

Good Practice Case Study

Shaping Adult Learning Disability Services to save £650,000 by 2011 ▼



Just one of Leicestershire County Council's Personalisation Agenda events

Creating a framework for learning disabilities and high support needs ▼

Through a collaboration between all nine local authorities in the East Midlands, funded by East Midlands Improvement and Efficiency Partnership (EM IEP) and hosted by Leicestershire County Council, the shape of adult social care for learning disabilities and high support needs is changing.

A framework has been implemented that has created a consistent level of service and an improved quality of care alongside driving efficiencies. The way authorities procure services has been challenged and aligned alongside introducing pricing tools. Additionally, the demand for residential services has been re-assessed, in light of the Personalisation Agenda and move towards supported living, in line with the principles of 'Our health, our care our say' (Department of Health 2006) and 'Valuing people now' (Department of Health 2007).

Already, Leicestershire County Council alone has made annual savings of between £115,000 and £137,000 per annum, with the whole project forecasted to generate efficiencies of £650,000 by 2011.

"A key aim of this project was to meet efficiency targets as set by the medium-term financial strategy of the Council. However, when talking about adult social care, it is important that as well as driving savings, the less tangible human angle is considered. As the project has progressed there are many personal stories telling of how many people's lives have changed for the better; this, combined with those savings, indicates that this project has been truly successful."

Surinder Peberdy
Project Officer
Leicestershire County Council

A 'snapshot' of Adult Learning Disability Services ▾

Medical advances mean that people with the most severe learning disabilities are now living longer and the care available to them is vastly superior. This means that the cost of care for this group is soaring. For example between 2001 and 2006 the total expenditure on what is known as 'Complex Care' in Leicestershire, Leicester City and Rutland increased by 129% from £3.4 million to £7.8 million.

Leicestershire County Council, along with Lincolnshire County Council, had the highest number of individual placements of Complex Care in the East Midlands (67 placements each costing over £1,000 per week in Leicestershire in 2005). Much of this care is delivered through residential

homes, although as a result of the Personalisation Agenda, emphasis is shifting to supported living.

In 2007 it was identified that because of the specialist nature of the care, many authorities were using the same care providers, but each was procuring the care separately, at different rates and using differing procurement rules. By working together collaboratively, there was the opportunity to gain efficiencies as well as delivering a consistent level of service and improving the quality of care for service users.

This turning point heralded the start of the Shaping the Market for Learning Disabilities and High Support Needs Project.

Steering change ▾

To ensure the project had momentum and represented all of the partner authorities' views, a steering group was established, managed by an experienced Operational Service Manager in the care industry. The other partners were represented by contract officers and contract managers to allow opinions from both a strategic and tactical level to be taken on board. A locally-appointed project officer was also attached to the group and the local NHS partnership trust and the Primary Care Trust were also

included in order to give expertise in tendering for health needs.

After substantial debate about health needs, it was determined that the steering group should appoint a number of approved suppliers which could help facilitate the shift from residential care to supported living. This was a difficult decision as it not only involved the need for structural change in the system, but also a cultural change. This was both on the part of the authorities which were used to the residential care model for people with such severe learning

disabilities, and also on the part of the families of the service users, who often feel more secure with the 24-hour care that is offered through residential homes.

The process for appointing providers was as follows:

- 1.** Advertising the prospect of provider open days at both a national and regional level.
- 2.** Involving providers in shaping the specification, to allow them input into the process.
- 3.** Open days were held in Leicestershire with interested providers, facilitated by Eastern Shires Purchasing Office (ESPO).
- 4.** Developing and informing the framework further, based on the input from providers at the open day.
- 5.** Tender process carried out in January 2008.

6. Contracts 'live' in January 2009.

7. Series of launch events in each authority area, plus a launch pack made available for front line teams called 'An Easy Guide to the EMCE framework'.

The resulting framework saw four approved providers being appointed; two for supported living and two for residential care. Two methods of use were also agreed:

- 1.** Call-off: The contracts secured 100 places that could be used by any of the authorities within the project over a three-year period.
- 2.** Mini-tender: If a provision of care for a group of individuals was required, the approved providers could undertake a mini-tender.

This second method allowed the introduction of a greater degree of competition, giving the authorities added flexibility.

Taking care to consult ▼

Throughout the whole process, a huge amount of consultation took place, to ensure the very best framework was created for all stakeholders involved in complex care:

Member authorities:

It was imperative that all the authorities within the project achieved benefits from being involved. Therefore consultation amongst the steering group was vital. Prior to the contracts being signed,

the group met monthly to consult and agree the way forward. Since the contract went live, the group has met bi-monthly to review progress.

Providers:

As the framework meant that the project would be working closely with a select number of providers, it was important that relationships were built with the potential organisations from a very early stage. This process began at the open days, when honest discussion of the issues took

place. For example, the benefits of a cost-volume model, plus views on appropriate inflation uplifts. In addition, providers were asked what could be built into the framework to make it a more attractive proposition for them, with answers including standardised performance indicators for monitoring across all the authorities within the project.

Service users and their families: Making significant changes to the care that a service user receives can be a highly emotional time, both for them and their families, particularly with the shifting emphasis to supported living. Therefore it was

absolutely essential to involve them in the process. After the tender had been sent out a series of panel interviews were held, followed by visits to some of the supported living buildings. This really helped change some of the families' perceptions of this type of care. Six service users, their families and key workers, then completed a score sheet on each of the shortlisted providers, written in an easy-to-read, accessible format. The format allowed for the scores to simply be mathematically added up, with an equal weighting based on one person equalling one vote.

Results so far and lessons for the future ▾

- Less than 18 months since the contracts went live (halfway through the project), 61% of the original number of places have been taken up, with future planned placements reaching the initial full quota of 100 places
- So far efficiencies of more than £315,000 have been recorded across the region
- Leicestershire County Council alone has achieved annual savings of £114,000 across just six placements
- The funded posts based at Leicestershire County Council supported annual savings of £28,000 for Nottingham City Council and £65,000 for Rutland

County Council funded placements

The project has brought to light many lessons which can be used in future collaborative initiatives:

Relationships and consultation is absolutely key: Between authorities involved in the project, with healthcare professionals, with providers and with service users and their families. Without it, it is believed that the framework would not have been developed correctly for either the authorities or the providers, and the families of the service users would have been very reluctant to move from the health model of residential care to the social model of supported living.



Leicestershire carer and resident

The size of a project can cause delays: In several instances it was difficult to gain agreement from all the project members, which caused delay. For example, early in 2008 two authorities found they still had residential care needs for Complex Care placements; until that point the focus had been on supported living. Eventually a residential care element was added to the tender and two providers were appointed, which caused a significant delay. However, to date none of the residential placements have been utilised.

It's crucial to understand the level of need from each partner authority to inform a meaningful framework and therefore contract: Each authority must understand their potential level of need, so that a joint strategy can

be made prior to any negotiation with providers. This ensures that the correct allocation is gained for the best price.

It's essential that the project team communicates with relevant people within their own individual authority: No matter how enthused the individual representative on the steering group, the key messages and benefits of the project have to be communicated back to the wider team within each authorities. For example to the social workers, commissioning managers and service managers to ensure they utilise the framework in their everyday jobs.

Start with the highest cost placements first: In the instance of

Complex Care, these can be the most difficult to implement but will reap the highest rewards in terms of savings. This demonstrates the worth of using the framework to others.

Just two providers is potentially too narrow: The Shaping the Market for Learning Disabilities and High Support Needs Project appointed just two providers for supported living and two for residential care. On reflection, to drive more competition within the contract, it would perhaps be advisable to broaden this out and

allow for provision of greater choice in a restricted market place.

Legal expertise is recommended, especially for bigger projects: With so many authorities involved, each with their own individual objectives as well as those of the project, it is recommended that there is a legal element within the framework, to ensure that all parties feel secure in the agreement.

Influencing the future ▾

This particular project will culminate in 2011, but already its influence is far-reaching:

- Each local authority has mainstreamed the management of the Framework Agreement
- A similar procurement framework is being considered amongst all nine authorities, this time in the area of Drug and Alcohol Rehabilitation
- Leicestershire County Council plans to replicate the principles of the Framework Agreement for Joint Commissioning arrangements in partnership with Leicester City Council, Rutland County Council and NHS

Leicestershire County and Rutland for people with learning disabilities and Continuing Health Care and Complex Care Needs

- Leicestershire County Council has developed an independent Supported Living Framework Agreement for other Supported Living Services for people with learning disabilities and mental health. This came into effect on first April 2009. Services have been tendered for contractual compliance, with efficiencies quantified in May 2010

Notes ▾

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East Midlands Improvement and Efficiency Partnership Case Studies

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The EM IEP Support Team publish case studies showing how East Midlands councils are improving services, and delivering significant improvements and efficiencies.

The case studies are intended to inspire councils in the region, and indeed nationally, to transform services and benefit from the processes developed by those councils that have pioneered the way forward.

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