social care services and add weight to the need for others services to contribute to the wider community development agenda by promoting social inclusion, strengthening communities and neighbourhoods. There is a big challenge to face in contributing to these wider agendas whilst maintaining services to adult social care users within the confines of a financial envelope that is getting smaller and with greater demand placed upon it.

4. Adult Social Care / PCT funding pressures

4.1 A driving the need for change is the need to ensure that future services are delivered within the available finances. Both adult social care and the PCT are facing significant funding pressures and these are outlined in more detail below.

4.2 The top slicing of London PCTs resource allocation and other financial pressures has led to the PCT forecasting up to an £8m overspend in 2006/7 with an underlying deficit of £10m in 2007/8.

4.3 Underlying budget pressures within the adult social care budget has led to a forecast overspend of £3.7m in 2006/7 with an initial deficit of £7m in 2007/8. According to a report from the Local Government Association/Association of Directors of Social Services (March 2006), 80% of all councils are considering a tightening of eligibility criteria for learning disability, physical and sensory disabilities, and 77% are planning to do the same for older people. Many councils have reported severe budget pressures in adult social care services coming from above inflation fee increases in the independent sector, loss of preserved rights grant and pressures in PCT budgets.

4.4 Overall, however, it has become evident that the social care budget pressures cannot be met through in year budget monitoring and management action alone. Part of the pressures relate to structural budget issues. These have been caused through a historical overestimation of client contributions to care cost and a significant shortfall in central government grant income (preserved rights) in learning disabilities. This is particularly pertinent to the Learning Disabilities budget where £1.0m of the £1.9m projected overspend in 2006/2007 emanates from these structural issues. The second significant area of overspend emanates from an increased intensity in care packages for older people.
4.5 Other budget pressures come from inherited contractual obligations and from a growing number of residents who have no access to public funds and a need for services.

5 Legal Implications

5.1 Local authorities are required to review and publish their eligibility criteria for social care services, usually on an annual basis, in accordance with a framework and guidance produced by the Department of Health in 2003, Fair Access to Care Services (FACS). It provides a framework which categorises needs at four levels; critical, substantial, moderate and low. Although all authorities must adopt the same framework this does not mean they must come to the same service decisions. The guidance allows each Local Authority to decide, with due regard for its resources, where it will establish its own eligibility threshold.

5.2 The decision on eligibility determines whether people get services, across all adult care groups. It is not acceptable to use different criteria for different client groups or specific services.

5.3 The guidance confirms that Councils are expected to set their eligibility criteria taking account of resources allocated locally to adult social care, local expectations and to local costs. They should also take into account agreements with the NHS, including those covering transfers of care and hospital discharge. They should also take into account other agreements with other agencies, as well as other local and national factors.

5.4 The Guidance indicates where the council has sufficient resources to meet all the eligible needs in one band, but insufficient to meet all the needs in the next band they have the discretion to either separate the band into two sub bands or use professional judgements on levels of risk. Therefore there is no requirement for all councils to reach similar decisions on eligibility, nor to provide similar services, to people with similar needs but living in different Local Authorities.

5.5 The Guidance also states that Councils should review their eligibility criteria in line with their usual budget cycles. Such reviews may be brought forward if there are major or unexpected changes, including those with significant resource consequences. A decision to change the eligibility threshold for services requires a proper consultation process with all stakeholders in order to ensure that their views are taken into account.

5.6 In terms of changes to the services for any individual, no service provision may be changed or withdrawn without a re-assessment of the service user. It may be therefore that the needs of the service user will be assessed at a higher level.
5.7 The assessment must also be undertaken by an appropriate person. There may therefore be an increase in resources required to implement a change in eligibility criteria. Where councils do make decisions on changing their eligibility criteria it is lawful to take into account its resources but unlawful to withdraw services from individual service users without a reassessment of their care needs that takes into account the impact for that person. Where a person is eligible to have their care needs met the DOH guidance states that the council should provide services that are cost effective and appropriate.

5.8 Prior to any reductions in grants to the voluntary sector, consultation must be undertaken in line with the agreement reached in the Council / Voluntary Sector Compact.

6 **Equalities Implications**

6.1 The recommendation to harmonise service delivery across all FACS client groups has the potential to impact on all 608 clients of the Learning Disabilities service. It is, however, important to note that this proposal will be subject to a consultation exercise with service users and stakeholders before any final decision. This consultation exercise will include a detailed evaluation on the impact of the change on individual service users. Other recommendations will impact on smaller numbers of users, the details of which are set out in section 3 above.

6.2 The DDA has placed new obligations on both public and private bodies to ensure that services are accessible to people with disabilities and, from December 2006, places new obligations on employers which will actively promote the employment of people with disabilities. Whilst the initial response from all bodies has been to concentrate on physical disabilities, there is increasing awareness of the need to promote accessibility to services and, ultimately, work for people with learning disabilities. With time, this should decrease the needs for specialist support and should ease the dependence of people on the welfare benefits system.

6.3 The cohort of service users with learning disabilities is demographically similar to the general population of the borough. Therefore, these proposals will not impact unfavourable on either gender or BME groups.

7 **Financial Implications**

7.1 The detailed financial implications are contained in the main body of the report. In particular, the service is required to address significant budget pressures estimated at £2,260k for the Council in 2007/08. Saving proposals of £1,632k have been identified, of which £962k will accrue to the council (41% of the savings will accrue to the PCT, due to partnership nature of the funding arrangements). It is proposed the
remaining budget gap will be met through the use of corporate working balances and additional budget allocations.

8 Crime & Disorder Implications

8.1 Any change to the social care services provided to adults with learning disabilities could potentially have an impact on their safety as they may become more isolated and have less contact with other residents. They may also be less aware of risks to their own safety. However the Council and its partners will ensure that advice and support to all adults with learning disabilities, including those who may be considered to be more vulnerable, continues to be offered both through the Community Safety avenues and through the services of alternative providers including the voluntary and community sector.

9 Environmental Implications

9.1 There are currently no environmental implications from this review.

10 Conclusion

10.1 The content of the report that follows in divided into two sections. The first provides information on the current services and the second sets out areas where consideration for change could be given. This work has been carried out to provide a suitable baseline from which the Council and its partners can determine the future offer of services for people with learning disabilities and to ensure that the adult social care and health budgets are brought back in line.
## Appendix (1). Summary of Recommendations

<table>
<thead>
<tr>
<th>Proposal</th>
<th>Total Saving (k)</th>
<th>LBL Saving (k)</th>
<th>Clients Impacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target services to those in greatest need - changing eligibility criteria</td>
<td>358</td>
<td>211</td>
<td>608</td>
</tr>
<tr>
<td>Harmonising service offer across all client groups</td>
<td>220</td>
<td>130</td>
<td>608</td>
</tr>
<tr>
<td>Review services to those previously thought to be at risk of offending</td>
<td>100</td>
<td>59</td>
<td>23</td>
</tr>
<tr>
<td>Aligning day centre capacity to the number of users with eligible needs</td>
<td>150</td>
<td>89</td>
<td>207</td>
</tr>
<tr>
<td>More cost effective local placements</td>
<td>300</td>
<td>177</td>
<td>10 per annum</td>
</tr>
<tr>
<td>Equalising costs of care at home and residential care</td>
<td>130</td>
<td>77</td>
<td>7</td>
</tr>
<tr>
<td>Transport to colleges</td>
<td>30</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>Grants to Vol Orgs / CEL (Putting all grants through the formal Council voluntary sector application process)</td>
<td>244</td>
<td>144</td>
<td>-</td>
</tr>
<tr>
<td>Equalising Respite Care</td>
<td>50</td>
<td>30</td>
<td>14</td>
</tr>
<tr>
<td>Staffing Changes</td>
<td>50</td>
<td>30</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,632</strong></td>
<td><strong>963</strong></td>
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</tbody>
</table>
REVIEW OF LEARNING DISABILITIES SERVICE

SECTION (1) BACKGROUND & CONTEXT

1 Purpose of the Review

1.1 Specialist services for people with learning disabilities in Lewisham are commissioned jointly between the Borough of Lewisham and Lewisham Primary Care Trust. Whilst there is a national strategy for the planning, commissioning and delivery of services to the client group, the review of learning disabilities commissioning in Lewisham was driven by the need to develop a local strategy which ensures that available resources are targeted at meeting the needs of the most vulnerable clients.

1.2 The growth of demand for services to support people with learning disabilities has grown significantly over recent years. Increasing numbers of people with complex and multiple disabilities are living longer into adulthood and require the provision of expensive packages of care to maintain their physical and psychological wellbeing. Whilst the growth in cost was contained during 2003/04 and 2004/05, the commissioning function returned a significant overspend in 2005/06 and anticipates an overspend of approximately £3.0 million in 2006/07 on a combined PCT and LBL net budget of £22.5 million.

1.3 Given that people with the most profound needs are, and will continue to be, the priority in the commissioning and delivery of services, fundamental changes need to be made to the nature and scope of services that can be offered to people with lower levels of need. This paper provides a series of options designed to mitigate the financial effects of technological advance and the resultant demographic change.

2 Client Group

2.1 Demography

2.1.1 Basic Demographics

(a) Using the accepted Intelligence Quotient (IQ) of 70 or below as a proxy for identifying the learning disabled population of the Borough, between 2% and 2.5% of the general adult population would be labelled as having a learning disability. In Lewisham, this would equate to between 3,800 and 4,800 people.

(b) A more sophisticated definition of learning disability includes social dysfunction as an additional criterion; research suggests that this would reduce the learning disabled population to 1% of adults in the Borough i.e. approximately 1,900 people. The total number of people known either to the specialist learning disability care management team or
specialist health teams in Lewisham is approximately 800 of the 1,900 that might be expected to require some form of additional support as a result of cognitive and social dysfunction to enable them to function at an acceptable level i.e. 0.42% of the total population. Although apparently low, this is within the normal national range of 0.25% – 0.5%.

(c) In Lewisham, there are no differences in the prevalence of learning disability between the Borough’s ethnic groups,

2.1.2 Increasing Complexity of Need

Advances in health care have produced two effects which have a bearing on demand for high cost services: improved neonatal survival and increased life expectancy.

(a) The improvements in medical technology both pre-natal, ante-natal and in childhood are leading to an increasing number of people with severe and complex disabilities living into adulthood. Of particular interest are the improvements in neonatal intensive care in the late 1980s and early 1990s which significantly reduced the neonatal death rate and improved the survival rates of very low birth weight babies. Whilst the absolute numbers involved are relatively small, some 26% of live births below 1,500g are of people with significant neurological impairment, compared with less that 2% of full term births. In Lewisham the growth of the numbers of people with complex physical and or psychological needs is illustrated below:

![Clients with complex physical disabilities by birth year](attachment:image.png)
(b) The problem was highlighted in a national report commissioned by the Association of Directors of Social Services published in October 2005 in its consideration of the future demand on services for people with learning disabilities. The evidence published in this report revealed an anticipated growth in the numbers of people with learning disabilities of 12% between 2001 and 2011, but anticipated demand for funding to meet the increasingly complex needs of the learning disabled population increasing by 50%.

Source: ADSS report “Pressures on learning Disability services” 2005
People using social services

Source: ADSS report “Pressures on learning Disability services” 2005

PSS projected national spend at 2004/05 prices

Source: ADSS report “Pressures on learning Disability services” 2005

Growth in spending on personal social services at 2004/05 prices
people with learning disabilities compared with total spending

Source: ADSS report “Pressures on learning Disability services” 2005

17
(c) The population of Lewisham reflects national trends in relation to the increased demand for learning disability services. It might therefore be inferred that, if no action is taken, the requirements for funding would increase by a further £5 million by 2011 to support a population currently in childhood, providing there is no change to other sources of funding which support the client group.

(d) There is currently insufficient research evidence available to gauge likely demand over the next 5-20 years, but it is likely that the trend will continue until at least 2016 when children born in the late 1990s become adults.

(e) Whilst it is laudable that medicine has advanced to the stage that birth weights of 800g can lead to viable individuals, there has been little work to demonstrate the lifetime cost of supporting people with complex disabilities. The lifetime cost to the social care system alone of some young people currently known to services is likely to be of the order of £10 million per individual. Whilst national debate needs to take place about the dilemmas such expensive needs pose, the immediate problem for Lewisham is that the cost of delivering current levels of service cannot be met by the Borough and PCT within existing resources.

(f) Whilst the numbers of people with complex needs growing into adulthood continues to rise, there is a corresponding increase in life expectancy within the client group. Identification, recognition and mitigation of some of the additional health risks associated with some forms of learning disability have resulted in many more people living into old age and developing the problems associated with old age in addition to their life long disabilities.

(g) There is little choice about whether and how the needs of the growing cohort of severely disabled people with complex needs are supported; options for delivering a solution to the current funding problem arising from the growth of the population must therefore be found within the less disabled clients who may be able to maintain a reasonable quality of life with less support or, in some cases, no support.

2.2 Client sub –groups

Of the 800 people known to services, some 608 have current eligible social care needs which are met through packages of care / support. The clients receiving services can be considered to belong to six subgroups as follows:

2.2.1 Profound and multiple disabilities
Number of clients: 100
Annual cost of support: £5.4 million
These clients are the core for whom services are commissioned. The majority are in highly specialised placements, mostly out of borough, although a few are supported in the family home with packages of outreach support for both client and carer. The removal of services would result in serious compromise to their personal safety and wellbeing within hours or days.

Whilst the annual increase in numbers is relatively small, the costs of support are high; this client group represents the major growth area in terms of cost.

2.2.2 Severe learning disability and / or challenging behaviour
Number of clients: 130
Annual cost of support: £6 million

These constitute clients who are unable to make independent decisions on most levels and would not be able to support themselves. Within this client group are some of the people who present the most challenges to both commissioning and services. Very few are supported by their families, the majority having been Looked After Children due to the difficulties that parents faced in caring for them. Whilst these clients are encouraged to live in the local community, this can be problematic from the viewpoints of clients, staff and the general public. Failure to provide any service would result in compromise to the client’s personal safety or that of the general public within days.

2.2.3 Moderate to severe learning disability
Number of clients: 260
Annual cost: 6.5 million

The majority of people in this category have reasonable abilities in some skills for life, but are dependent on services to provide them with prompts and compensating for skills deficits. Whilst able to make some decisions, weighing up the benefits or risks that might arise from decision making can be problematic and would frequently render serious risk to safety. These clients make up the majority of people in supported living schemes, some of whom may be able to move to lower levels of support as they acquire skills; it is highly unlikely that they would be able to survive for more than a week or two without some form of support.

2.2.4 Moderate learning disability but deemed to attract risk
Number of clients: 69
Annual cost: £3.4 million

These clients are able to make choices and balance some risks, but can be provided with services designed to mitigate risks which might fall within the usual range experienced by the rest of the population. By virtue of having acquired the label of learning disability, there is an
historical response which seeks to mitigate all risks, in order to protect both the client and those providing services. The result may be services which are provided on a 24 hour basis to prevent people getting into situations which might give rise to risk.

2.2.5 Moderate learning disability, but social / educational deficit  
Number of clients: 25  
Annual cost: £860k

This group constitutes clients who would have difficulties making good decisions, but have a degree of ability to self support. Some are living in supported living schemes and a few in registered care, although the majority are supported with low level outreach services, day support and / or access to colleges.

2.2.6 Mild to moderate learning disability, but risk of offending  
Number of clients: 24  
Annual cost: £900k

This group includes clients who have usually been referred as a diversion from the criminal justice system on the grounds of an identified intellectual incapacity. A few represent a continued threat to the safety of others, but the majority are at risk of minor offending, or were accused of offences many years ago. This client group is mainly self supporting, but services are provided to mitigate perceived risk of future offending.

3 Health needs of people with learning disabilities

3.1 Overall, the learning disabled population are disproportionate users of health services, although accessing appropriate services can be a challenge for many. People with a learning disability, as members of the general population, have a right of access to appropriate healthcare according to need. In order to facilitate this, services now have an obligation under the Disability Discrimination Act Equality of Opportunity Duty, to ensure that they are adapted to meet those needs.

3.2 In advance of this duty, which came into force in December 2006, the national strategy, Valuing People (2001), recommended that every person with a learning disability should have a “Health Action Plan” developed with Primary Care practitioners. Despite efforts made by individuals and services, people with learning disabilities frequently encounter difficulties in accessing care which is both appropriate and timely; this was highlighted in the recently published Disability Rights Commission investigation into health inequalities experienced by people with learning disabilities and mental health problems.
3.3 General health care

People with learning disabilities are much more likely to suffer from a range of medical conditions than other members of the population, particularly obesity and respiratory disease. The life expectancy of someone with a learning disability is considerably lower than that of the general population. People with learning disabilities also experience complications in the identification and management of medical conditions in the following ways:

3.3.1 Recognising illness: People with learning disabilities may fail to recognise, or understand, the significance of changes in their health and may not be able to report these. This is especially the case for people who live with low levels of support or who do not receive personal care, during which some conditions might be discovered by support staff.

3.3.2 Consent to treatment: Some people lack, or have very limited, ability to make decisions about whether or not to accept a treatment or to make decisions between different treatment options. In these cases, decisions have to be made on their behalf following a formal “best interest” process.

3.3.3 Compliance with treatment: People with learning disabilities may fail to understand the requirements of their treatment programme and may for example, require support in case they attempt to walk before their broken leg has healed sufficiently, or in case they attempt to remove bandages from their eyes following a cataract operation. Without support, there is a risk that recovery may be delayed or the condition made worse, potentially irreversibly.

3.4 Associated conditions

There are a number of syndromes which have associated physical problems; most notable are the complications associated with Down’s Syndrome:

- Heart defects
- Early onset dementia
- Weakness of the neck vertebrae

There are a variety of other syndromes which result in cognitive impairment and varying forms of physical disability or predisposition to illness.

3.5 Complex needs
As has been explored in the section on demography, there are an increasing number of people with a cognitive impairment who have very complex physical needs. Whilst these are not necessarily illnesses, they frequently require medical intervention. Examples of the needs encountered which are met by generic health services include:

- Stoma care
- Prosthetic supply
- Treatment of recurring chest infections
- Support to PEG feeding (feeding by a tube directly entering the stomach).
- Surgical intervention, particularly for bowel related problems

3.6 Specialist commissioned services

The Lewisham Partnership commissions a range of specialist professions to complement generic services in areas which require particular expertise in the long term support of people with learning disabilities. Whilst the long term aim is for some of these to be provided directly by generic teams, some professions have developed skills which are specific to the client group, offering either direct intervention or working with generic services in order to enable access and effective support. The key professional groups commissioned are:

- Speech and language therapy
- Psychology
- Behavioural support specialists
- Physiotherapy
- Occupational therapy

These services are commissioned at the minimum level that enable clients to gain access to appropriate support.

3.7 Health Needs of People with Learning Disabilities – Recommendations

In relation to the health needs of people with learning disabilities, it is recommended that:

3.7.1 That the Council works with and supports the PCT in the implementation of the recommendations made within the Disability Right’s Commission’s report on its formal investigation into health inequalities for people with learning disabilities;

3.7.2 That representatives from the PCT Public Health Department provide Members with regular feedback on progress in enabling better access to health care for people with learning disabilities. This is particularly relevant in fulfilling the obligations placed upon PCTs and Local Authorities in fulfilling the requirements of
the Disability Equality Duty placed on public bodies by the Disability Discrimination Act.

3.7.3 That health related targets in Local Authority Agreements take particular account of the differences in need and requirements for provision to the client group as a key indicator of progress.

4 Key Legislation and Strategies

4.1 Fundamental legislation

The assessment of need and provision of services to those eligible is carried out under a variety of legislation, including:

- National Assistance Act 1948
- Chronically Sick and Disabled Persons Act 1970
- National Health Service and Community Care Act 1990
- Carers (Recognition and Services) Act, 1995
- Carers (Equal Opportunities) Act, 2004

4.2 Contributing Legislation and relevant Strategies / Guidance

4.2.1 Welfare reform

(a) The Department for Work and Pensions published the Green Paper, A New Deal for Welfare: Empowering People to Work, in January 2006. The Green Paper placed increased emphasis on encouraging people who are able to work to do so. The emphasis is very much on the potential consequences of not working as opposed to the support that those not in employment might expect. For people with learning disabilities, this may have two main effects:

(i) A new expectation upon those people who have an identified learning disability but who have the capacity to do useful work, this will be particularly relevant in the context of reforms arising from the Disability Discrimination Act (see below).

(ii) A questioning of access to commissioned day opportunities, not available to other groups of adult service users. To some extent, this has already commenced with the introduction of Fair Access to Care criteria across the client groups, and a proposal for a local determination that only those people with higher needs should receive services in Lewisham (see Social Care guidance below).

4.2.2 Social Care guidance
(a) Local authorities are required to review and publish their eligibility criteria for social care services, usually on an annual basis, in accordance with a framework and guidance produced by the Department of Health in 2003, Fair Access to Care Services (FACS). It provides a framework which categorises needs at four levels; critical, substantial, moderate and low. Although all authorities must adopt the same framework this does not mean they must come to the same service decisions. The guidance allows each Local Authority to decide, with due regard for its resources, where it will establish its own eligibility threshold. Of the four categories of need described in FACS, Lewisham currently provides services only to meet needs which are assessed as being Critical or Substantial. Historically, some clients with moderate continue to receive support from the Learning Disabilities service.

4.2.3 Our Health, Our Care, Our Say

(a) The White Paper extended the concept of self determined care beyond the initial pilots within learning disability services as part of the “In Control” project. This will enable people to take greater control over the services which are provided to meet their eligible needs without the difficulties currently associated with direct payments. The scheme is widely viewed as a means by which spending might be better contained; although this may be the case for people with low to moderate needs where these are eligible, it is not likely to have a significant effect on the costs associated with supporting people with more complex or immediate needs.

(b) The Social Care Green Paper, Independence, Choice and Wellbeing, discussed the balance of risk sharing between individual and state, advocating an approach in which individuals increase the choices open to them through taking personal responsibility for some of the risks associated with support. Our Health, Our Care, Our Say reflects responses to the Green Paper and commits the DoH to developing a national approach to risk management in conjunction with other Government departments. Part of the proposals set out in this paper anticipates that national debate and should act to provide practical examples which will help to inform the larger debate.

(c) Whilst entirely consistent with Valuing People, the concept of “choice” will need to be strictly bounded if the costs associated with support are to be contained in a way which ensures that the Partnership is able to continue to support people with a full range of eligible needs within available resources.

4.2.4 The Disability Discrimination Act (DDA)

The DDA has placed new obligations on both public and private bodies to ensure that services are accessible to people with disabilities and, from December 2006, places new obligations on employers which will
actively promote the employment of people with disabilities. Whilst the initial response from all bodies has been to concentrate on physical disabilities, there is increasing awareness of the need to promote accessibility to services and, ultimately, work for people with learning disabilities. With time, this should decrease the need for specialist support and should ease the dependence of people on the welfare benefits system.

4.2.5 Improving the Life Chances of Disabled People

The Government strategy for disabled people takes a 25 year view of the changes that need to be wrought within Government and society as a whole to empower people with disabilities. It is a broad and ambitious document that fully supports arguments and approaches that have previously been the province of specialist commissioners and advocacy groups. ‘Improving the Life Chances of Disabled People’ states that, by 2025, disabled people should have full opportunities and choices to improve their quality of life and be respected and included as equal members of society.

4.2.6 Carers (Equal Opportunities) Act

The Carers Act has conferred new rights upon informal carers, most notably a right to employment, education and social life, with a concomitant duty upon services to provide additional support for the cared for. Whilst central Government has, to some extent, made financial provision for this through increased Carers’ Grant allocation, the full effects have yet to be determined. Since enactment in April 2005, the increase in demand for services has been relatively slow to build amongst older carers but has increased demand from the carers of young people. In the longer term, demand is likely to continue to increase.

4.2.7 Education – the Learning and Skills Council

The Learning and Skills Council (LSC) is responsible for the funding of all post 16 education for young people and, for people with disabilities, has a responsibility which extends to the age of 25. Earlier this year, the LSC has completed consultation on “Through Inclusion to Excellence”, a strategic review of planning and funding the provision of post 16 learning for people with learning difficulties and/or disabilities. Whilst emphasising the need to ensure that this group of students is accorded high priority, it suggests radical reform to the funding regime for residential college placements. This may have a profound effect on both individual learning and the financial position of the Lewisham Partnership. There are indications that discussions have already commenced between Government Departments about transferring the responsibility for funding any health or social care support required at residential colleges to Local Authorities and PCTs.
4.2.8 “Supporting People”

Supporting People (SP) is the national initiative aimed at bringing together all the funding associated with housing support for people who require it. The Supporting People Grant (SPG) is a grant made directly by the DCLG (Department for Communities & Local Government) to local authorities and is administered by them in conjunction with the local Primary Care Trust and Probation Service. The SP Grant provides funding which maintains a significant number of people with learning disabilities in their own tenancies within Lewisham. Recent criticism of the relatively high cost of supporting people in tenancies within Lewisham by the Audit Commission will result in a re-distribution of funds. Given the reliance on supported living as the main form of residential support to people with learning disabilities in the borough, any reductions in the grant that result in a diminution of support may have a profound effect unless housing support is cross-subsidised by social care. The unit costs associated with SPG for people with learning disabilities are high when compared with national averages; whilst this is an artefact of the reliance on this model within Lewisham and represents a model to which most authorities aspire, national judgements about the application of the Grant are based on averages.

4.3 Valuing people

4.3.1 Valuing People is the national strategy for the development of services for people with learning disabilities. Prior to the last decades of the 20\textsuperscript{th} century, learning disability was viewed in the same way as chronic health conditions with support being provided on a model based on institutional care in hospital settings. In the 1980s and 1990s, a series of strategies were published which sought to re-define learning disability within a social context i.e. to move away from the medical / institutional model and to move towards support within the local community. The development of principles and thinking that flowed from this led to the publication of “Valuing People” in 2001. The majority of the concepts and examples of good practice were based on developments within Lewisham in the 1980s and 1990s, the lead author, currently the National Director of Learning Disabilities, having been responsible for the closure of the local hospital for people with learning disabilities and the establishment of the Lewisham Partnership in 1993.

Valuing People is predicated on four principles:

- Rights
- Choice
- Independence
- Inclusion

4.3.2 In order to promote these principles, it recommends that services be based on individual assessment with individualised service responses
from all agencies involved in social support or development. This embraces social care, education, health services, housing provision, leisure services, employment, the criminal justice system, transport and any other service that citizens may have contact with in a social context. Valuing People clearly sets the lead responsibility for ensuring delivery of support to people with learning disabilities as citizens with the social services function of Local Authorities and forms one of the bases for the monitoring of Council performance.

5 Governance and Partnership

5.1 Specialist services for people with learning disabilities in Lewisham are commissioned by the Lewisham Partnership as a joint commissioning body accountable both to LB Lewisham and Lewisham PCT. This arrangement is consistent with the Government’s vision of partnership between Local Government and the NHS as articulated in “Strong and Prosperous Communities (2006):

“……to build on the reforms set out in the Health Act (1999) and Our health, our care, our say (2006), by engendering systematic partnership working between NHS bodies, local authorities and other partners, for example through greater use of joint appointments, pooled budgets and joint commissioning. We want to see health and social care services delivered seamlessly around the needs of patients, families and carers, and local partners able to work together in tackling the wider causes of social exclusion, worklessness, and vulnerability”

5.2 The Partnership is accountable managerially to both the Executive Director of Community Services and the PCT Chief Executive through the Joint Director of Commissioning.

5.3 Governance is through accountability to the Joint Strategic Commissioning Board via the Learning Disabilities Executive Steering Group. In recognition of the joint application of resource through the Lewisham Partnership, financial accountability is via a finance sub group of the Executive Steering Group which reports into the finance structures of both organisations at a senior level.

5.4 While the present arrangements have been successful in supporting the development of the service, change is now required in order to meet the challenges of the future. Further work is needed to develop a range of detailed proposals, however, the key policy issues are as follows.

5.5 At present, financial accountability sits at partnership level but outside the remit of a single partner organisation. Given the financial challenges impacting on the future delivery of the service, it is recommended that the partnership arrangements are amended in order to ensure accountability through a single organisation. Initially it would appear that
the council is best placed to undertake this role but further work is needed to validate this outline proposal.

5.6 At a strategic level, there is a need to explore further the issue of case assessment and care management. Presently, there are separate arrangements in place for each client group served by the adult social care service. These arrangements are inconsistent in approach across the division. After further investigation, there may be benefits in combining these arrangements into a single process for use across service areas in the adult social care division.

6 Information & Systems

6.1 Robust information and data systems are essential to the management of all public services. This is particularly so in relation to a service delivered through partnerships arrangements. The respective partner organisations must be confident that systems are reliable and that both financial and performance data is of a sufficiently high quality as to meet national and local standards. They will also require information to be presented consistently with financial and performance reports prepared by other sections of their respective organisations.

6.2 To date, the service has made limited use of systems operated by the respective partner organisations. However, following recent project work to improve business processes, it has been agreed that the service will now utilise the SWIFT database. This brings the Learning Disabilities service into line with the other service areas in adult social care, all of which use the SWIFT data system.
7 Needs and Services

The following table shows the main service types provided to adults with learning disabilities and the Fair Access to Care eligibility status of the people who use them.

The tangible services provided to support people with learning disabilities can be divided into 8 broad categories:

7.1 Outreach (Domiciliary Care)

Generally time limited support provided to an individual in either the family home or their own home. This consists of named workers providing a range of support from assistance with shopping through to intensive personal care for people with both a learning disability and complex physical disabilities.

7.2 Transport

Transport is provided to a limited number of people who are assessed as requiring a service which is remote from their home, have no other means of travel and are prevented by virtue of their intellectual incapacity, or physical dependency, from travelling independently on public transport. There remains a small but significant number of people, otherwise ineligible under FACS criteria for services, for whom the provision of transport, particularly to social events and educational facilities, is an historical legacy of long term provision.

7.3 Residential support in borough

24 hour staffed residential care is provided to a limited number of people within the boundaries of Lewisham. This form of care which is regulated by the Commission for Social Care Inspection limits the rights of individuals and their access to benefits and has largely been superseded within the borough by the provision of supported living schemes.

7.4 Residential care outside Lewisham

Given the diverse range of need within the learning disabled population, the provision of some specialist services locally is not a practical option. A range of providers within the private and not for profit sector are commissioned to provide specialist support.

There also remain a number of people placed outside the borough who were placed many years ago and for whom dislocation from the networks that they have developed over many years may not be appropriate.
7.5 Supported Living

Supported living schemes entail the provision of social care and housing support to people who have tenancies with housing associations and LBL. Primarily this is within shared, or group, accommodation but encompasses a range of provision including self contained flats. Supported living is funded through a combination of direct benefits to individuals, the Supporting People Grant (for housing related needs) and social care funding (for social / physical care needs). Lewisham is seen as an example of national best practice with the majority of people requiring residential based support being supported within this type of service as opposed to registered residential care.

7.6 Day Services

Day support is provided to clients in a number of ways, but is primarily building based within Lewisham. The clients supported in this way access three major types of service:

"Mainstream"
Generally a form of day respite for people living with their families, but there is a significant number of people for whom this is the basis of their social life. The strategic intent is to reduce reliance on this form of support as other services, both statutory and more widely, become more accessible to people with learning disabilities.

Challenging Needs Service
Intensive day support to people whose behaviours cause significant challenges in other settings. This is a growing client group; the strategic intent is to increase capacity in this area.

Intensive Support Resource
Intensive day support to people with complex physical disabilities as well as learning disabilities. This client group is generally totally dependent on assistance to perform even the most basic tasks of day to day living. As explored above, this client group is increasing and is expected to continue to increase as advances are made in neonatal care.

7.7 Nursing Care

A very small number of clients require placement in registered nursing homes by virtue of extremely complex or intense physical needs.

7.8 Respite

Respite care is provided to families who support a client in the family home to enable maintenance of the care relationship and to enable
family carers to take planned breaks from caring. It is primarily provided within registered care homes either within or, in exceptional cases, outside the borough.

7.9 Summary of Care Packages Provided to Clients

<table>
<thead>
<tr>
<th>Service</th>
<th>Moderate/Deteriorating</th>
<th>Substantial</th>
<th>Critical</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domiciliary Care</td>
<td>13</td>
<td>174</td>
<td>24</td>
<td>211</td>
</tr>
<tr>
<td>Transport</td>
<td>3</td>
<td>62</td>
<td>7</td>
<td>72</td>
</tr>
<tr>
<td>Residential In-borough</td>
<td>1</td>
<td>44</td>
<td>2</td>
<td>47</td>
</tr>
<tr>
<td>Residential Out-of-borough</td>
<td>1</td>
<td>131</td>
<td>17</td>
<td>149</td>
</tr>
<tr>
<td>Day Care</td>
<td>0</td>
<td>31</td>
<td>3</td>
<td>34</td>
</tr>
<tr>
<td>Supported Living</td>
<td>0</td>
<td>215</td>
<td>54</td>
<td>269</td>
</tr>
<tr>
<td>Nursing Care</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Respite</td>
<td>2</td>
<td>38</td>
<td>7</td>
<td>47</td>
</tr>
<tr>
<td>TOTALS</td>
<td>20</td>
<td>696</td>
<td>116</td>
<td>832</td>
</tr>
</tbody>
</table>

This information is presented graphically as follows:
8 Eligibility and Assessment of Need

8.1 Eligibility for learning disability services within Lewisham is subject to a two-tier process. The first stage is designed to test whether the potential client has a learning disability; the second is the same assessment under the national eligibility criteria that forms the basis of assessment of eligible need across adult social care.

8.2 On initial referral, whether from children’s services or as an adult, each potential client is screened to determine whether they have a learning disability. In order to be eligible, they must have a lifelong cognitive impairment and social disability resulting from the cognitive impairment. The process is multi-disciplinary and contains levels of scrutiny / decision making for agreeing the provision of services where eligibility may be in doubt. This is not a test of whether the client has eligible care needs, but a test of whether learning disability services are the most appropriate to meet any potential needs. Those people who are screened out are directed to services which may be better placed to assess their eligible needs and / or provide suitable specialist healthcare input.

8.3 Once “screened in”, a community care assessment is offered by the learning disability care management team based on the national criteria under Fair Access To Care Services, taking into account the level of need which qualifies for services within Lewisham; this is currently a need defined as “substantial” or “critical”. The care manager will then design a package of care to meet identified eligible need. This will undergo two forms of scrutiny before a package of care is commissioned:

- Scrutiny by the care manager’s supervisor;
- Presentation to a multi-disciplinary and multi-agency funding panel. The panel will test a) proportionality of the proposed response to identified need and b) value for money.

In parallel with the care management process, referral will be made to specialist health professionals where need is indicated.

8.4 The resulting package of care will vary from low level intervention designed to maintain current family support to placement in a highly specialised residential care home outside the borough. Paradoxically, the level of scrutiny applied to low level interventions for relatively common needs will frequently be greater than that applied to expensive placements designed to meet specific and unusual needs. The reasoning behind this is the fact that the availability of services to meet complex and multiple needs is frequently driven by a national market with choice of provider being limited and prices set at a level that the market will bear.
9 Finance and budgets

9.1 Sources of funding

(a) The Lewisham Partnership is jointly funded by the Borough and Lewisham PCT. The PCT has retained commitment to investment in learning disabilities commissioning and the associated pressures despite a diminishing client base for whom it has financial responsibility. The ratio of investment between LBL and the PCT is currently approximately 59:41; any deficit or surplus at year end being shared between the organisations pro-rata to contribution. The PCT have indicated that they wish to review the current historic arrangement over the coming months due to its own financial pressures.

(b) The differing budget setting timetables and accounting arrangements between LBL and the PCT have proven problematic as the size and complexity of the two budgets have grown. Whilst these have been overcome with relative ease during the years that the Partnership under-spent, the recent cost pressures on the budgets that have operated as a de-facto pool for 12 years have revealed some of the underlying difficulties associated with maintaining parallel budgets. Work is currently underway to develop mechanisms that will mitigate future unanticipated problems arising from this, particularly the harmonisation of budget performance reporting, developing a common understanding on the treatment of overheads and source and application of funds.
The relative contributions as shown as follows:

<table>
<thead>
<tr>
<th>Budget Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lewisham Primary Care Trust contribution: 59%</td>
</tr>
<tr>
<td>London Borough of Lewisham contribution: 41%</td>
</tr>
</tbody>
</table>

### 9.2 Who the money is spent on

**Number of people**

In 2006, there are 608 people with learning disabilities receiving services.

**Age**

The average age of people with learning disabilities receiving services is 38 years old. Services are provided to adults aged from 18 years old, with no upper limit.

**Ethnicity**
Almost 64% of people with learning disabilities receiving services are white British or white Irish. Black African and black Caribbean people comprise 23%.

*Fair Access to Care eligibility*
Eighty-three percent of people with learning disabilities receiving services are at the Substantial level of eligibility. A further 9% have a Critical level of eligibility, whilst 8% are identified as Moderate/ deteriorating.

9.3 What the money is spent on

The budget of £22.6m is spent on services for adults with learning disabilities and on overheads as follows:

<table>
<thead>
<tr>
<th>Area of spend</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services for adults with learning disabilities</td>
<td>£20.7m</td>
</tr>
<tr>
<td>Overheads</td>
<td>£1.9m</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£22.6m</strong></td>
</tr>
</tbody>
</table>

The following services, the number of people receiving them and the total cost of each type of service are as follows:

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Number</th>
<th>Total cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach (Home Care)</td>
<td>211</td>
<td>£977,000</td>
</tr>
<tr>
<td>Transport</td>
<td>72</td>
<td>£215,600</td>
</tr>
<tr>
<td>Residential In-borough</td>
<td>47</td>
<td>£1,937,704</td>
</tr>
<tr>
<td>Residential Out-of-borough</td>
<td>149</td>
<td>£7,625,839</td>
</tr>
<tr>
<td>Day Care</td>
<td>34</td>
<td>£497,700</td>
</tr>
<tr>
<td>Supported Living</td>
<td>269</td>
<td>£7,532,705</td>
</tr>
<tr>
<td>Nursing Care</td>
<td>3</td>
<td>£92,500</td>
</tr>
<tr>
<td>Respite</td>
<td>47</td>
<td>£656,600</td>
</tr>
<tr>
<td>Professionals, grants etc</td>
<td></td>
<td>£1,144,774</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>832</td>
<td><strong>£20,680,422</strong></td>
</tr>
</tbody>
</table>

Note: the figures above represent the number of provisions; individuals will frequently access more than one form of support.

The following table details the overheads

<table>
<thead>
<tr>
<th>Overheads</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff cost (PCT &amp;LBL)</td>
<td>£1,213,479</td>
</tr>
<tr>
<td>Training (clients)</td>
<td>£90,000</td>
</tr>
<tr>
<td>Learning Disability Development Fund &amp; Adaptations</td>
<td>£259,000</td>
</tr>
<tr>
<td>Premises, supplies &amp; services, transport</td>
<td>£348,100</td>
</tr>
<tr>
<td><strong>Total;</strong></td>
<td><strong>£1,910,579</strong></td>
</tr>
</tbody>
</table>
PART (2) POLICY FRAMEWORK, ISSUES AND OPTIONS FOR CHANGE

10 Background

10.1 The main policy guidance relating to the support of people with learning disabilities stems from the Government Strategy for people with learning disabilities: “Valuing People”. Since its publication in 2001, the Government’s commitment to furthering the rights of people with disabilities as full and active citizens has been further demonstrated through the publication / enactment of further strategies and legislation. Key amongst these are the Disability Discrimination Act and the attendant Disability Equality Duty, and “Improving the Life Chances of Disabled people”, the Government strategy to bring disabled people fully within the scope of an “opportunity society”.

10.2 The principles set out in Valuing People i.e. Rights, Independence, Inclusion and Choice are entirely consistent with other Government policy and form the basis by which services are both developed and monitored.

10.3 The intention of Valuing People was to provoke change in attitudes specifically to people with learning disabilities across all areas of society. The remit for the implementation of the strategy fell primarily on one Government Department (Department of Health), and progress has largely therefore been monitored by that Department.

10.4 To date, Lewisham’s strategic and policy position has been to develop services that support people with learning disabilities to ensure they have access to services as full citizens and that positive action should be taken to achieve this.

10.5 Partners need to develop this vision within the framework of increased demand, finite resources and equity amongst client groups.

11 Key Issues to be considered in shaping future direction

11.1 Expectation

Expectation can be viewed from two perspectives: the whole system’s expectation of someone with a cognitive impairment, and the expectation of response from the system by the individual. Once someone has been defined as having a learning disability, expectation of that person’s capacity to benefit from services or to engage in certain activity, e.g. employment, is frequently very low. This not only disables the individual but provokes further specialist responses which in turn reinforces the individual’s disempowerment. Once systems are in place that have a low expectation of the individual and a culture which is risk averse, the expectations of clients and their families are heightened and, all too frequently, an assumption is made that the
social care system will provide for all their needs from personal care through to housing and leisure opportunities.

If expectations of individuals are low at an early stage, there is a lack of incentive for individuals to push the boundaries of their abilities. By reframing attitudes conveyed by professionals and others and placing the emphasis on ability rather than disability, real and sustainable change in demand can be effected over a period of years.

11.2 Transition

At age 18, the funding responsibility for meeting the eligible needs of young people with learning disabilities transfers from the Children and Young People’s (CYP) Directorate to the Lewisham Partnership. Whilst the receipt of services commissioned by CYP does not automatically confer a right to service as an adult, the majority of clients transferred do have needs which require service provision under FACS. Given the demographic change referred to above, the associated packages of care are frequently at the high end of spectrum. Of the £1.04 million additional pressure in residential care during 2005/06, £1 million related to young people transferring from CYP services.

11.2.1 To improve the management of this financial problem, two actions have been taken:

(a) Involvement in decision making relating to complex placements of young people under 18 jointly with CYP

Representatives from both the Lewisham Partnership and South London and Maudsley NHS trust attend the CYP complex needs Placement Panel meetings with a view to obtaining better value for money and outcomes for young people with lifelong needs. This has resulted in a reduction of the financial pressures faced by the CYP Directorate and will result in a sustainable reduction on the costs associated with transition cases at 18 in the medium term.

(b) Modelling transition costs

The Executive Director for Resources has commissioned a piece of work to explore the concept of funding following the client though transition. The aim of this is twofold:

- To improve decision making within the Children’s Placement Service by encouraging a whole life / system view on placement decisions
- To mitigate the financial risks to adult services at transition

Within the model, any saving realised through the deaths of adult clients would be re-directed to children and young people following initial assessment. Clearly this is likely to create an imbalance with time
and would need readjustment on a regular basis. The results of the modelling are expected in the near future.

11.3 Employment

11.3.1 In light of the prevailing attitude to risk and expectation, assumptions are often made that people with learning disabilities are incapable of meaningful employment, leading to a dependence on both services and benefits. For many people this is not the case, but a combination of employer resistance and the provision of opportunities which the non-disabled population see as a benefit of employment, e.g. choice of leisure opportunities, effectively excludes people from the employment market once they have been assessed as being “learning disabled”.

11.3.2 Further work has commenced as part of the Council’s corporate response to the Welfare Reform Bill to ensure that the employment needs of people with learning disabilities are accorded suitable priority in the local development of employment opportunities. Of particular importance will be the contribution that public sector employers are able to make, the opportunities that are afforded by Lewisham’s inclusion in Thames Gateway and the developments in preparation for the Olympic Games in 2012.

11.4 Summary

In summary, the Lewisham Partnership is committed to the key policy principles underlying the services offered to people with learning disabilities. These are to:

- Support people to live independently in their own or family homes
- Encourage and support people into employment
- Provide a range of high quality, appropriate, local services as a cost effective alternative to out of borough placements
- Deliver high quality services to service users within the resources available.

12. Recommendations

12.1 In undertaking this review it has become clear that there are a range of options available that could be taken to deliver effective and modernised services and reduce the projected overspend in the learning disabilities budget. These are, however, complex areas and careful consideration has been to be given to ensure any changes are consistent with the legal and policy framework under which the learning disability service operates. It is important to note that many of the proposals will require formal statutory consultations before these can be fully agreed by Members and implemented by officers in the adult social service. These consultations will involve discussion with stakeholder and service users, to better understand the impact of these proposed changes on individual clients.
The section below outlines the areas where service redesign and/or cost reductions are recommended. Figures refer to the full year effect of the saving made to the Learning Disabilities budget.

11.2 Governance

As outlined above, it is recommended that the financial accountability of the Learning Disabilities service be brought under the responsibility of one partnership organisation. Initially it would appear that the council is best placed to undertake this role but further work is needed to validate this outline proposal.

Impact – Clearer lines of financial accountability through a single Directorate Management Team.

Potential Savings – None

11.3 Target services to those in greatest need – changing eligibility criteria.

The only needs currently met are those which are identified as being eligible under FACS (Fair access to services); in Lewisham these are restricted to those identified as critical or substantial. Given that eligibility is defined across adult social care, any change in the threshold would require application across the whole spectrum of adult social care. Where the council has sufficient resources to meet all the eligible needs in one band, but insufficient to meet all the needs in the next band they have the discretion to either separate the band into two sub bands or use professional judgements on levels of risk. The theoretical framework by which this might be achieved is being developed and will involve a clear assessment of the risk, which is the main determining factor in defining the level of need.

It is, therefore, recommended that the FACS substantial band is examined in order to establish an upper and lower level of eligibility within the band, not only in relation to the Learning Disabilities service but across all adult social care provision. By tightening the eligibility criteria, fewer people would receive statutory services. This proposal is subject to the completion of a formal statutory consultation exercise, to assess the impact on individual service users.

Impact – Potential impact on all 608 clients of the service.

Potential saving – The saving to the Learning Disabilities budget would be £358k.
11.4 Carers - Redefining the Role of Carers

In the report considered by Healthier Communities Select Committee on 17th January, a discussion took place on the possibility of re-defining the expected limits of the caring role. For example, only considering residential support when a pre-determined point is reached e.g. death of co-carer, physical infirmity, or when the cost of supporting the carer exceeds that of a residential placement. However, this approach was not endorsed by either the review steering group or the Healthier Communities Select Committee. In addition, a number of objections have been received in relation to this proposal, highlighting the legal position of carers as defined by the Carers (Recognition and Services) Act, 1995 and Carers (Equal Opportunities) Act, 2004. This outline proposal will not be pursued or considered as an area for potential savings.

11.5 Harmonising service offer across all client groups

Services are commissioned which, in some cases, enable people with learning disabilities to enjoy a high standard of social interaction and leisure opportunities. Whilst this is consistent with “Valuing People”, it may in some cases result in the provision of a higher level of service than that provided to people from other client groups with comparable eligible needs. Evidence of this higher level of service is provided in the table below which provides examples of the different cost of care packages between the various client groups.

### Sample Cost of Care Packages

<table>
<thead>
<tr>
<th></th>
<th>No of Clients assessed as in substantial need</th>
<th>Sample costs of substantial care package</th>
<th>No of Clients assessed as in critical need</th>
<th>Sample costs of critical care package</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older People</td>
<td>7</td>
<td>£183</td>
<td>5</td>
<td>£488</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>5</td>
<td>£415</td>
<td>5</td>
<td>£741</td>
</tr>
<tr>
<td>Younger Adults with disabilities</td>
<td>5</td>
<td>£115</td>
<td>5</td>
<td>£660</td>
</tr>
</tbody>
</table>

This table reports the average cost of care packages (per week) taken from the 32 case files, sampled as part of the Older Persons’ review. There is evidence of wide variations between different types of care package and the various client groups.
It is, therefore, proposed that a principle of comparability with other residents be adopted and that service responses are limited to those which would be made within other client groups.

*Impact* - Potentially impacts on the quality of life for all clients receiving services: 608

*Potential saving* - Incremental saving as contracts for support are renegotiated at renewal. Potential saving: up to £220k

11.6 **Review services to those previously thought to be at risk of offending**

There is a small but significant group of clients who can function independently but have previously thought to be at risk of offending. Services are sometimes provided which limit the individual’s scope to make decisions or act without supervision. An option would be to reduce those services delivered through a project, for users whose assessed need now show they only pose a limited risk. It is important to note that a risk assessment would be undertaken with each client prior to the removal of service in this area.

*Impact* - 23 people currently receive services to reduce contact with the criminal justice system.

*Potential saving* - Potential saving: £100k

11.7 **Aligning day centre capacity to the number of users with eligible needs**

There may be a reduction in the number of day care places as a direct result of changes to eligibility criteria and a reduction in the number of eligible users. This is, of course, subject to consultation.

*Impact* – This is difficult to calculate as the figure is dependent not only on the outcome of consultation and therefore the number of FACS eligible users, but also on the proportion receiving day care services. This proposal could potentially impact on most of the 207 clients currently receiving day care services.

*Potential saving* - £150k

11.8 **More cost effective local placements**

The Partnership commissions services for approximately 150 people within private and third sector provision outside Lewisham. Due to the diverse range of need, this is the only practical solution to supporting the needs of some clients; others were placed outside Lewisham many years ago and now view the placement as their permanent place of
domicile. A third sub group of clients in these placements were placed in the relatively recent past on the basis of expediency.

In an effort to re-integrate clients with their Lewisham networks and to reduce the costs of out of borough placements, the Partnership has initiated a Back to Lewisham project. The project focuses on clients who meet the following criteria:

- Retain connections with Lewisham
- Wish to move back or have no opinion on their place of domicile
- There is a supporting business case which demonstrates the cost effectiveness of such a move in the short to medium term.

The first cohort of 10 clients who wish to move back to Lewisham has been identified and work commenced to enable the moves where this would be cost effective. It is anticipated that there is a maximum of 25 clients currently placed out of Lewisham who would actively wish to return.

It is recommended to extend the Back to Lewisham Project to include all those for whom return may prove possible.

Extension of the Back to Lewisham Project to include all those for whom return may prove possible would extend the life of the project to 5 years producing a maximum saving of £1.5 million.

**Impact** – A maximum of 150 clients could be affected by this proposal, however the saving has been calculated on the basis that 10 clients per annum will move back to Lewisham.

**Potential saving** - Potential saving of £300k per annum for 3 years. Saving of £60k already achieved as part year effect 2006/07.

11.9 Equalising costs of care at home and residential care

There are a limited number of clients who receive outreach services in the family home, the cost of which exceed the anticipated cost of residential care if that were provided as a substitute. It is recommended that the current policy which sets a ceiling for the provision of support designed to maintain clients in the family home is implemented fully. Families would not be denied the right to continue caring in the family home, but the financial contribution from the Borough is fixed at a level which represents the anticipated cost of residential care.

**Impact** - There are currently 7 clients receiving outreach services which cost more than the average cost of residential care.

**Potential saving** - If the cost of alternative residential provision to meet assessed need can be contained within the average cost of residential care, the potential saving is £130k
11.10 Transport to colleges

Clients are supported to attend college though the provision of transport, both from the Council’s internal provider and local cab firms. The majority of college attendees who receive transport provision attend colleges which represent a cost effective means of meeting eligible day support, but there are 10-15 people who attend solely for the purposes of further education and have negligible eligible needs during the day. Whilst the Council has the power to commission transport, it does not have a duty to provide; it is therefore recommended review these cases and to offer transport to colleges only when attendance at the college represents a more cost effective way of meeting eligible care needs.

Impact - 10 clients

Potential saving - Up to £30k from internal block contract with Adult Social Care (not learning disability specific).

11.11 Grants to voluntary organisations / CEL
(Putting all grants to voluntary organisations through the formal Council voluntary sector application process)

The Partnership provides a number of discretionary grants to voluntary organisations, which support activities and advocacy for people with learning disabilities without any assessment for eligibility under FACS.

- Lewisham Speaking Up, a self advocacy organisation
- Entelechy Arts, providing support to performing arts for people with learning disabilities
- Mencap Pathway, providing employment support
- Lewisham Mencap
- Lewisham Voice Train the Trainer
- CEL Computer project

It is proposed that in future, these groups seek funding through the Council’s formal voluntary sector grant application process.

Impact – The council will be in discussion with these groups in order to mitigate any impact resulting from a reduction in grant, by utilising the Voluntary Grant Aid Programme. In respect of the CEL computer project, negotiations are underway with the learning and skills council to mitigate the impact in this reduction of funding.

Potential saving – This proposal would deliver a saving to the Learning Disabilities budget of £244K. It is, however, proposed to offset this saving with additional growth to the voluntary sector grants budget of £100k.
11.12 Equalising Respite Care

Respite provision to maintain a family caring relationship is currently provided according to assessed need with no upper or lower limit. Figures show that the number of respite nights provided to the carers of clients with learning disabilities is upwards of 40 nights per annum, while in other adult sector, carers supporting clients with a similar level of need, receive 28 nights. It is, therefore, proposed to provide a comparable level of respite provision to all carers supported by adult social care services.

Impact - Limiting the number of respite nights to 28 days would impact on 14 clients

Potential saving – £50k, but the need to provide more than one additional residential placement would result in a net deficit.

11.13 Staffing Changes

This saving would be delivered by reshaping the staffing mix in assessment and care management, changing the balance between qualified / unqualified staff and professional / administrative staff in operating the duty system and in completing reviews. Savings could be generated by reducing staff establishment numbers.

Impact - 1.5 full time equivalent posts may be saved.

Potential saving (year 2/3): £50k

12 Consultation Exercise

12.1 A number of recommended areas for change, such as the eligibility criteria and charging, are subject to formal consultation. Consequently a consultation plan will be developed to ensure that key partners, service users and their advocates, carers and other interested parties are consulted with and engaged in the development of any proposals.

12.2 Some consultation has already taken place on the broad areas likely to be subject to change but where appropriate full consultation will take place on the detail of the proposals and the likely impact and associated risks.

12.3 In addition, service users and others will be involved in the development of the preventative and well being strategy which will look at ways in which the Council and its partners can support and promote the development of preventative and early intervention approaches within communities and within the voluntary and community sector, to help residents in Lewisham maintain their health and wellbeing.
Appendix A

Financial performance

Graph 1: Shows a comparison of the net budget to actual expenditure for the years 2003 to 2006.

Graph 1
Graph 3 shows the cost of new services provided in the years 2003 – 2006, adjusted to compensate for the effect of outliers resulting from court direction and an exceptional transition case. The figure for 2006-2007, is a mid-year prediction, but represents a full-year effect.

Graph 3
Graph 4 represents the same information shown in graph 3, but with the outliers included to show the true annual growth figures for the years 2003-2006. Again, 2006/2007 is a prediction, but represents a full-year effect.

Graph 4

Graphs 3 and 4 make no allowance for unpredicted growth as a result of clients not currently known to the system.
In order to provide context, graphs 5 and 6, show the number of people with disabilities, known to and served by the Lewisham Partnership. Comparisons are given with four other inner London boroughs.
Appendix B

Benchmarking

Lewisham benefits from a well-established, diverse, provider market operating in-borough. The main participants are six private/voluntary providers, known as the Not-for-Profits (NFPs), and London Borough of Lewisham’s own internal provider of supported living and outreach services. Benchmarking of in-borough provision has been carried out in the following ways:

Soft market testing

The Lewisham Learning Disability Framework Panel, an approved provider list, was begun jointly by Lewisham Partnership and London Borough of Lewisham’s Procurement Team in 2002/03 and invited tenders from the established Lewisham providers in addition to other national and regional providers, as a form of “soft market testing”.

- Fifty-nine organisations expressed interest.
- Thirty-seven organisations returned a completed first stage questionnaire.
- Tenders were invited for supported living services; residential care and outreach support from 25 organisations.
- Of these, 16 organisations, including the Lewisham providers were considered to offer at least adequate quality levels and value for money.

Benchmark results showed that the Lewisham providers were competitive, and often less expensive than alternative providers. For example, the cost of supported living services, which form the majority of the services in-borough, provided by Lewisham providers was almost 6% less than average whilst the costs of the other 10 alternative providers were over 3% more than average (Graph 1)
Graph 1 shows the costs provided by each of the 16 organisations for the provision of supported living services in Lewisham:

- The existing Lewisham providers are represented as Lewisham 1 – 6.
- The 10 new providers are represented as External 1 – 10.
- The lower line shows the mean cost of the Lewisham providers.
- The middle line shows the overall mean cost for all 16 providers.
- The upper line shows the mean cost of the external providers.
- There are two clear outliers, Lewisham 2, a provider of residential care services, and External 5 a large registered social landlord.

Outreach services offered by Lewisham providers cost 14% less than average, whilst the costs of these services offered by eight alternative providers was over 8% more than average (Graph 2).
Graph 2 shows the costs provided by 14 organisations for the provision of supported living services in Lewisham:

- The existing Lewisham providers are represented as Lewisham 1 – 6
- The eight new providers are represented as External 1 – 8
- The lower line shows the mean cost of the Lewisham providers
- The middle line shows the overall mean cost for all 14 providers
- The upper line shows the mean cost of the external providers

**Independent benchmarking**

Social Services Performance Assessment Framework Indicator A0/B14: Unit costs of residential and nursing care for adults with learning disabilities for 2003-2004 (this indicator was deleted the following year) awarded Lewisham the maximum score of 4, and placed Lewisham’s unit cost as the 3rd least expensive amongst the comparison group of 13 inner-London boroughs.


Eight inner-London boroughs as comparators. The exercise revealed difficulties in comparing like-with-like due to differences in:

- Joint health and local authority funding arrangements
- Proportions of registered residential care services to supported living services in each borough
- Proportions of people placed in and out of borough

Due to these problems the results of the benchmarking exercise had to be treated with caution for a number of reasons:

Lewisham has a long established joint funding arrangement between the local and health authorities and does not distinguish between these sources of funding, whereas other boroughs do and only provided information on local authority contributions.

As a result, Lewisham’s total expenditure was compared with only a part of the comparators’ expenditure on services for adults with learning disabilities. This made the comparators’ expenditure appear to be lower than Lewisham’s expenditure and, therefore, made Lewisham’s expenditure to appear higher than that of others.

The model of service in Lewisham, of people with learning disabilities living in supported living rather than residential care services, which was formally approved by Lewisham Council and which formed the basis of the Government’s white paper, Valuing People (2001), was different from the model operated by the eight comparators.
Graph 3 shows the percentage of supported living to residential care services in-borough.

Graph 3

Less than 15% of the housing stock used by people with learning disabilities in borough is in the form of registered residential care homes, whilst the remaining 85% provide people with learning disabilities with tenancies and support by providers registered with CSCI to provide domiciliary support.

Despite these methodological weaknesses, the report concluded that “Lewisham has a high level of expenditure but gets good value for money for our expenditure” and recommended that further analysis was required.

Benchmarking club

In 2005, in response to the difficulties of comparison highlighted above and the recommendation that further analysis was necessary, Lewisham Partnership engaged in more detailed benchmarking with London Borough of Bromley, one of the comparators in the Public Accounts Committee investigation, as a prelude to forming a “benchmarking club”. This revealed that:

The effect of not including Bromley Primary Care Trust’s expenditure on learning disability services in the previous benchmarking exercise had been to show that Lewisham’s average cost per capita was 73% higher than Bromley’s.
Correctly including Bromley PCTs’ expenditure showed that the true position was that Lewisham’s average cost per capita was only 0.7% higher than Bromley’s.

The next stage is to expand the relationship with Bromley into a benchmarking club with other comparator boroughs in order to obtain more accurate and meaningful benchmarking data. This will require the development of an understanding of the different service models used by each borough.

As an example, Bromley’s model of support differs quite considerably from that used in Lewisham. Lewisham supports almost twice as many people with learning disabilities (per capita) and 57.5% more people in real terms (315 people vs 200 people) who require either supported living or residential care services in borough as Bromley does.

This difference was reflected in the costs of out-of-borough placements made by Lewisham and Bromley (Graph 4).

Graph 4 compares the number of people placed out of borough at a cost between £30,000 per year and £200,000 per year by Lewisham and Bromley.

Bromley’s model places 2.3 times as many people costing between £30,000 and £59,000 per year out of borough than Lewisham’s does.

From £60,000 per year the numbers placed out of borough match more closely.

Lewisham places five more people out of borough than Bromley does in the £80,000 - £89,000 range.
Bromley places three more people out of borough than Lewisham does in the £100,000 to £200,000 range.

In 2006, Lewisham is working with an additional 17 London boroughs to compare high cost (>£1,500 per week) out of borough placements in order to profile providers and to identify ways to manage the market more effectively.

**Supporting people**

The service model operated in Lewisham of supported living rather than registered residential care services means that many people with learning disabilities live in housing that is eligible to receive Supporting People Grant. As a result, Lewisham Partnership is working closely with the local Supporting People Team to benchmark supported living services internally and externally, whilst avoiding the problems encountered during the Public Accounts Committee exercise by ensuring that services are clearly and transparently defined and are compared with similar services both within and outside of Lewisham. An initial exercise with three comparator boroughs has begun and has already revealed difficulties in benchmarking with boroughs that have different proportions of supported living to registered residential care services and different levels of need met by these services.

**Constant comparisons and tendering experience**

Services for people with learning disabilities in Lewisham are commissioned in two ways:

Care managers identify an individual client’s needs and then explore service options that will meet these needs before presenting these options and a recommendation to Funding Panel. In this way, constant comparisons are made between service cost and effectiveness.

Tenders are issued under the Framework Panel for larger scale developments. In these costs and quality measures are compared between alternative providers. Experience has shown that new services provided by the existing Lewisham based providers offer at least equal value for money as external providers. For example, in one tender for a specialist learning disability/mental health supported living service, the successful Lewisham provider cost 16.8% less than the average for the tender and was between 4.7% and almost 44% less expensive than alternative providers.

**Benchmarking Conclusion**

As stated above, benchmarking in this area is particularly difficult given the complex nature of client needs and the different approaches to funding across the various partnerships. It is, however, clear that, in some areas (domiciliary and residential care), Lewisham costs are low compared with other providers. In other areas, most notably, Supporting People, costs would appear high in comparison with other authorities. Evidence from the Older People’s Review would also indicate that the overall costs of packages are more higher for
people with learning disabilities than for other client groups such as older people or young adults with physical disabilities. For example, the average cost of service to a client with learning disabilities is approximately £35k per annum, compared with £10k for an older person.