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**ONE SIZE FITS ONE: A LEARNING DISABILITY STRATEGY FOR  
DARLINGTON 2012 - 2015**

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**Responsible Cabinet Member – Councillor Veronica Copeland  
Adult Social Care and Housing Portfolio**

**Responsible Director – Murray Rose, Director of People**

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**SUMMARY REPORT**

**Purpose of the Report**

1. To seek approval from Cabinet for the strategy for children, young people and adults with a learning disability 2012-2015.

**Summary**

2. This is the first multi-agency, all age strategy for children, young people and adults with a learning disability and their family and carers.
3. The strategy (see **Appendix 1**), identifies 11 broad outcomes which were developed through the Children and Young Peoples Plan and the then Valuing People Partnership Board.
4. This report recognises that the strategy is aspirational, however it also proposes that many of the outcomes can be met and deliver savings through a combination of a cultural shift in terms of how people are supported and commissioning more effectively.
5. The strategy relies on the effective delivery of “One Darlington Perfectly Placed” in ensuring that the outcomes of children, young people and adults with a learning disability are addressed as citizens of Darlington.
6. The draft strategy has been the subject of wide consultation.
7. The strategy supports the national direction of travel for health and social care towards increased choice and control for those who require health and/or social care support, greater and effective use of existing social capital, increased access to and use of universal services and a focus on prevention and early intervention. The Strategy also acknowledges that without some considerable transformation the current models of support are unsustainable and unaffordable for the future.

8. A key outcome of the draft strategy is to ensure commissioning and investment consistency across Services for People and the Shadow Clinical Commissioning Group.
9. In line with current Government policy the main focus of this strategy has been the development of a number of core outcomes that have been co-produced with key stakeholders. The outcomes were developed through the development of the Children and Young Peoples Plan and with the Learning Disability Partnership Board.
10. Adult Social Care spends approximately 25% of its annual budget on people with a learning disability - this is in line with the national picture. Indications are that if people's needs are not met in different ways then the current model of support is financially unsustainable.
11. Evidence is that there will be a small gradual increase in the numbers of people with a learning disability, however a significant number of these people have very complex support needs and are living longer, putting pressure on to an already stretched system.
12. At the heart of this strategy is the cultural shifts that need to take place that look to support people with a learning disability within the mainstream as a right, that builds on individual strengths and gifts rather than starting from an assessment of deficit, that supports social care staff to increasingly look to support solutions outside of specialist and paid support. Also, for families and carers to build on their own social capital and devise support solutions that work for them and the people they love and care about.
13. An initial Disability Equality Impact Assessment has been completed.
14. Once adopted as Council policy the outcomes of this strategy will influence all further action, policy and strategy in relation to children, young people and adults with a learning disability and their carers.

## **Recommendations**

15. It is recommended that:-
  - (a) Cabinet consider the impacts identified in the Disability Equality Impact Assessment.
  - (b) Cabinet approve the strategy.
  - (c) Cabinet receive a further paper outlining detailed range of efficiencies highlighting potential risk as outlined in Para 35.
  - (d) Support for the Strategy is sought from the Shadow Clinical Commissioning Group and the Darlington Partnership.

## **Reasons**

16. The recommendations are supported by the following reasons:-

- (a) At the meeting on 21 June 2011 Cabinet recommended the development of a sustainable Learning Disability Strategy.
- (b) An all age strategy is in line with the Council's current reconfiguration around support for people.
- (c) The outcomes have been co-produced with disabled children, young people, and adults and their family and carers.
- (d) The focus on outcomes offers some flexibility in how the Council will support the delivery of this strategy.
- (e) A joint strategy with the Shadow Clinical Commissioning Group and Darlington Together allows the opportunity to make efficiency and ensure value for money.

**Murray Rose**  
**Director of People**

## **Background Papers:**

A Life Like Any Other? – House of Parliament 2008

Valuing People Now – DoH 2009

Valuing People into Employment Now – DoH 2009

Putting People First – Gov 2007

Commissioning for Citizenship Darlington 2009

Think Local, Act Personal – Gov 2010

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S17 Crime and Disorder	This report has no implications for crime and disorder.
Health and Well Being	This report will address the health and wellbeing of children, young people and adults with a learning disability and their family carers.
Carbon Impact	There are no direct issues relating to carbon impact.
Diversity	The strategy supports the move to a more individualised response to diversity.
Wards Affected	This report impacts on residents with a learning disability within all wards of Darlington.
Groups Affected	This report impacts on adults with a learning disability, their family and carers.
Budget and Policy Framework	This report does not recommend any changes to the Council's Budget or Policy Framework.
Key Decision	This is a Key Decision.
Urgent Decision	This is not an Urgent Decision.
One Darlington: Perfectly Placed	This links to all of the outcomes of One Darlington. Perfectly Placed.
Efficiency	This report does not identify any specific efficiency; however some of the actions included if undertaken will produce efficiency.

## MAIN REPORT

### Information and Analysis

17. There are an estimated 971,000 adults with a learning disability in England. In Darlington there are approximately 1,850 adults who will have some form of learning disability rising to around 2075 by 2030. Not all of these will require either social care or health input, currently approximately 500 people meet the Council's eligibility criteria for support. Any increase in this number can potentially impact on the service budget. There are an estimated 600 disabled children in Darlington.
  
18. This strategy sets out how Darlington Council and Durham and Darlington NHS (work is underway with the shadow Clinical Commissioning Group to secure their support) plan to use their resources to contribute to meeting the needs of children, young people and adults with a learning disability, their families and their carers. This strategy talks about "people" with a learning disability, however within the context of this strategy this term includes children, young people and adults.
  
19. For most people with a learning disability their health and well being needs are and will continue to be met through universal services and their existing social capital, which includes their own gifts and resources and family and community support. A key part of the strategy is to explore how strategic investment can greater support this universal access. This will require some consideration on how the Council and its partners allocate and use its budgets. There are a small number of people with a learning disability who will require more specialist support and this strategy will look to make sure that any specialist support is person centred and value for money.

20. This is the first all age strategy for people with a learning disability developed locally. While complex, it offers the opportunity to begin to look at a whole system approach to supporting children, young people and adults with a learning disability. This is in line with both the Council's business model and the move to a focus on "People". This focus on a whole system approach will ensure that any resources are used in the most cost effective way and will identify efficiency.
21. The concept of personalisation is at the heart of current government public policy and the personalisation of health and social care has been at the forefront of this policy drive. The strategic direction for social care was set out in "Putting People First" (2008) and reinforced in "Think Local Act Personal" (2011). A fundamental principal of this is that many of the needs of people with a learning disability can and should be met outside of the remit of specialist services, for example, the mental health needs of people with a learning disability should be met through universal mental health services. The needs of people with a learning disability who have dementia should be met through services for people with dementia and not a service for people with a learning disability and dementia, and educational needs should be met through mainstream education. There are a number of social care needs which are currently being met through the provision of specialist paid support, which through a simple cultural shift and refocus could be met through people being involved in their local communities and being supported through informal social networks.
22. Current direct combined health and social care spend across Darlington on people with a learning disability is more than £12 million per annum, £8 million on adult social care, £2 million on disabled children and £2 million on specialist health support.

### **A Focus on Outcomes**

23. The strategy recognises the strategic importance of ensuring that the outcomes identified within "One Darlington Perfectly Placed" also include the needs and aspirations of people with a learning disability, their family and carers.
24. In line with current Government policy the main focus of this strategy has been the development of a number of core outcomes that have been co produced with key stakeholders. The outcomes were developed through the development of the Children and Young Peoples Plan and with the Learning Disability Partnership Board.
25. The outcomes are:
  - (a) People with a learning disability will have as much choice and control over the health and social care support they receive as possible.
  - (b) Young people with a learning disability will be supported to move into adulthood.

- (c) Professionals and carers will work together to ensure that carers can continue to support the person they care for, while also having a life beyond their caring role.
  - (d) More people with a learning disability in Darlington will have a paid job.
  - (e) People with a learning disability in Darlington will receive support to keep physically and emotionally healthy.
  - (f) People with a learning disability will have some choice about where and with whom they live.
  - (g) People will experience the health and social care support they receive as joined up and seamless.
  - (h) The Local Authority and National Health Service will work together to make sure that any local resources are used most effectively and offer value for money.
  - (i) People with a learning disability will be seen as equal citizens and have support to lead a fulfilling life.
  - (j) Work is undertaken with people at an early stage to stop problems from arising or getting worse (early intervention and prevention).
26. Within the strategy a number of actions are linked to delivering on each of these outcomes, for example, Outcome 1 is “People with a learning disability will have as much choice and control over the health and social care support they receive as possible”. To deliver this outcome a number of key actions have been identified including:-
- (a) Most people who are eligible will have a personal budget to use to meet their social care needs.
  - (b) Council in-house services will be reviewed to ensure they are able to meet the outcomes linked to personalisation. A decision will then need to be taken about the future of each in-house provision.
  - (c) Support the development of a thriving local market that is able to respond to local need.
  - (d) Ensure that those who need long term support have a named worker.
  - (e) Wherever possible all individuals will receive their support close to home and family.
  - (f) Ensure individuals who are placed out of area and their families are meaningfully involved in their support and are offered opportunities to feedback to service providers and commissioner on the quality of the service they receive.
  - (g) If people are placed out of borough, plans are in place to ensure people are kept safe and the quality of their support is monitored.
27. Plans are in place and in some cases well on the way to delivering on a number of these actions. An initial proposal is that the new “Learning Disability Network”

which will replace the old Partnership Board will monitor any action plans linked to the delivery of the strategy.

## **The Financial Position**

28. Like every council in the country, Darlington has seen a significant increase in its spend on adults with a learning disability over the last ten years. Between 2007/8 and 2011/12 the outturn has gone from just over £5.5 net to £8 million per annum. Darlington currently spends approximately 25% of its adult social care budget on people with a learning disability, this is in line with national spend and just above our comparator authorities.
29. This increase in spend is linked to a number of factors including a growing number of children and young people reaching adulthood, an increasing number of these people having complex support needs, many people living longer and often into older age and significantly raised expectations promoted and supported through national strategies.
30. The move away from traditional, congregate models of support and the raised expectations of achieving citizenship and the opportunities that this offers have put pressure on social care budgets. The move away from large institutional models which could offer high volume and reduced costs and the move to more individualised support have also impacted on the budget. Simply, supporting people in their own homes in the community is more expensive than large numbers of people living in institutions.
31. If the current spend trend continues then by 2029 the total budget will be close to £20 million per annum.
32. Adult Social Care has a delivery plan to identify and deliver the medium term financial plan. In 2011/12 the learning disability project team identified and delivered £200k of actual savings. These were achieved through the rationalisation of a number of in-house services which saw a reduction from 10 services to 6, a project to ensure that Continuing Health Care contributions were maximised and the re-commissioning of a number of support services.
33. For 2012/13 the project team have a MTFP target of £136k which will be delivered through the closure of one further in-house day service, staffing reconfiguration and some targeted commissioning, including renegotiating fee levels, resolving some long standing Ordinary Residence issues, fully implementing the contributions policy for all services and supporting individuals to become more independent.
34. The delivery plan alongside the MTFP target will also deliver a number of further efficiencies by:
  - (a) The streamlining and the re-commissioning of a new domiciliary support contract.
  - (b) Establishing a fair price process for the cost of residential care.
  - (c) Potentially outsourcing in-house supported living.
  - (d) Working across the Tees Valley as part of a collaborative to commission potential high cost specialist support.

- (e) Making even better use of assistive technology.
  - (f) The development of the Life Stages Model, a leaner, joined up process will provide greater efficiency.
  - (g) Ensuring that the changes within the commissioning for resilience plan include people with a learning disability.
35. To date, the focus on delivering efficiency and savings within the learning disability service has been built around the following main areas:
- (a) Consolidating existing provision. This has included maximising the use of in-house provision e.g. day services. This consolidation has resulted in the closure of five out of ten day services, those using the service were offered an alternative within existing provision where needed.
  - (b) Ensuring that the Council were not double funding an individual's support, e.g. if the Council were paying 24hr residential costs then an individual's day support needs were included in that charge.
  - (c) Ensuring that those individuals who support needs required specialist health care funding through Continuing Health Care had this as part of their support funding.
  - (d) Ensuring that the contributions policy has been rigorously implemented.
  - (e) Ensuring that through the review process people were only receiving the support they needed to maintain their independence.
  - (f) Looking to reduce the costs of commissioned services e.g. seeking a % decrease on high cost packages.
  - (g) A number of further potential efficiency measures have been identified, however at this stage no further progress has been made on them. All of these potential options would carry with them considerable risk both to individuals and the organisation as they would include service and support reduction and a move away from government direction.

### **What the Strategy Means for Darlington Council?**

36. There has been considerable debate in relation to the need for a specific strategy for people with a learning disability, however despite some progress in supporting the citizenship of people with a learning disability, many people with a learning disability still live very much on the fringes of their communities. A number of national programmes such as "Valuing People Now" have recently concluded without achieving the goal of integration it first envisaged. Locally, what was the Learning Disability Partnership Board, although pleased with progress to date, maintain that further targeted support is required aimed at supporting people to further become part of the mainstream. This, however, will also involve work to ensure that the mainstream understands and is able and willing to support people with a learning disability.

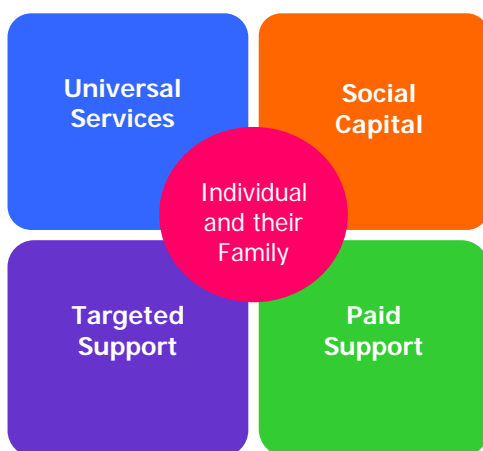


37. The Strategy is not a blueprint for what Darlington, the Primary Care Trust and Clinical Commissioning Group **will** deliver, as the delivery of these outcomes is built on effective partnerships across all sectors and with all key stakeholders making a contribution, however it does set out what the local priorities for spend and investment will be. The Strategy acknowledges that there is less and a reducing amount of money available in the public pot and maintains that improving individual outcomes can be achieved by a change in how people have their needs met and not simply by increasing the budget. By opening up the access to mainstream and supporting people to play an active part of their community the need for specialist support will diminish. The challenge then to the Council is to make sure that the Strategy is not seen as a guarantee of provision, but rather an aspirational document that looks to ensure people are supported to play a part in the mainstream and by using the resources it does have in the most effective way.
38. In order to support the delivery of these outcomes there is a requirement that the way people are supported and the relationships that key stakeholders have with each other also changes. There has been ongoing work with people with a learning disability, their families, stakeholders and the wider community to ensure that any resources are used in the most cost effective way. This has also included key stakeholders in developing plans to deliver savings and reduce spend. To date these changes have included:
- (a) **Commissioning - Smarter Commissioning** – The learning disability service is currently reviewing its current contracts and looking to make efficiencies linked to a reduction in hourly rates and sleep in rates. Work is also underway to negotiate the costs of some existing support packages and ensure that the NHS/CCG and Local Authority are commissioning jointly where appropriate to ensure value for money. Linked to this is a piece of work that measures outcomes in terms of a reduction in support e.g. a key indicator of greater independence is a reduction in paid support and an increase in the use of an individual own and local social capital. A move to outcome based commissioning – a move to focussing on outcomes has allowed commissioners the opportunity to commission for best value, as this model begins to evidence those services that provide the best value. It also allows the opportunity to support local innovation. The challenge to the local authority is to both assess for and review outcomes rather than outputs and this will involve a cultural shift that supports individual choice and control and may result in people having their needs met outside of traditional models. Joint commissioning/joint working – partnership working with the Shadow Clinical Commissioning Group will deliver joined up support and joint commissioning to ensure resources are targeted and used most effectively. This will include the development of joined up care pathways and the opportunity to commission for the whole system.
  - (b) **Developing Effective Markets** - There is a fine balancing act between ensuring that those who need social care have real choice and control over how their assessed needs are met at a time where there is less money within the system. To support this process the Council is working to identify future market trend, future need and to transmit this to existing and potential providers. The local market has expressed their willingness to adapt and change to meet the needs of local people. There is work underway on a

“Market Statement” that will set out what is needed locally for the next ten years. There is also a plan in place to ensure that those individuals who have complex support needs, who in the past may have been supported away from Darlington, can be supported within the area. This will ensure that employment opportunities for support staff will be kept local, which in turn will support the local economy. Work is also underway to ensure that local data is collated and used effectively.

- (c) **Place Shaping** - Ideally there would be no need for a specific strategy for people with a learning disability as their needs would be met through the wider strategic planning process. For example, people with a learning disability are kept safe through the effective implementation of the Community Safety Strategy, accommodation needs are met through the Housing Strategy and the opportunities to access employment are met through those strategies looking to support economic development. By integrating social care commissioning strategies with those of housing, employment and health to support independent living and access to universal services and support a whole system approach becomes a reality.
- (d) **Support to Self Manage** - By ensuring that access to universal information, advice and support is in place coupled with a “Lean” process for the allocation of resources people can begin to find, access and commission where necessary the support that they need to maintain their independence. The proposed Community Support Network will support this outcome.
- (e) **Reviewing In-House Targeted Provision** – Over the past 18 months there has been a gradual decrease in the number of in-house day services for people with a learning disability. By December 2012 there will be a reduction in services from ten to five. A number of people have retired from these services and the Council has consolidated and made good use of any vacancy. Phase 3 of this project will look at three of the remaining services and undertake a cost benefit analysis before a business case is made about any future provision. Again, this involves getting the balance between ensuring support is in place and making sure that people have a real choice. The challenge to the local authority is to manage these potential changes as there will be some user and carer unhappiness at any proposed change.
- (f) **The Further Development of the Life Stages Service** – The life stages service was developed to ensure that disabled young people were supported through what is commonly called the “transition process”. The current service supports people from 0-25 and then from 26 plus. Initial evidence is that this configuration, which includes an overall manager and single budget holder, improves outcomes and supports young people and their families through a time which is usually seen as a difficult one. By developing a new partnership with young people and their families, anecdotal evidence is that there has been reduction in demand for traditionally expensive out of area placements and a focus on supporting people within the family home by making use of universal services such as education and employment services. Phase 2 of the life stages model will involve the bringing together of adult social care and health.

- (g) **Whole System of Support** – Within the Life Stages model there is a move to ensure that when looking to meet need, in most circumstances paid support is the last consideration. Simply when looking to meet need, the assessor will ask can this need be met through.
- (h) **Universal Services and the Mainstream** – Including schools, colleges, education, primary care, general practitioners, leisure, libraries, and the pub and employment services.
- (i) **Community Wealth and Social Capital** - Including an individual's own gifts and resources and resources within their local community, including clubs, societies, faith groups and within families.
- (j) **Targeted Support** – This type of support tends to be more individual although is delivered through a focussed service. This would include services such as teenage pregnancy, smoking cessation, or a special school. The key element is to ensure that these targeted services also include people with a learning disability.
- (k) **Paid Support** – This is the support that people need to access the other three areas of the system. Ideally this should be done through the effective utilisation of a personal budget to meet the assessed need.



- (l) **Developing our Model of Meeting Need** - This simple five step model builds on existing good practice to continue to ensure that Darlington Council is able to direct its limited resources to those most in need. When an individual presents themselves to social care with a presenting issue, this sequential model will ensure that those who require direct paid support will be offered it as a final option. Step one in this process will have been addressed through the initial contact phase, however it is worth revisiting.
- (m) **Step One:** Access to good quality information and advice – The simple question here is can this need be met through the provision of good quality advice and information? A focus on supporting self management will support independence and move away from creating dependence. It requires easy

access to up to date, detailed information that evidence shows is most often needed.

- (n) **Step Two:** Effective use of existing social capital – The simple question here is what does this individual already have in their lives or access to that can meet presenting needs? This will include their own strengths, their personal relationships and their relationship with/potential relationship with their community. For example, can social isolation be met through a shared interest group?
- (o) **Step Three:** Access to and effective use of universal services – The simple question here is, are there mainstream services or support that can meet this need? This would include access to education, employment, leisure and culture and the commercial sector. It is likely that these sectors will require some support and possible investment to make the cultural shift needed to support the whole community.
- (p) **Step Four:** The development and effective use of targeted services/support – The simple question here is can this need be met through the provision of the targeted support in place? This step requires that the right targeted support is developed and in place. Current opportunities would include the evolving Community Support Network, Telecare and Reablement.
- (q) **Step Five:** Self directed paid support that is developed on the principal of “just enough” - The simple question here is where are the gaps in support following this stepped process? Once these gaps are identified the self directed support process can take place building on the Council’s current model. The “just enough” principal is simply ensuring that people are not over supported and that the focus is on self management, supporting independence and a move away from a reliance on paid support.



## Conclusions

39. The shift to a focus on delivering these key outcomes will not result in additional resource being required and if delivered effectively will result in a reduction in specialist social care spend on children, young people and adults with a learning disability. The effective meeting of these outcomes however, is premised on a whole system shift to meeting the needs of this group of people coupled with a shift in the way that people have their needs assessed and a new partnership with individuals and their families and carers that is based on an equitable relationship.

## Outcome of Consultation

40. The draft strategy was out for consultation for 6 weeks ending on 1 January 2012.

41. The draft strategy was available on the Council's Website, Facebook site and in hard copy.
42. The following forums were consulted directly:-
- (a) The Learning Disability Partnership Board
  - (b) The Adults and Housing Scrutiny Committee
  - (c) Adult Carers Group
  - (d) Young Leaders Group
  - (e) People's Parliament
  - (f) Children's Trust Executive
  - (g) The Clinical Commissioning Group
  - (h) Darlington Parent Carers Forum
  - (i) Children and Young People's Provider Forum
  - (j) Joint Strategic Commissioning Group
  - (k) DAD DEIA Advisory Group
43. A Disability Equality Impact Assessment was also completed as part of the strategy development (attached as **Appendix 2**). The Disability Equality Impact Assessment highlighted some potential impacts if some of the potential actions identified within the Strategy were undertaken, however, these actions would also be subject to Impact Assessment.
44. The strategy will also share and agreement sought from the Shadow Clinical Commissioning Group.
45. The strategy will be shared with Darlington Together and their agreement sought.