ITEM NO. ....

THE LIFE STAGES SERVICE IN DARLINGTON

SUMMARY REPORT

Purpose of the Report

1.   To provide an update to Scrutiny re the progress of the Life Stages Service.

Summary

2.   In September 2011 the Life Stages Service was launched in Darlington. The service was initially developed to address some of the long standing national and local issues in relation to supporting young disabled people and their families who need support, make the transition from children's to adult services. This brief paper gives an overview of what the issues were, what we did to address them and some thoughts about how the model will be developed further.

Recommendation

3.   It is recommended that Scrutiny note the contents of this briefing and its future plans.

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Director of Commissioning

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S17 Crime and Disorder	No impacts included in this report
Health and Well Being	This report notes the improved outcomes in a number of areas for people with a learning disability
Carbon Impact	No impacts included in this report
Diversity	This report addresses issues relating to services for people with a learning disability
Wards Affected	All
Groups Affected	Children, young people and adults and with a learning disability, and their families
Budget and Policy Framework	No impacts included in this report
Key Decision	No
Urgent Decision	No

One Darlington: Perfectly Placed	This report identifies services which are meeting the needs of people with learning disabilities and which are helping them to improve their outcomes
Efficiency	No new impacts included in this report but the report does reference the 5 stage support model which encourages greater use of social capital

MAIN REPORT

Background

4. The time of "transition" or the move from education and/or children's health and social care to adult education and/or health and social care for many young people and their families is one which is traditionally a time of both change and potential stress. For many young people and their families in Darlington their experience of this process was one which was characterised by a sense of a disjointed response to both individual and family needs, a lack of clear information about what was available, a dread that there would be no support available, a sense of losing a lot and not gaining as much and a belief that people would have their needs met through already commissioned support. For the organisation, despite having detailed data of need and a "transition protocol" for many staff this transfer of responsibility was still not right. This view of transition in Darlington is one which is shared and experienced by many individuals, their families and Councils across the country.

Phase One

5. To assist the Council to begin to think about how it supported young disabled people through the transition process it commissioned the organisation Outcomes Uk to undertake a feasibility study on how to best support this process. Outcomes UK completed their report in June 2010 with a recommendation that the Council develop a new transitions service for young disabled people aged 13 to 25. The report highlighted the real benefits of a multi-agency approach to meeting the needs of young people moving from support from children's services into adult services. The report also focussed on the benefits from the Councils children's and adult services perspective of greater joined up working including:

    (a) A clear and consistent management structure which would reduce bureaucracy and assist in the removal of barriers.

    (b) An opportunity to establish and embed consistent person centred assessment, support planning and service delivery.

    (c) Promotion of 'ordinary life' principles as a central theme to working with individuals which would identify and support from an early age the right to continued learning, lasting peer relationships, independence, choice and

control and employment.

    (d) Develop stronger partnerships with families and carers by removing the barrier of confusing and over bureaucratic systems within organisations.

    (e) Advance the inclusion agenda by contributing to the challenge to universal services meet the needs of disabled children, young people and adults

6.   Building on this good work and a commitment to change, the "life stages model" was developed with a focus on a way of supporting disabled children, young adults and adults with a learning disability through life stages focussing on achieving positive outcomes and ensuring the support needed is available.

The Model

7.   The initial proposal by Outcomes UK to develop a 13 – 25 service that linked together disabled children's services and services for adults with a learning disability quickly developed into a model that has three key elements. A team for disabled children and young adults up to the age of 25, a team for adults with a learning disability 26 plus and a provider arm for day services.

8.   The current model is a single service that brings together the current council services for disabled children, including elements of education, children's health and adults with a learning disability under a single management structure. The new service is co-located and shares administrative support. The new service went live in September 2011.

Phase Two

9.   Prior to the development of the Life Stages Service the adult learning disability team was co-located with its NHS counterpart. Although co located there were no shared systems, budgets or management, however simple co location had with it real benefits, including ready access to colleagues, joined up assessment and referral processes and a single point of access. However, at that time within Darlington the office capacity to house both health and social care was not available although that was the preferred option. The decision to disengage from the Health Team was a considered one and one not taken lightly, however on balance the belief was that building the service differently with a focus on those services which the Local Authority had some immediate control over would help build the foundations needed for the new model. This also involved working through the impacts of both the social model and the medical model and the implications of this for joint work. The current structure however includes a number of children's health professionals who remain employed through a specialist Trust.

10. Phase two of the life stages model will further explore the opportunities to develop effective partnership work with the specialist adult learning disability service. To begin this process, the two services were involved in a week long Rapid Process Improvement Workshop, that looked at streamlining and making leaner existing

process and developing a joint mission statement and vision for joint working.

What we did

11. The existing services were critically reviewed. We took the view that unless we were open and honest about where the issues where in the system then we would not be in a position to address them and ultimately improve the outcomes for the people of Darlington. We involved users and carers in this review and identified a number of consistent themes over a number of years, including the liberal use of agency staff, inconsistent systems and processes, a real lack of any systematic process linking the two services together, a system that was swamped by safeguarding issues, poor measured performance and inconsistent leadership particularly in relation to adult services. This was a painful process, however it did allow us the opportunity through this critical reflection identify the targets for change. This review was made easier by the recruitment of a new head of service who was committed to the delivery of a quality service and had made addressing some of these inconsistencies a priority.

12. The overall manager of the service led a small project team that looked at scoping out what the new service should look like. The structure of the service was developed using an initial Outcome Based Accountability session that identified some of the outcomes that the new service would need to deliver. These included ensuring a timely and person centred review and maximising an individual's independence.

13. The team managers of the two proposed teams were also recruited so they could play an integral role in shaping the new service.

14. A business case was then developed that made the case for some additional resource within the new service to ensure that the key outcomes could be met. This business case included a full caseload analysis. A small amount of additional resource was agreed, however most of the resource used to recruit was through a review of existing staffing and the recycling of existing resource, recruitment of staff then took place.

Emerging Themes

15. The review of the existing services, work with stakeholders and the work around identifying outcomes helped us identify a number of key themes that we wanted to address:

    (a) System and process - The initial review showed an inconsistent use and application of a range of existing systems and process including the Carefirst System, which is our data system, commissioning outside of the existing protocols and at times a focus on delivering outputs rather than focus on individual outcomes. These have been addressed by developing clear policy and protocol where it didn't exist and a reminder of those that do exist. Managers are clear about the value of these systems and new staff are

expected to follow them. As part of the development process key internal stakeholders have spent time with the team talking through their role and how they can support the team's outcomes e.g. Finance, Commissioning, Contracting, IT and Systems, Education and Performance. We have also developed a model of quality assurance, whereby stakeholders are asked to comment at key times e.g. the completion of a support plan and review. The model has already contributed to an increase in measured performance including NI145, those people in settled accommodation and NI146, those people in employment. Darlington was part of the SEND Pathfinder programme and as a consequence has piloted the development of a coordinated assessment process between social care, health and education. Prototyping a new way of working has offered the opportunity to ensure a new system is in place to support disabled children, young people and adults. The focus of the pathfinder on supporting people up to the age of 25 fits well with the Life Stages model. Within the service there has been a focus on supporting people to meet outcomes rather than a focus on a service solution. This shift in focus and a change in process have supported care managers to support and promote local innovation.

(b) Culture - In the initial stages of development we had anticipated a level of resistance to the proposed changes from staff. (Young people and families, when we shared process were keen for the changes to happen). However, experience has shown that any resistance has been minimal, we believe that this has been linked to the recruiting of new staff and the inclusion of staff in the development of the emerging model. We worked in partnership with and our workforce development service and Helen Sanderson Associates who facilitated a number of events with staff that helped develop the underlying values of the service built around the principal of people being supported to live ordinary lives. The service already had at its core a number of years of working in a person centred way. Within the current service every staff member has completed a one page profile which is displayed above their desk or on their door. A training matrix was also developed that identified core training linked to function.

(c) Relationships with key stakeholders – Our original review of the existing adult services showed varying relationships with a wide range of stakeholders, notably disabled children, young adults and their families, people with a learning disability and their carers. The development of the life stages model was built on the consultative work undertaken by Outcomes UK and a working relationship with the local Valuing People Partnership Board and was very much based on a demand from people and carers to be treated as partners in supporting disabled children, young people and adults with a learning disability. Service partners were also engaged in the developmental process seeking their views on the new model and setting them the challenge of developing support that spanned childhood and adulthood.

Provider Arm

16. The Adult Service has within it a range of specialist services including day opportunities, supported living, supported employment and short breaks. They have proved invaluable in assisting in our thinking about how best to support young people move into adulthood. One message we understood early on was what we had in place was not what younger people wanted and we have worked hard in decommissioning some services and looking to use the resource to either commission what is needed or remodel existing services.

Lessons Learnt

17. The current service model has been in place for 4 years with a more formal evaluation planned for next year. However on reflection there are a number of lessons we have learnt:

    (a) The model absolutely makes sense, particularly from users and carers perspective; there are challenges from other areas which we will explore later, however the model makes sense.

    (b) Undertaking this task without the majority of health colleagues initially felt counterproductive. However, on reflection the local authority being clear about what it wanted to do with its own resources was the right decision. One manager, with responsibility for staff and resources and delivering whole service outcomes has laid a stable foundation to progress through to the next phase.

    (c) The development of the service included some discussion and seeking of views from disabled people, families and carers. However, on reflection this is something we would have wanted to do more of, there was an element of co-production, however we would have supported greater leadership from stakeholders and within Darlington we believe we have the capacity to have done that.

    (d) The service started from a small exercise that looked to identify the outcomes we would want from a life stages model. What would have made more sense would have been the setting of outcomes and then looking at what service structure would best meet those outcomes.

    (e) The cultural shift and realignment of systems and process has had an impact on people with a learning disability of all ages.

Challenges

18. The Peoples Service within Darlington Council are convinced that this model will deliver better outcomes for both individuals and the organisation and the service has been developed considerably in a short space of time, however there are still a number of key challenges ahead. Some notable ones include :-

(a) Convincing our external partners of the benefit of the life stages model- our key partners support the model; however at times they have and still are struggling to make the changes needed to deliver the model. Internally this has involved the realignment of budgets from traditional under 18s and over 18s to a life stages budget to be used fluidly throughout the service. The NHS who currently still commission both child and adult services with an 18 years of age cut off and local regulators both CQC and OFSTED. However with the introduction of SEN reforms in the Children and Families Act 2014 there is now a statutory obligation for agencies to work together for the benefit of children and young people up to the age of 25.

(b) Delivering significant cultural and structural change at a time of increasing financial pressure – As a service we are confident that delivering support to people through the life stages model aligned with the cultural shift that supports people to meet their needs living "ordinary lives" through a process that looks to identify how needs will be met, firstly through the mainstream and their own social capital, before looking at targeted or paid support, will both deliver better outcomes for people and their families over time and deliver efficiency within the Council. However to date we have not collected the evidence that supports this. The pressure is that savings need to be made very quickly and much of the infrastructure and cultural shift that is needed within the mainstream and within social capital may take longer. We are also working closely with local providers to ensure that they are able to measure progress towards greater independence. The Council has also developed a model of reablement that has a clear focus on short term support, our task has been to ensure that those people with a learning disability who would benefit from reablement are included within that process.

(c) Developing our model of meeting need – This simple five step model (below) 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 should have been addressed through the initial contact phase, however it is worth revisiting.

19. **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.

20. **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?

21. **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.

22. **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.

23. **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 Councils 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.

Information and Advice	→	Social Capital	→	Universal Services	→	Targeted Support	→	Self Directed Just Enough Support
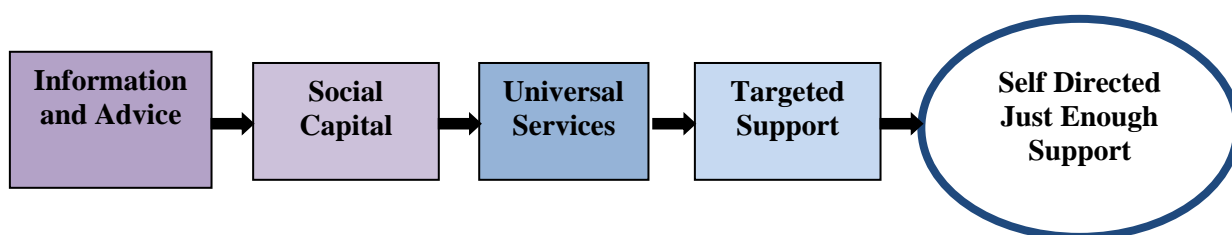
Future Priorities 2015-18

24. A formal evaluation of the Life Stages Service by an independent organisation.

25. Refresh of development plan based on outcome of evaluation.