

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

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| Date of Meeting | 15 th November 2018 |
| Report Subject | Progression Team |
| Portfolio Holder | Cabinet Member for Social Services. |
| Report Author | Chief Officer Social Services |
| Type of Report | Operational |

EXECUTIVE SUMMARY

This report is presented to Overview and Scrutiny Committee to highlight the work being undertaken to support people with disabilities to be more independent and rely less on paid support services, through the Progression Model.

The report identifies the positives of this work with a case study which nicely describes how the model works in practice.

The progression model fits squarely with the principles as laid out the North Wales Learning Disability Strategy which members endorsed in the October 2018.

RECOMMENDATIONS

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| 1 | Committee Members become familiar with the Progression Model and the benefits this brings. |
| 2 | Committee Members support the expansion of the Progression Model and support officers to take forward change with service users, when family and friends may perceive there is risk to their loved ones, when taking this model forward. |

REPORT DETAILS

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| 1.00 | BACKGROUND |
| 1.01 | During the 1980's significant investment was made in developing community support for people with learning disabilities, leading to the creation of supported living services as a wholly better alternative to residential or hospital care. The fixed model of 24 hour support was successful in improving people's quality of life. |
| 1.02 | People were and are still supported 24 hours a day, well cared for with few demands placed on them to reach potential and this model is generally popular with families. Whilst we will always have some people in receipt of this model of support, there is opportunity to change to a model supporting more independence for younger people, which is known as the Progression Model. |
| 1.03 | Over the years Flintshire County Council has gained positive recognition for developing highly person centred and strength based approaches. An example of this is the Direct Payment scheme which is commended nationally for its innovation and empowering people to have as much control over their support as they can manage. We will use this approach to take the progression model forward. |
| 1.04 | What is the Progression Model and how does it work. |
| 1.05 | The progression model is based on strength based assessments which maximise opportunities for independence, helping service users to acquire independent living skills. This means trained workers at all levels including social workers, occupational therapists and the direct workforce, develop a plan with an individual taking small steps to independence. This may cover everything from learning to travel independently on a bus, to making a sandwich. |
| 1.06 | The model has twin aims of maximising independence and making care affordable through the reduced reliance on longer term care. |
| 1.07 | We set about developing our Progression Model and made a commitment to challenge the barriers, attitudes and historical practice of being risk averse in culture, in order to develop a way that will maximise the lives of people with a learning disability and provide more life opportunities. |
| 1.08 | Flintshire County Council has worked in partnership with three young men and their families to develop a model of supported living aimed at increasing independence, positive risk with an enablement culture, using assistive technology and individually tailored support. |

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| 1.09 | <p>The three young men were initially assessed as needing eighty-eight hours of shared support per week and a 'sleep in' each night. The progression model was used to teach the young men some daily living skills. As an example, for approximately three to four weeks, the person working at night taught the men routine for locking-up, electrical safety and what to do in an emergency. Over time the young men learnt to do this themselves. We introduced assistive technology to support and once we were all confident in their ability to cope, the overnight support was no longer needed and was removed. The gentlemen learned many new skills and over time the eighty-eight shared support hours were gradually reduce to just eighteen hours per week. The individuals currently lead varied, independent and interesting lives.</p> |
| 1.10 | <p>Current Situation.</p> |
| 1.11 | <p>The Integrated Care Fund has allowed us to further develop this approach. We have a small team, comprising of health and social services staff, as well as Independent Care Sector care agencies.</p> |
| 1.12 | <p>With the support of a full time social worker and a Health funded part time occupational therapist working in a variety of settings with people to introduce the Progression Model, we have, over a six month period, supported 44 people using this model, all of whom are at different stages in the model. Even at this early stage we can report:</p> <ul style="list-style-type: none"> • 20% have achieved what matters to them. • 80% reduction in the support provided; three ladies who moved into a new house in June this year, have progressed to not needing overnight support. |
| 1.13 | <p>Use of the Progression Model recognises that not everyone can spend time alone and without support, but they can participate at their own skill level and still achieve what matters to them.</p> |
| 1.14 | <p>We are expanding the use of this model across Learning and Physical Disability Services and our aim is that eventually all support staff will be trained in this model and it will become the norm.</p> |
| 1.13 | <p>To date we have worked with new people in the services. The significant challenge will be to introduce the Progression Model into long standing supported living houses, where people have become used to the twenty four hour care and support.</p> |

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| 2.00 | RESOURCE IMPLICATIONS |
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| 2.01 | <p>The chart is an illustration of the costs at the beginning of the process and a the end of the process based on 3 men sharing 88 hours of domiciliary care per week and 7 sleep ins , through to 18 hours of domiciliary care and no sleep ins .</p> <p>It should be noted that is this the perfect scenario and the level of efficiency is not the same for every case.</p> <table border="1"> <caption>Costs at the beginning and end of the process</caption> <thead> <tr> <th>Progression Year</th> <th>Cost (£)</th> </tr> </thead> <tbody> <tr> <td>Beginning</td> <td>£94,910</td> </tr> <tr> <td>End</td> <td>£13,666</td> </tr> </tbody> </table> | Progression Year | Cost (£) | Beginning | £94,910 | End | £13,666 |
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| Beginning | £94,910 | | | | | | |
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| 3.00 | CONSULTATIONS REQUIRED / CARRIED OUT |
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| 3.01 | The Progression Model operates in a fully, inclusive, co-produced environment with people and their families fully in control of plans. |
| 3.02 | The approach we are adapting for future supported living is that this model will always be used. This challenges some parents in positively managed risk. |

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| 4.00 | RISK MANAGEMENT |
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| 4.01 | As a direct result of this initiative, a Positive Risk Management Policy has been introduced across all Children’s and Adult Social Services. |
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| 5.00 | APPENDICES |
| 5.01 | Appendix 1 Progression Model Case Study |

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| 6.00 | LIST OF ACCESSIBLE BACKGROUND DOCUMENTS |
| 6.01 | Contact Officer: Jo Taylor – Adult Services Service Manager Disability Service |

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| 7.00 | GLOSSARY OF TERMS |
| 7.01 | (1) Progression Model – a way of promoting and independence, learning daily living skills with small steps over time for people with a Learning Disability. |