



**Neath Port Talbot**  
**Castell-nedd Port Talbot**  
County Borough Council Cyngor Bwrdeistref Sirol

**Social Services, Health and Housing  
Directorate – Strategic Delivery Plan for  
Learning Disability Services**

March 2018



**Improving Outcomes,  
Improving Lives**

*promoting high quality, responsive, citizen  
centred social care*

---

## **Contents**

<b>Foreword .....</b>	<b>2</b>
<b>Vision and Guiding Principles .....</b>	<b>3</b>
<b>Strategic Objectives .....</b>	<b>4</b>
<b>Drivers for Change .....</b>	<b>6</b>
<b>People with Learning Disabilities and Current Service Provision .....</b>	<b>7</b>
<b>Current Service Model .....</b>	<b>7</b>
<b>Financial Position .....</b>	<b>9</b>
<b>Our Priorities – What we plan to do .....</b>	<b>11</b>
<b>Priority 7 - Complex Needs: Learning Disabilities &amp; Mental Health Services .</b>	<b>11</b>
<b>Case Study .....</b>	<b>12</b>
<b>Commissioning Intentions.....</b>	<b>13</b>
<b>Outcomes .....</b>	<b>13</b>
<b>Action Plan for Learning Disability Services (April 2018 – March 2019) .....</b>	<b>15</b>

DRAFT

## Strategic Delivery Plan for Learning Disability Services

### Foreword

This Delivery Plan explains how Neath Port Talbot County Borough Council (the Council) will deliver its vision for adults living in Neath Port Talbot who require a Learning Disability Service. This Plan has been developed following Members' endorsement of the Strategic Business Plan for Adult and Children's Social Care 2018 – 2019, in order to set out the Council's future intention for Learning Disability Services.

Learning Disability Services supports people to achieve the goals and aspirations that matter to them, as well as helping to safeguard our most vulnerable residents from harm. Significant work has taken place over the years to make sure that people requiring Learning Disability Services receive high quality care that is personalised to their individual needs. This Plan builds on previous work and sets out our commitment to further improve services and responses that people receive over the next 12 months and beyond. The focus of our Plan is to ensure that people will receive support that is flexible to their changing needs, helps to build on their individual strengths, safeguards from harm and advocates choice and control. In this way, more people who require support will be able to live with greater levels of independence within their local communities and be better supported to accomplish their ambitions.

In keeping with the Strategic Business Plan, the focus of this document is the promotion of health and well-being of citizens and maximising independence in their own communities for as long as possible.

	
<p><b>Councillor Peter D. Richards</b> <b>Cabinet Member for Adult Social Services and Health</b></p>	<p><b>Andrew Jarrett</b> <b>Director of Social Services, Health and Housing</b></p>

## Vision and Guiding Principles

The Council's vision is to create *a Neath Port Talbot where everyone has an equal opportunity to be healthier, happier, safer and prosperous*<sup>1</sup>.

The Council's aim is for all people requiring a Learning Disability Service to live healthy and fulfilling lives, by enabling people to achieve their personal goals and outcomes.

This will be achieved by working in partnership with other agencies such as health, housing, education, the third sector, community organisations and the private sector. Through partnership working, people will receive high quality and sustainable responses that will meet the needs and demands of those requiring a service both now and in the future.

The Council, with its partners, will deliver a sustainable model of care and support that enables people with learning disabilities to live as independently as possible. We are committed to meeting the needs and wishes of people with learning disabilities in a way that is targeted, personalised, of high quality and cost effective, so that people with a learning disability are enabled to achieve the things that matter to them.

Our ambition is to deliver modern social care within Neath Port Talbot and we are dedicated to ensuring that people requiring social care support have the best experiences possible. This will be achieved by social services working more closely with other organisations and agencies so that there is a more holistic approach to how we support people.

Our aim is underpinned by the principles that:

- ❖ People with learning disabilities will:
  - Receive support that is personalised to their individual needs, goals and preferences
  - Have more choice and greater control and influence
  - Be enabled to enjoy as independent a life as possible
- ❖ Learning Disability Services will be strengthened in line with national and local strategic priorities and assessed levels of need
- ❖ Support to carers of people with learning disabilities will be further improved

---

<sup>1</sup> NPTCBC Single Integrated Plan 2013-2023

And we will ensure:

- ❖ The best possible quality support through working in partnership with other organisations, including the private and voluntary sectors
- ❖ That partnerships are properly governed with a focus on the provision of high quality services and are accountable to those who use and pay for them
- ❖ Our services offer excellent value for money and are sustainable for the future
- ❖ That the valuable role of carers is recognised and that their own wellbeing needs are taken account of
- ❖ That we continually “challenge” the way that we do things, so that we consistently build on good practice

### Strategic Objectives

We want to move away from more institutionalised risk averse practices and models of support and instead recognise and safely build on people’s individual qualities, strengths and abilities. In doing so we will be able to ensure that people are able to live more independent lives including, where appropriate, supporting people to live in their own homes and communities. This is often called a **‘Progression’** approach.

A **‘Progression’** approach seeks to help a person achieve their aspirations for living life as independently as possible and requires working with the person and their support network to develop a personalised assessment, which identifies very specific development requirements in respect of activities of daily living; goal directed support planning; positive risk taking and outcome based reviews. This is then used to help understand how to best support the person and develop their skills so that they can transition into a more independent support model or receive lower levels of staff support. This may include, where appropriate, a person moving from residential care into their own home.

An **Assessment** of the person’s need will be **‘asset based’**, which means focusing on what a person can do, or could do with the right support, rather than focusing on what a person cannot do right now. This requires regular reviews to assess achievement against a set of goals or outcomes that have

been developed and agreed with the person requiring support. This will require operational practice (such as social care, health and housing related support carers) and those responsible for commissioning services to work more closely.

In order for us to achieve our objectives, we will work more closely with and better include all those involved in the person's personal network of support including family, carers, the third sector and the local community. We will also be looking to develop a new range of accommodation and community support options, which will involve the establishment of a new commissioning framework for social care and housing related support services.

Achieving this will require us to focus on ensuring that those who work with people requiring services have the right skills to deliver responses that are enabling and support progression of independence.

Our commitments are that we will:

- ✓ Listen to what matters to those that require support and make sure they have choice and control by enabling people to be actively involved in making decisions about their lives
- ✓ Safeguard our most vulnerable residents from harm
- ✓ Help those that require support to achieve optimum levels of independence and live the lives they want to live
- ✓ Prevent people from being disenabled due to overprovision of support and disproportionate approaches to risk taking
- ✓ Value the important role of carers and recognise their own wellbeing needs
- ✓ Help to ensure that the workforce has the right skills and resilience to help people achieve greater levels of independence by taking an asset based approach
- ✓ Work with partners to help ensure that people are supported to be more involved in their local communities so that they have increased opportunities to become involved in meaningful social and leisure activities as well as benefiting from natural support networks

- ✓ Strengthen working between departments to make sure that people experience smooth and positive transitions through services and pathways into adulthood
- ✓ Help communities to work in an asset based way
- ✓ Ensure there are high quality and cost effective specialist provision for those with the most complex needs
- ✓ Implement modern responsive services with a progression philosophy so that people can achieve their aspirations, including for those that want, and are able, to live in their own homes and communities
- ✓ Create new, innovative models of care and support within the community that are flexible to meet changing needs and individual requirements
- ✓ Develop a sustainable market which can respond to changing demands in the future
- ✓ Engage in the development of prevention and well-being services so that the need for higher levels of ongoing care is reduced

### **Drivers for Change**

There have been a number of changes at a national, regional and local level that has required us to review what we are doing and introduce a new approach so that we continue to be best placed to meet current and future needs and demands.

The following are key principles of this Delivery Plan:

- To reflect significant changes in local and national legislation and policy
- To reflect changing demographic pressures
- To ensure effective partnership working with key stakeholders
- To make effective use of our available resources, to ensure longer term sustainability and meet the requirements of the Council's Forward Financial Plan (FFP)
- To identify a range of approaches to promote independence
- To encourage creativity and innovation

## People with Learning Disabilities and Current Service Provision

Neath Port Talbot has a total population of approximately 140,000 people, including around 40,700 children and young people (aged up to 25 years), and 29,200 people aged 65 and over.

There are 528 people<sup>2</sup> aged 16+ years on the register of people with learning disabilities in Neath Port Talbot, the vast majority of who live in their own home or with parents or family:

	Community Placements				Residential Placements				Total
	Own Home	Parent / Family	Foster Home	Lodgings / Supported Living	Health Service Accommodation	LA Residential Accommodation	Private or Voluntary Residential Accommodation	Other	
No. People	6	295	32	69	2	1	50	73	528

In the future this could lead to increased demand for residential-type placements as parents and family develop their own care and support needs as they get older and become unable to continue caring for their relative with a learning disability, whose needs may also become more complex with age. We therefore need to make sure we work with families and have the right types of services and responses in place to support any later stage transition from a family home.

### Current Service Model

Currently<sup>3</sup> there are a total of 403 'placements', i.e. people (aged 18+) with learning disabilities in receipt of one or more service. The breakdown of total full year costs, cost to Social Services<sup>4</sup> and average costs by service type are summarised in the table below:

<sup>2</sup> Source: StatsWales website, data for 2016-17

<sup>3</sup> Monthly Placements Budget Sheet February 2018. Note figures are for approved placements and may include placements approved and not yet started

<sup>4</sup> The cost borne by Social Services, net of any ABMU Health contributions for joint funded care packages



	Total (SS & Health)			Cost to Social Services		
	People	Full Year Costs	Average Cost in Service Type	People	Full Year Costs	Average Cost in Service Type
Residential	33	2,837,035	85,971	33	2,315,243	70,159
Standard Res	4	81,223	20,306	4	81,223	20,306
Domiciliary	29	306,079	10,554	29	306,079	10,554
Day Care	39	975,034	25,001	39	828,857	21,253
Adult Family Placement	24	404,494	16,854	24	404,494	16,854
Respite	3	56,854	18,951	3	56,854	18,951
Supported Living	136	7,060,541	51,916	133	6,116,768	45,991
Direct Payment	135	1,725,500	12,781	135	1,725,500	12,781
	403	13,446,760	33,367	400	11,835,018	29,588

The current service model is not as progressive as it could be, being heavily reliant on care provided in a residential home or an historical model of supported living. This has resulted in an under-developed market for more enabling services which promote greater levels of independence.

The cost of each care package, even within similar service provision, can vary widely and a breakdown is provided in the table<sup>5</sup> below which groups cost ranges by the number of care packages currently being delivered:

	Total (SS & Health)		Cost to Social Services	
	People	Full Year Costs	Count	Full Year Costs
Less than £10,000	107	559,296	108	563,514
£10,000 - £19,999	106	1,686,623	105	1,559,762
£20,000 - £29,999	49	1,209,106	52	1,283,350
£30,000 - £39,999	20	703,073	21	735,099
£40,000 - £49,999	22	993,753	24	1,081,994
£50,000 - £59,999	28	1,537,842	30	1,628,426
£60,000 - £69,999	14	910,613	13	839,441
£70,000 - £79,999	12	896,142	18	1,356,058
£80,000 - £89,999	12	1,020,399	10	849,002
£90,000 - £99,999	10	965,452	9	866,362
£100,000 - £109,999	11	1,136,110	7	727,608
£110,000 - £119,999	5	578,516	0	-
£120,000 - £129,999	1	122,582	3	344,400
£130,000 - £139,999	0	0	0	-
£140,000 - £149,999	1	146,185	0	-
£150,000 +	5	981,068	0	-
	403	13,446,760	400	11,835,018

Residential care and supported living is provided by around a dozen different service providers across 60 locations, including 15 people currently living outside of Neath Port Talbot.

<sup>5</sup> Budget Monitoring data as at February 2018

## **Financial Position**

Neath Port Talbot continues to face significant financial constraints and the Council's FFP sets out the budgetary savings requirements across the main service areas of each directorate.

The Council is committed to supporting its most vulnerable residents and as such spends<sup>6</sup> approximately £14.9 million per year on providing, commissioning, and managing services for people with learning disabilities, including £2.6 million on internal day and special needs services and £12 million on residential care, external day services, supported living and adult family placements. In addition to this, there is further funding provided through the 'Supporting People' programme to address housing support needs; the contribution made by Supporting People consists of 28% of their total grant budget.

The overall savings required of Social Services in 2018-19 is £4.55 million, of which a target of £0.5 million<sup>7</sup> has been assigned to Learning Disability Services – a 4% saving on the £12 million learning disability placements budget.

Against the backdrop of a challenging financial climate is the knowledge that we will also see more demands for social care services, adding further pressure to the Council's budget.

The driver for change and the objective of this plan is to make sure the Council is best placed to enable those that require a Learning Disability Service to have fulfilling lives based on achievement of their personal aspirations and optimising their independence, whilst being safeguarded from harm. To do this we need to review what we do now and how we do it, to ensure we achieve best value for money so that we can appropriately meet demands within our available budget.

## **Changes to Service Delivery**

We have already identified a number of people who are able to transition into alternative services that offer greater levels of personal independence. For

---

<sup>6</sup> Budget 2017-18; figures for 2018-19 were being finalised at time of writing

<sup>7</sup> See Forward Financial Plan (FFP) 2018-19

example, around 17 people could be offered the option to move into an 'Extra Care' scheme if this was available locally. Extra Care schemes are apartment complexes based in the community, where people have their own self-contained flat and can utilise a range of on-site communal facilities. However, to enable this to happen we must commission a wider range of services than our current offer; this will include working with Registered Social Landlords to help develop different housing solutions.

We have reviewed the way we assess and commission social care packages and findings have shown that:

- People experience better outcomes when assessments focus more on what people can or could do and how they can be integrated more into their communities to benefit from more natural support mechanisms
- Strong goal and outcome planning within assessments helps to prevent drift in care management and reduce lost opportunities to help people achieve different outcomes in their lives
- Early transition planning which focuses more on developing a person's skills and resilience results in improved opportunities for people to live in more independent care settings
- Underdeveloped succession and contingency planning to consider the implications of a breakdown of carer support can contribute to overuse of residential care
- A traditional contracting model and an underdeveloped market results in less individualised and disabling accommodation and care support models which does not stimulate innovation or choice
- Optimising the use of assistive technology can contribute to helping people live more independently

These findings support the need to build on current good practice and implement a conversation approach to assessment and review practice based on strengths. It also underlines the need to take forward the procurement of a new commissioning framework for social care and housing related support so that the local market is able to offer a choice of individualised and innovative options in the local community that supports progression.

## Our Priorities – What we plan to do

We are an ambitious Council and there is much we want to achieve to make sure people get the best possible support and have positive life experiences.

The following section outlines the areas of priority we are planning to work on over the next 12 months and beyond in order to progress the overarching objectives, setting out our key priorities and work areas.

### Priority 7 - Complex Needs: Learning Disabilities & Mental Health Services<sup>8</sup>

*For people accessing learning disability services or mental health services, we will, in partnership with clients, carers, families and service providers remodel services and implement a 'progression' model of care.*

*We want to ensure that people do not become entrenched and over-dependent on services. We will work with all partners to promote individuals' strengths and independence, and ensure they receive the care they need based on the outcomes they want to achieve.*

Key to this approach is embedding the **'progression model'** of care. An example of this approach is the identification that a person currently living in a residential care home out of the area wants and can, with the right support and planning, return to Neath Port Talbot and live in their own home. To achieve this, first the person might take up residency in a local residential care provision for a period of time, during which the provider will work with the individual to help them acquire independent living skills. During this time they may form a friendship group with other residents and, at a later date, move to a supported shared home. Here they receive further enabling support and acquire more independent skills so that, after a period of time, all can move into homes of their own; true independence with their own front door.

Over a number of years, it is anticipated that accommodation configuration will gradually change from being one that is mainly residential / supported living to one where the majority of individuals are living more independently, including 'core and cluster' (nearby houses that share care and support staff between them) and 'extra care' developments.

---

<sup>8</sup> As taken from Social Services, Health & Housing Strategic Business Plan 2018-19

As such, service providers will be commissioned and routinely monitored according to their ability and progress in promoting independence of individual clients, whilst ensuring that costs are in line with the services being provided.

### Case Study

As part of the outcome focused reviews, three individuals living together in a supported living house were assessed to ensure they were being supported to reach their potential, to progress and have new experiences to achieve what matters to them.

“E” was identified as being able to move on to a different model of care (extra care accommodation) that would allow her to be more independent. Her support hours remained at the same level to help her transition. Recommendations were made to enable “E” to progress further, with goals such as budgeting and managing relationships with others, that will support her independence in the future and provide further reassurance.

“J” was identified as being suitable for a reduction in overall support hours as she and her father could be supported to access local groups together, such that staff would not be required to be on call and will give “J” a wider network of support and experiences, building her confidence to prevent isolation.

“T” is a very capable person who has also been identified as suitable for extra care accommodation. She already attends “Bspoke” day service twice a week and has asked her care manager for an extra day as she felt she needed more social stimulation. It was clear that what mattered to her was spending time with a dog and having a work placement in a café. “Me, Myself and I” arranged a voluntary placement in their café and “T” is able to spend time with their therapy dog. As a result it has been recommended to reduce her support hours as her independence increases.

In addition, the supported living house as a whole is being assessed using assistive technology to identify if night-time support can be removed safely in the future if appropriate.

## Commissioning Intentions

Consideration for the commissioning of services will only occur where a service can demonstrate that it can achieve the biggest impact and maximum benefit for people with learning disabilities. To achieve this, our plans include:

- A systematic asset-based and outcome-focused review of all people with a learning disability in receipt of a care package to ensure it provides them with the appropriate level of care and at an appropriate cost
- Encouraging an asset based approach so that people with learning disabilities utilise community based prevention and well-being services, for example through our Local Area Coordinators or Direct Payments
- Work with those in receipt of services, their families and existing providers to identify who could either be supported differently or move to more enabling forms of accommodation and support
- Promote development of core and cluster and extra care housing accommodation options with new and existing partners to enable the 'move-on' of people where appropriate
- Where possible, use assistive technology approaches to assess individual's requirements for night time levels of support, reducing the need for 'sleep-in' staff which can be intrusive and encourage overdependence
- A 'Transition Team' to jointly work on complex care cases and facilitate their smooth transfer between Children's and Adult Services
- Recommissioning our service delivery model through a new framework which also encourages providers to be more innovative, moving away from over dependence on residential care and supported living
- Become less reliant on a small number of providers

## Outcomes

As a result of changes to the way we assess and review care needs and commission services, we expect to see a number of positive outcomes as the new model embeds, for example:

- People with learning disabilities living with greater independence

- People with a learning disability are enabled to achieve their personal goals and be active members of their local communities
- Increased emphasis on working towards a person's personal outcomes using a targeted approach so that people are able to live the lives they want to live
- Enable Social Workers to plan pathways of care based on individual need, rather than service availability so that people receive the right type and levels of support as they are enabled to achieve greater levels of independence
- Enable providers to develop business strategies based on projected needs so that we have a robust and sustainable market that is able to meet local needs and demands
- A more dynamic, flexible and diverse range of accommodation and service options available to those who need it so that people have greater choice and control
- Sustainability of high quality provision that is also good value for money so that we can meet demands within budget

DRAFT

## Action Plan for Learning Disability Services (April 2018 – March 2019)

Our commitments will be to:

- 1. Take forward outcome focussed assessments and review the commissioning arrangements for complex care. This will involve reviewing care packages of people with complex needs and work with providers to create a range of support and accommodation options.**

**This will be achieved by:**

- a. People are sometimes in residential care when assistive technology could be used to help them live more independently. We will review each care package and promote the use of assistive technology where possible
- b. Giving people more choice and a louder voice to take greater control over decisions about the way they want to live their lives and the services they need to support them to do this
- c. Embedding quality assurance and performance management to ensure best outcomes are achieved for those accessing services, and promote a culture of continuous improvement

- 2. Implement an outcome focussed approach to promote greater levels of independence.**

**This will be achieved by:**

- a) Reviewing each care package to ensure it is meeting the person's individual needs in the best possible way
- b) Ensuring residential providers are progression focused

- 3. Drive forward a remodelling exercise for Learning Disability Services and explore new models for the future.**

**This will be achieved by:**

---



- a) Engaging with the market to draw together innovative models that support the Council's agenda of independence, choice and control and to commission appropriate models of support in accordance with individual needs

**4. Create clear pathway models for complex care services to enable people to achieve optimum independence. This will include working with providers to develop a wider range of care, support and accommodation options which promote greater independence.**

**This will be achieved by:**

- b) Utilisation of the 'progression model' of care programme, which ensures that care packages are tailored to the needs of the individual, whilst placing emphasis on progression, across Learning Disability Services
- c) Reviewing the provision of community support to ensure that Supporting People Programme Grant funding is making an optimal contribution to the development of an accommodation and support service pathway for people with learning disabilities that has clear and streamlined access arrangements
- d) Improving transition planning so that support is available and accessed in a timely manner

**5. Work with providers to develop 'core and cluster' housing models; these consist of separate accommodation near each other to allow for shared support across a number of properties.**

**This will be achieved by:**

- a) Engaging with providers to develop innovative core and cluster accommodation models that can support the Council's agenda for independence, choice and control

**6. We are piloting the use of Assistive Technology packages in learning disability supported living schemes; technology can help us better understand what staff interventions occur, enabling a move towards different models of staffing that promote independence.**

**This will be achieved by:**

- a) Installing 'Just Checking' equipment in all Supported Living / group homes on a rolling programme to assess need for overnight support. If Just Checking provides evidence that changes to overnight support can be made then Tunstall and Yecco equipment will be used to support staff and tenants to remain safe and to allow for timely responses.

**7. Work with colleagues in health to foster a joint approach for reablement models and for the delivery of complex care services. Seek opportunities to drive forward integration between the Council and Health Board teams, in terms of the social work and commissioning arrangements for mental health and complex care services.**

**This will be achieved by:**

- a) Strengthening existing partnership arrangements to identify opportunities for further integration and joint working