

**Report**

**Learning disability  
services efficiency project**

**September 2016**

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# Introduction

Over the past five years it is reported that council spending on adult social care has reduced by over £4 billion<sup>1</sup>. This reduction in spend is a result of lower levels of grant from Central Government and lower expenditure from Local Government, particularly in services for older people. During this time the Local Government Association (LGA) has been working with councils to continue to support vulnerable adults and share learning as to how councils have reduced expenditure while maintaining or improving outcomes for service users.

The LGA Adult Social Care Efficiency programme<sup>2</sup> reported that savings were hardest to find from within the learning disability sector. Around 30% of all of the expenditure on adult social care was spent in supporting adults with learning disabilities. The spend on services for these users has not reduced at the same rate as for other user groups over the last five years (£5.14 billion in 10/11; £5.17 billion in 11/12; £5.23 billion in 12/13; £5.35 billion in 13/14 budgets and £4.97 billion in 14/15)<sup>3</sup>. If Councils are expected to find annual efficiencies of 3% (as reported by the Treasury) then no area of spend within adult social care can be exempt from the challenge.

Councils are experiencing around 3% of growth in demand from new service users who have a learning disability or are within the autism spectrum requiring help and assistance each year. Almost all of these new adult service users are already known to the local authority children's services and the vast majority will already have been receiving substantial help from councils prior to their "transition" to adult services.

Managing this growth in demand presents a significant challenge in many councils. By the time young people reach the age of 18 when they may have transferred to adult services<sup>4</sup> family carers and young people have become used to a particular way of meeting their needs. The approach adopted by children's services has not always coincided with that which is then adopted by adult services, which offers services that promote independence, improve outcomes and reduce costs.

There are other challenges for adult social care when looking to help adults with learning disabilities. The costs of care, especially residential care, are much higher for this group of service users than

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<sup>1</sup> Source – Directors of Adult Social Care (ADASS) budget survey 2015

<sup>2</sup> LGA Adult Social Care Efficiency Project – <http://www.local.gov.uk/productivity>

<sup>3</sup> Source – *National Adult Social Care Intelligence Service (NASCIS)*. In 2014/15 a new way of calculating these figures was introduced so it may account for the small fall e.g. figures doesn't include assistive technology

<sup>4</sup> New legislation in children's services has raised the age to 25 for which there must be a shared Education, Health and Care Plan – Children and Families Act 2014

people with similar needs from other groups e.g. older people with dementia care needs. This is in part because staff are better paid, but also the profit margin by which these homes operate tend to be higher – in part to manage the risk of voids. This is still the case even when the services are provided by charitable organisations and other not-for-profit companies.

The LGA is working with key national organisations to improve care and support for people with learning disabilities and/or autism and mental health problems or behaviour that challenges, through the Transforming Care programme<sup>5</sup>. The programme is being jointly taken forward by NHS England, the Association of Adult Social Services, Care Quality Commission, Local Government Association, Health Education England and the Department of Health. It focuses on five key work strands of activity:

- Empowering individuals – giving people with learning disabilities and/or autism, and their families, more choice and say in the care and support they receive.
- Getting the right care in the right place – ensuring that people are receiving high quality care and support, with a focus on supporting people in their local communities.
- Regulation and inspection – tightening the regulation and inspection of providers to drive up the quality of care.
- Workforce – developing the skills and capability of the workforce.
- Data and information– making sure the right information is available at the right time, and continuing to track and report progress.

In addition, the LGA is looking to support councils in offering some guidance as to where the opportunities may be to develop more cost effective services for adults with learning disabilities. The LGA has been working with five councils across the country to develop new and innovative approaches to delivering more sustainable support. The councils were tracked over a two year period and learning is being shared for the benefit of the wider sector. The Councils who took part were the London Borough of Barking and Dagenham, Darlington Borough Council, Cumbria County Council, Kent County Council and Wiltshire Council. This report outlines the findings from these councils and pulls together the evidence and some key messages for the sector.

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<sup>5</sup> Transforming Care programme [www.local.gov.uk/transforming-care](http://www.local.gov.uk/transforming-care)

## Headline messages

While it is acknowledged that the financial challenge faced by councils varies considerably across the country, as well as local circumstances and priorities, through this study a number of consistent messages have emerged when seeking to improve outcomes and efficiency in services for adults with learning disabilities.

Those councils developing more sustainable solutions have:

- an in-depth knowledge of the people who are receiving help from them and an understanding of the costs they are paying to meet those needs;
- clear aspirations to maximise the independence of all those who need services, ensuring that all opportunities to maximise independence are promoted;
- a focus on the outcomes that are being delivered to each individual service user through each set of services they receive;
- good partnership working with carers to achieve these outcomes;
- reduced the discrepancy in the support offered by children's services and adult social care to improve the transitional period and ensure a greater match in meeting needs;
- good partnership working with the NHS to ensure that those with challenging behaviours are having their needs met;
- developed the workforce and the right skill sets in supported living to meet these goals;
- a clear housing strategy to support those whose needs will be best met within supported living;
- a clear strategy for the support of people with more complex needs, including the role and nature of day care (and associated transport);
- worked with providers to ensure they are helping people to attain the skills that enable them to live more independent lives;
- worked with commissioners and social workers (including assessment and care management staff) to focus on the outcomes that are needed to meet these objectives;
- understood that staff working with these service users require an important skill set. Costs may rise when this is not given sufficient attention;
- really understood that delivering these changes will take time. A significant cultural change is required in the way the services are designed and delivered and this does not happen quickly.

## Project findings

### A. Understanding need and the cost of meeting that need

Councils participating in this study felt that they needed to have a greater depth of understanding of the needs of adults with learning disabilities in order to better plan for meeting those needs and improve outcomes. This included better recording, monitoring and analysing demand within the service.

Councils tend to focus their attention on the higher cost packages of care in order to identify whether any of the charges made appeared to be excessively high. In Wiltshire the focus was particularly on the high cost paid for placements in residential care that were made in an emergency. Many of the councils had taken the opportunity to re-negotiate prices when renewing contracts. Councils had mixed gains in renegotiating some of these costs – even where a “fairer pricing” tool was used.

#### Getting a grip on the data in Wiltshire

Wiltshire Council introduced a spread-sheet for operational staff to complete after the weekly meeting of the Care Panel to help understand the movement within service provision, to determine where they needed to focus their attention and to tell them how much services were costing. Staff now record the number of increases, decreases, and continuations of care packages on a monthly basis as well as the reasons for the movements. The data has been shared with providers to help them to plan and to counteract the belief that all the authority does is to reduce packages of care (when in fact more increases and continuations are approved than decreases).

In 2015/16 a service review identified the need to have a dedicated resource specialist for the community team. This was to improve and prioritise the commissioning of support for adults with learning disabilities, ensuring best value and effective contract management and monitoring. The Resource Specialist function will sit within the new learning disability structure or the commissioning team.

An integrated case management and reporting system has been introduced with the health team using the local authority Carefirst database for recording and reporting.

## Darlington council – reducing high cost packages of care and introducing the progression model

Darlington Council identified high cost cases from across the learning disability service. The Senior Practitioner focused on those people who had recently transitioned to adulthood in the 0-25 team as it was felt this would be the best time to introduce the progression model and to allow the skills of these people to be maximised in the future.

The cases identified included people in residential care, family placements and individuals in their own accommodation. The majority of individuals with high cost packages of care were those with behaviours that may challenge others, some of who were care leavers.

Residential settings incurred the highest costs with seven individuals under 26 years of age, all placed outside of the local authority area. Residential providers were contacted to explore options to reduce fees for some individuals, however without success. Some small savings were obtained by ensuring commissioned costs did not include items such as clothing or holidays, which could be funded from the individual's personal expenditure. Alternative funding such as Continuing Health Care is being explored.

Renegotiation of fees for family placements was however successful. Management costs were successfully challenged, as well as ensuring that additional costs such as respite care were included in the weekly fee.

The process of requesting a detailed breakdown of placement costs highlighted the inclusion of in-house health services such as psychology, psychiatry or therapies, even though local NHS provision was available. Providers were not willing to negotiate around these and felt that placements would be unsustainable without them. Where included, these in house health services need to be utilised to their full extent, for example using Occupational Therapy assessments to establish current skills and incorporate specific plans for building capacity into support plans.

Both residential and non-residential reviews showed that where timely reviews had not taken place people were often over supported. For some individuals their skill levels had progressed, while support planning had not kept pace. An example of this included an

individual who had a high level of support which was put in place due to her lack of capacity. An assessment of skills and capacity showed the progression that she had made and that legal orders were no longer required. The individual is now planning to move into her own flat with much lower levels of support. Another individual in an out of area placement has continued to reside within a “flat” within residential accommodation. As they do not wish to return to Darlington the option of ordinary residence and them obtaining their own accommodation is now being explored.

Individuals were previously placed out of area as local provision could not be sourced. However, as individuals are re-assessed and their skills and independence improves work continues with commissioners to develop support locally. This is now an on-going part of the activities of the learning disability’s project group and part of daily social work practice. Service providers have been keen to retain individuals and in some cases have adapted services to enable individuals to remain with them. Regular assessment and reviewing is required to ensure commissioning levels are correct.

## Using an efficiency partner in Kent CC

Kent appointed an “efficiency partner” to assist them in undertaking a detailed analysis of service users and what the likely opportunities to reduce costs were without compromising outcomes. The analysis has proved to be vital for the senior staff in Kent in informing a major transformation of services, which is now in place.

Managers have a monthly meeting at which they track the changes for service users in terms of both the activity and the money that is committed to support those people. Without the initial analysis managers do not feel that they would have been able to progress with transformation plans so confidently or to assure Members of the reasonable level of savings that could be delivered within sensible time frames.

## Key Messages

*Councils need to have sufficient detail recorded in a single accessible way to enable them to understand:*

- *Where each person is living and the costs associated with that accommodation*

- *The desired outcomes for each person from a placement and their longer term aspirations*
- *The likely future needs of a person (if they have been helped to live more independently) and the associated costs*
- *The risks associated with each placement, including carer breakdown; cost projections and sustainability of the placement*
- *The potential for current accommodation to change alongside the needs of the person including registration and staffing requirements*
- *The changes that are made to agreed packages of care and the reasons for these changes.*

## B. The progression model

With the right support, most people with a learning disability in the UK can lead independent lives<sup>6</sup>. The best way that councils can assist people with learning disabilities to achieve their outcomes is to enable them to have greater independence. This involves ensuring those with lower levels of need can move to live a more independent life as well as looking to reduce the needs for those with more complex conditions, including challenging behaviours. As a consequence the costs of the services they receive will reduce.

### Pathways Service in Kent

Kent has developed a rehabilitation and training programme for adults with learning disabilities who have moderate needs and may, with the right assistance, be able to live a more independent life (some with lower packages of care and others no longer requiring longer term help).

The Kent Pathways Service now operates in all six Kent localities. The service has supported 166 people to date to achieve more independent outcomes, saving an average of £35 per week per service user, which equates to £300k cashable benefit for the council so far across 2015/16 and 2016/17. There are currently more than 200 referrals in progress being addressed by a team of 25 support workers.

<sup>6</sup> [www.mencap.org.uk/learning-disability-explained](http://www.mencap.org.uk/learning-disability-explained)

Key areas of success have been in providing travel training and supporting people in learning how to shop using the internet. The total savings from this programme are projected to be over £600,000. This service is offered without any financial assessment for up to 12 weeks.

It can be a challenge within learning disability services to know how best to assist people with lower levels of need. Some councils are looking to ensure that these people are better integrated within the communities in which they live and expect their support to come from family and friendships from within those communities. For a sub-set of these people employment can be an option. Other Councils will offer people with lower needs a personal budget from which they (or their carers) can choose how they will receive support – see the case study from Barking and Dagenham below. Other councils offer sheltered “employment” as an alternative to a personal budget.

Whichever approach is adopted by a council it is seen as important that people can access advice and support when it is required. Barking and Dagenham provide advice and support via the Day Centre for adults with learning disabilities, even to those people whose support is provided within the community. In Kent Librarians were trained to offer a help desk for those people and carers who needed support and advice.

### The future of day care in Barking and Dagenham

The council consulted widely on the closure of one day centre, leaving a single centre which was resourced with staff from health and social care who could assist people with complex needs, including some with more challenging behaviours. While many councils were looking to close all or significantly reduce the options for day care for adults with a learning disability, in Barking and Dagenham they saw the service as a positive way of ensuring that people with more complex needs were getting the right day time support, whilst giving a respite service for family carers. Staff were trained to assist people with challenging behaviours or more severe levels of physical disability. The centre focused on assisting family carers to continue to support people to live at home in the community, delivering positive outcomes and reducing the need for expensive out of borough placements.

Those with more moderate needs were assisted through personal budgets to find their solutions within the local community. Training to promote independence, including travel training was offered to this group of people.

After some initial anxiety from carers and advocates there was agreement that the new model of care was contributing to better outcomes for all.

The issue of “progression” is a particularly important for those who live in accommodation where they receive care and support – from hospital assessment settings to residential care to supported housing options. Every person should have an assessment of their current housing needs and likely future housing needs in the expectation that many people will reduce their longer term needs over time.

### Personalisation and social work practice in Darlington

A Senior Practitioner Social Worker used the “Helen Sanderson Personalisation Tool<sup>7</sup>” to assist service users to redefine their future goals and aspirations. Even though some customers were seen as being settled in residential care it became obvious that some people aspired to more independent living. Through careful support over a number of months people were enabled to move into new housing options, which both met their aspirations and reduced costs.

Learning has shown that the implementation of the personalisation model in councils may cause tension with some providers and some advocates if they do not support this approach – see the case study from Darlington below. For councils wishing to adopt personalisation strong leadership is required from senior managers and members to lead and deliver the culture change necessary to successfully develop this approach.

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<sup>7</sup> [www.helensandersonassociates/person-centred-practice](http://www.helensandersonassociates/person-centred-practice)

## Embedding the progression model in Darlington

In Darlington “maintenance” rather than “progression” was the norm. However, over the last two years on-going work with providers, social workers, individuals, their families and advocates is leading to changes in practice to maximise independence.

Families initially felt concerned about the changes, feeling that reassessments and amendments to support plans were driven by rationing and “cost cutting”, rather than being about the enablement of their family members. The development of practice and new legislation was also difficult for them to understand, such as the Mental Capacity Act.

Learning from the project has identified the importance of having the ‘right’ person to support the individual and advocate on their behalf. This does not always have to be a family member, however, the family remain an important part of the process.

All those involved in supporting the individual, need to be clear about the desired outcomes of the individual and their role in achieving these. Managing the change from maintenance to progression can be difficult, but targeted commissioning, regular reviews and a focus on clear outcomes will help achieve the shift to embed the progression model.

For those with lower care needs who can manage to live a more independent life it is essential that all opportunities to maximise their independence are taken. This is particularly important for those living in supported accommodation where people are sometimes allowed to become more dependent on their care staff and are offered little to assist them in gaining any skills towards independence. In these instances the costs for people in supported accommodation can be as high as for those for residential care.

The other area of high costs for councils is usually for those people with more complex needs who have been placed outside of the council area in more expensive placements where the focus can be to contain a person’s behaviour rather than assist the person in reducing their challenging behaviours.

## Supporting adults with more complex needs in Cumbria

Cumbria has developed a service that aims to support individuals with more complex needs who would previously have been placed out of county. The service supports four people in accommodation where each person has an apartment with their 'own front door'. The apartments are on a single site and staff and others have the ability to respond to crisis where needed.

**R** is a 26 year old male with a moderate learning disability and autistic traits. He attended Residential college for 3 years before returning to live with family for a short period. Despite using high levels of respite and accessing additional support via a direct payment this broke down and led to a period in hospital.

R moved to this new service in Dec 2103 at a weekly cost of £3486. This has been regularly reviewed based on a progression approach to increase independence and reduce direct support hours. Progress was slow to start with but with support R has developed his independence and the package of support has reduced following reviews to £3422, £3333, £3164 and is now costing £2003 per week. R has the potential to progress further and become more independent, meaning there may be further reductions in costs at future reviews.

## Providing step down services in Cumbria

Cumbria Council has commissioned a new service to provide residential accommodation with a nursing environment to enable step down to the community for individuals with complex needs or receiving forensic services. The new service will support those predominantly from secure services who were previously placed out of county, such a 'D' below:

**D** was previously in a hospital and moved back into county one year ago. The cost of the hospital care was £2633 per week and the initial package of care commissioned to support D was £2318 per week. This equates to a saving of £11,199 in 2015/16 and should provide

a full-year saving of £16,417 for 2016-17. D is a 49 year old woman well known to Forensic Services at the hospital from previous admissions. She was initially admitted locally, but following a number of assaults on nursing staff, together with threats to harm and kill both patients and staff, she was referred to hospital in order to provide increased levels of security within a specific forensic setting for women with learning disabilities. Overall she has spent 17 years over 4 admissions as an inpatient or in secure services.

In all of these developments it is critical that the right staff are available and that they are given the right training and development to take on new tasks. There must be a local workforce strategy set alongside the service strategy. In some councils the development of the progression model has been delayed because insufficient time has been spent on workforce development.

## Key messages

- *Every person who is assessed as having a learning disability or is within the autistic spectrum should have a care plan which focuses on helping them to better manage their circumstances and minimise the need for formal care.*
- *Every person receiving a care support package must be supported to define the goals in their life which enable them to maximise their opportunities for greater independence.*
- *Councils must ensure that all care settings have the right staff in place to meet a person's needs, which includes an ability to assist the person in promoting greater independence.*
- *The focus of each intervention in a person's life must be to assist them in better managing their condition which might mean assistance with challenging behaviours; assistance with independent living; assistance with participating in community activities etc.*
- *Every care plan must focus on the outcomes that may be achieved in the next period of time. This may include a period of psychological help to better manage challenging behaviours; a move of placement to achieve greater independence; or a person reducing the services they receive.*

## c. Carers

One of the reasons why some councils have found it hard to transform services for adults with learning disabilities is that carers often highly value the services that are already in place and fear that any changes that lead to an apparent reduction in these services will place more pressure on them as family cares. Those councils who have managed to transform services all comment on the importance

of looking to retain the confidence and support of carers whilst any changes are being considered and implemented. In most councils extensive discussions with partnership boards, advocate organisations, voluntary organisations and carers groups take place before any formal consultations to test any proposed changes and the wider strategic direction.

There are other aspects of working with carers that councils might want to consider.

- Is the family carer the right person to act as the advocate where they have limited contact with the service user?
- Is the carer the main support and therefore should they be a key partner for the council in helping co-design the services with the service user?
- How can the carer be helped in a way that their anxieties and concerns don't prevent the service user from gaining greater independence?

## Key messages

*Where the family carer is the day to day support for the service user they must be seen as the key partner in planning for the longer term – this should not stop the service user, the advocate or social worker, from having aspirations for the service user to gain greater independence.*

## D. Transitions

Councils are looking to create a single pathway which will assist a younger person through the various transitions of education and employment. Councils report that there is frequently a divergence between the support offered by children's services and that offered by adult social care. The former often provide higher levels of support, while the latter focus on promoting independence, which also sees a reduction in costs. Some councils have addressed this issue by creating an all-age disability service for assessment and care management which is usually managed from within the adults' services, though often it is in a joint adults and children's directorate. This team will be supported by a single commissioning service.

## Transition services in Kent

In Kent new services now run for children who have permanent and substantial disabilities from 0-15 years of age, 16-25 years and 25 years onwards. There is a single care pathway for each child as they move towards adulthood. The aim is to have the teams working together with NHS and education assessment staff and to be co-located where that is feasible.

Councils in this project report that there is scope to both better align services for children and adults; to focus children's services more on preparation for adulthood; and to reduce the longer term costs for adults arising from more expensive childhood placements.

## Key Message

*Councils can reduce the negative impact of transitions by creating an all age service for children and adults with disabilities.*

## E. NHS as key partners

Service users with complex needs benefit from services that are jointly commissioned by the NHS (Clinical Commissioning Groups) and Social Care. There is a risk that, when under financial pressure, either party may determine not to make a fair contribution to the shared costs. The NHS has its responsibility for the health care needs of all people with a learning disability, an area that has not always been well recognised in the past. Since the review of Winterbourne View and the required actions from Clinical Commissioning Groups and Councils it is even more important that the move to more community based support is done in partnership.

## Wiltshire Intensive Support Services

In Wiltshire a special support team, jointly commissioned by the NHS and Social Care, was established to work with service users and provide advice and support to staff working with adults with more challenging needs living in residential care, supported housing or people's

own homes. The new service, called the Wiltshire Intensive Support Services (WISS), has access to emergency beds in two different locations as an alternative to in-patient beds.

Wiltshire has experienced some delays in getting the service fully operational as it has proved difficult to recruit to all the posts and to get people with the right skills to undertake the work. Most of the early referrals are to assist people who are in a crisis – the hope is in the longer term this can also develop as a preventive service.

### Integrated community learning disability teams in Kent

Kent County Council have established a pooled budget with their local CCGs (there are seven within the county) in order to jointly commission services and to work together to meet the needs of the population. This has enabled the integrated community learning disability teams (which include social workers, mental health nurses, psychologists and psychiatrists) to support people in the community with quite complex needs and reduce the need for expensive out of county placements. They operate within tight protocols and offer a really responsive service when people are identified as being in a crisis. Every person in Kent who is known to have complex needs has a personalised crisis response plan. There is a 24 hour response service run by the integrated team.

One of the issues that can be contentious in some areas that the pooled budget avoids is in determining which people are entitled to continuing health care (NHS full funding) for their services and which people do not qualify. This continues to be an area of tension in many councils and was not fully resolved with the guidance issued by the Department of Health in 2012.

### Key messages

*All learning disability services need the support of a clinical team (psychologists, psychiatrists, community psychiatric nurses and therapists) to help manage people with complex needs – this is best done through the establishment of joint community teams.*

## F. Staffing

All five councils in this study had considered how to organise the workforce to best support adults with learning disabilities. They concluded that a specialist team of workers who both understand the services and have a positive outlook on the opportunities for adults with learning disabilities was the preferred model. It was found in some councils that generic workers could lack the confidence to be sure how a person's needs could best be met – this had led to higher costs for some packages of care.

### Using specialist social work teams in Cumbria

In Cumbria a restructure was undertaken in 2015 which enabled a specialist social work team to be established to support people with learning disabilities, rather than delivering under a generic social work model.

The team is based countywide but split into three divisions; east, west and south. Each division has a team leader and enhanced practitioners who are leading on progression reviews and working closely with the commissioning team.

A social worker, attached to the commissioning team, is involved in full service reviews with residential services. In order to progress with the review programme and realise potential efficiencies, further social workers will also be seconded to the commissioning team. The additional resource will allow the work to progress more quickly.

It has already been stated in the report that a workforce strategy is required to support the delivery of any service strategy. Many councils run in-house services to support adults with learning disabilities. Day care centres and residential establishments need staff who know how to assist people who may have challenging behaviours and all service areas will need staff who have the skills to enable a person to maximise their opportunities for independence.

## Key Messages

*There will need to be a workforce strategy developed with local providers to ensure that staff are trained and prepared to both help people with complex needs and assist people towards independence.*

## G. Housing

Ensuring that people were living in the right environment in relation to their needs and aspirations is not only one of the most important aspects of achieving individual outcomes, but is also the area where most money could be saved within the service if a better housing option was available that helps to promote independence.

Councils looking to reduce the numbers of people entering residential care have had to ensure that they have a suitable supply of alternative housing. This requires a clear housing strategy which has to be developed with the Housing Authority and often with a strong relationship developed with housing providers (a feature of the example in Kent shown below).

There are four main options for adults with a learning disability in relation to their housing needs:

1. A place in a residential care home
2. A place in a Shared Lives Scheme
3. A place in supported accommodation
4. Living at home with family carers

The councils participating in this project found that they all had people whose housing needs had not been properly reviewed for some time. As these service users were relatively happy in their placement, had not had a review in relation to their longer term aspirations.

### The use of a housing matrix in Darlington

Following the diagnostic review in phase one of the LGA project Darlington Council produced a housing matrix to enable them to better plan for meeting demand for housing for adults with

learning disabilities. The matrix identifies the current and projected needs of individuals within the Lifestages Service which is then shared with housing colleagues. The information is regularly updated by social care staff and shared with the housing team to inform future planning.

Following discussion with the local authority housing team and a housing provider an existing housing complex was identified and has now been developed into six individual flats for adults with learning disabilities. The flats have shared facilities which allow for social space, a laundry, a staff office and an area for staff support to sleepover when necessary. Individuals maintain their own tenancy and develop their independence with assistive technology and shared on-site support. Using the housing matrix six individuals were identified who were able to move into the scheme and it was fully occupied by May 2016. The resource is particularly helpful for younger adults coming through transitions, as well as some older adults who want to move from their current placements.

There needs to be the right accommodation available for the range of individuals resident in the area, and this will vary according to people's needs.

## Your Life – your Home in Kent

The Pathway to Independence Programme (highlighted in the earlier Learning Disability Services Efficiency project interim report<sup>8</sup>) was amended to become “Your Life – Your Home” which focussed on ensuring people lived in the right accommodation with the right level of support. The programme undertook reviews of 1,200 people with a learning disability then living in residential care to assess if a better setting would allow them to lead more independent lives. About one quarter of the cohort of people were assessed as potentially being able to live more independently. The council linked those people with the accommodation that was available in the county. The accommodation opportunities included voids in existing schemes; new properties commissioned from housing associations; deregistering existing residential care (where appropriate) and developing the shared lives programme. The programme has been keen to use telecare as a part of the support programme as changes were introduced e.g. replacing night cover.

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<sup>8</sup> <http://www.local.gov.uk/productivity> under ‘health and social care efficiency’

Part of the Kent programme included recognition that some providers of residential care had either unsuitable accommodation or the business was no longer providing suitable services. Kent worked with these providers to allow them to manage their own exit from the care market in a planned way. Many providers reviewed their position with the Council and there was joint agreement about the way forward. All Providers were introduced to the concept of promoting independence and a future which would focus on outcomes for the service users. A handful of providers did not like this approach but most welcomed the opportunity it offered.

The council have found that it is now rare for a new customer to enter residential care as the Your Life, Your Home programme can meet most people's needs. They have a slow and careful approach to assisting those people for whom it is right to move out of a residential setting – so far 15 people have moved and a further 47 have plans in place to move in the future.

A further option that must be considered is where people could live more fulfilled lives in a Shared Lives Service - where a person or a family takes a person in as a lodger but offers them care and support as required.

## Shared lives in Kent

One specific feature of the Your Life, Your Home programme in Kent was the focus they had on re-energising their Shared Lives service. Following an intensive period when the service was promoted locally there was a significant increase in applicants to be hosts for people with learning disabilities or autism, or with long term mental ill health or dementia. The number of placements increased from 175 to 204 in a single year. Some hosts offered permanent homes for people others offered respite and short-breaks. Service users have the opportunity to live as part of a family, are often more socially included and have the support they need to live more independently. In addition the new approach realised a saving of £430,000 on the previous costs of caring for these people.

Many councils have found that the costs of their supported-housing services have increased. In some places the costs can be higher than for residential care. One reason for this is that the services have been set up and designed in a way that actually increases the dependency of the service user on the

staff. Little has been offered to the tenants to assist them in leading a more independent life and enabling them to do more for themselves.

### Redesigning supported living in Darlington

In Phase 1 of the LGA project Darlington Council decommissioned an in-house supported living service for adults with learning disabilities. After transition to a third sector provider it was clear that the individuals had previously been over supported and they were able to develop skills and maximise their independence further. Work has continued with these individuals during Phase 2 of this project. With progression they no longer require supported accommodation and are being assisted to secure their own joint tenancy.

The learning from this work has been used to inform the methodology for the on-going review and transformation work. Rather than simply outsource the three remaining in-house supported living services, each individual has been reassessed. The reassessments have informed the recommendations for consideration in respect of redesigning services and support, subject to consultation and involvement of service users and staff affected by any proposals.

Some of the councils used the assessment tool “Just Checking”, which had originally been developed to help assess the care needs of a person with dementia, but was now being used to assist in the assessment of service users with a learning disability. The tool, which uses sensors to track the movements of service users, helps to determine the levels of risk a person may experience day to day. The findings from using the tool help staff to understand the best way to support the user.

Other telecare (assistive technology) products are also used by providers to help people with day to day support. Community alarm services are frequently used to act as a safe guard for people assessed as having limited needs for night time cover. The service provides reassurance to users and has reduced the costs of night time staffing where it wasn't necessary.

## Redesigning services in Cumbria

In 2015, a social worker from Cumbria undertook a full review of all individuals living within a 5 bedded residential care unit. Part of the review focused on the levels of night cover required and a “Just Checking” kit was used to monitor the level of night-time activity within the unit. At the time of the review, the service was operating with 1 waking and 2 sleeping nights.

As a result of the review the level of night cover was reduced within the existing service via the removal of the waking night. In addition, the Council has worked with the provider to design an alternative service model in order to meet the needs of the individuals in a manner which promoted independence and realised cost efficiencies. Plans have been drawn up and agreed for an alternative service model based around 4 self-contained flats with shared support. A building was purchased by the provider and renovation work is in progress. The service is planned for completion in September 2016.

The Council expects to realise savings in the region of £225,000 per annum (£130,000 for 2016-17 due to part-year effect) as well as providing more independent living options for service users.

## Key Messages

*Every person should have a regular assessment of their housing needs and how these may be best met. This should be linked to an outcome based assessment on the future opportunities for the service user, not just the current needs.*

## H. Transport

One area where none of the councils in the study had found a simple solution was the relatively high costs of transport – often associated with Day Care and transport to and from school. Reductions in the number of people using day care was resulting in a reduction in the related transport costs. Councils were also working to ensure that all those who could be travel trained used public transport and those

users that qualify for mobility allowances are receiving that money which may then be used to contribute towards the costs of travel.

## Key Messages

*Training for the use of public transport should be part of a person's development plan to promote independence.*

## Efficiency savings

The table below shows Gross Expenditure on Learning Disability Services for each of the five councils:

Council	Gross Spend 2013/14	Gross Spend 2014/15	Gross Spend 15/16	Expected Spend 16/17
Barking and Dagenham	£ 12.842m	£ 12.824m	£ 12.866m	£ 13.775m
Darlington	£ 9.750m	£ 9.583m	£ 9.326m	£ 9.045m
Cumbria	£ 50.051m	£ 49.932m	£ 52.663m	£ 52.543m
Kent	£135.630m	£140.741m	£150.459m	£156.850m
Wiltshire	£ 45.858m	£ 46.675m	£ 48.976m	£ 50.322m

In Darlington, when the recommendations arising from this work are fully implemented, the projected saving for 2016/17 is £386,307.

In Kent there has been a saving delivered of £11.9 million in the last four years which is expected to increase by a further £3.7 million in 2016/17.

2011/12	£2.5m	2012/13	£2.5m
2013/14	£2.6m	2014/15	£2.8m
2015/16	£1.475m	2016/17	£3.7m forecast

These savings equate to around 2% annual efficiencies delivered by the service each year, despite rising pressures from both transitions (new demand) and costs within the care market.

In Wiltshire, £349,000 worth of savings has been delivered in the last four years. Expenditure has continued to grow over the same period by around 10%.

All of the councils have delivered some savings within their Learning Disability Services. However, as the table above shows only Darlington has reduced their overall spend in this service area over the last 5 years. All of the other areas have reduced the level of demographic pressures that have been experienced elsewhere. It is generally reported that the pressures from transitions for new customers coming into adults' services is circa 3% per annum.

Councils require a sustained and well developed strategy to ensure that spend in this service area does not constantly challenge them in balancing their books. The best a council might expect if it could deliver a transformational programme over a five year period might be to hold the budgets at the same level of expenditure. This is unlikely to be sustained in the longer term as it will not be possible to continue to take costs out of the service at the same rate that new demand will come into the service from younger adults transitioning into adult services.

## Key Messages

*Councils can reduce some of the cost pressures in this service through a sustained transformation programme but new pressures from younger adults will mean that it is difficult to reduce overall spend.*

## Conclusion

There is a considerable cultural shift required for some people who offer care and support for adults with learning disabilities – both staff and carers. The previous model of offering a protective environment for people with learning disabilities may have kept people safe but has also led to some people being institutionalised and limited in their life opportunities. Staff need to be helped to understand how people can be supported to live a more independent life through being exposed to challenges and risks which can be safely managed. The “progression model” offers a new opportunity for people within this service and will not only lead to improved outcomes for people, but at a lower cost. Strong leadership and skilled practitioners can make a big difference to this service.

All the Councils found that they still needed additional resources to help meet the needs of people with learning disabilities as the number of new service users transitioning from children’s services outweighs those who are living more independent lives. Some of the councils were beginning to challenge the service to start the slow and careful process of helping people to better aspire to greater independence.

The opportunities for savings were found from:

- Knowing in detail the people who are receiving help from the council and understanding the costs associated with meeting their needs
- A stronger focus on the outcomes that people can achieve
- A stronger partnership approach with carers, supporting service users to be more independent and carrying out the caring tasks where appropriate
- Helping people with moderate and lower levels of need to move to greater independence and to reduce institutionalisation
- A focus on meeting the needs of people with challenging behaviours as part of a partnership with clinical teams
- Ensuring that there is a housing and accommodation strategy in place to contribute to meeting people’s needs
- Having a workforce who are trained and supported to deliver the changes required
- Ensuring you have robust performance management of the outcomes that the services are delivering.

## Some key questions that Councils may wish to ask themselves:

- Does the Council have a clear publically stated vision for the learning disability services that is supported by the Partnership Board?
- Does the Council understand who is in their service – how much they are paying for each person is this a reasonable price for meeting their needs?
- Is there an assessment of each person as to their current needs and how they are being met alongside their aspirations and options for the future including being helped and assisted to live a more independent life?
- Are the council and the NHS working in partnership to ensure that the right services are available for those with more complex needs? Is help available to support people in a crisis?
- Does the council have a housing strategy to enable people to live more independently and are people who are assessed as being able to live in a supported tenancy being supported to move to the right place with the right support?
- Are there a clear strategy and a service to assist younger adults through the various stages of transition from education to employment and housing?

In addition, the Transforming Care programme have produced a 'Must Knows' document that includes key questions that members may wish to consider in ensuring that the council is doing all that it can to safeguard and promote the well-being of adults with learning disabilities. The document can be found at [www.local.gov.uk/transforming-care](http://www.local.gov.uk/transforming-care).



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