



ST HELENS
BOROUGH COUNCIL

DAY SUPPORT STRATEGY

SEPTEMBER 2023



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FOREWORD

This document outlines how we intend to commission and create a variety of day services to support people with a learning disability in maintaining their independence.

Day care support is hugely varied, with a range of different settings, activities and groups using the services. Adult day services offer opportunities for social interaction, amusement, recreation, education and employment. Meals and drinks are frequently included in day care services, which can also include physical care activities, health-related counselling, and assistance.

Adults who need day support often participate in organised activities to help them with crucial facets of daily life, such as social, health, nutrition, and daily living. These support services are frequently provided in non-residential, group settings and are typically run by social workers and volunteers. Adults who require care or who run the risk of becoming socially isolated can join organised and social activities at day care, which also gives caregivers a regular break. Support on offer may also be specialised in the care they offer. Individuals with dementia, adults with learning disabilities and/or autism, those with brain injuries, issues with mental health, and people with chronic health concerns are just a few examples of specific groups.

We are aware that the need for services for people with learning disabilities is growing and will continue to do so for the foreseeable future. Additionally, the effects of the Covid pandemic on the sustainability and viability of the care sector have not yet been fully understood. Indeed, it was extremely difficult for those in need of support when day care services were discontinued or drastically reduced during the pandemic.

As demand grows, we need to ensure that the support on offer grows too; in both variety and capacity. Our aim, therefore, is to place more focus on personal autonomy and decision-making in community-based settings. Working with our partners, we will utilise all available resources to the fullest extent possible in order to commission and provide high-quality care and support.



M. M. Quinn

Councillor Marlene Quinn
Cabinet Member - Integrated Health & Care

1. INTRODUCTION AND CONTEXT

1.1. THE IMPORTANCE OF DAY SUPPORT SERVICES

A reassessment of the day opportunities model in St Helens is vitally important in ensuring that adults who need support can participate in organised activities to reduce social isolation, increase independence and be helped with otherwise challenging aspects of daily life.

The Social Care Institute for Excellence produced a review of community-based day activities in *Having a Good Day 2007* (SCIE), which remains extremely relevant today. A successful day opportunity service must include work, education, volunteering, and participation in hobbies, the arts, and social activities, according to an assessment of policy and practice. In addition, we must ensure that, regardless of the assistance people require, their activities must have a goal, be carried out in public locations, imitate the actions of other members of the community and foster friendships, connections, and a sense of belonging.

Coupled with the above, the Care Act which came into effect in 2015, sets out the need to support people to maintain a greater degree of autonomy over the care they receive. Importantly, the Care Act modifies many aspects of how care is organised and tries to give people in need of support more power and influence. This includes:

- A modification to how Local Government conducts assessments with people who require support. People will be urged to consider the results they hope to achieve in their lives. This is true of day opportunities and putting the “having a good day model” into practice
- New rights for carers that place them on an equal footing with the people they care for. Every carer is eligible for an assessment
- A stronger focus on safeguarding the most vulnerable members of our society from mistreatment and neglect
- A stronger focus on prevention. People will be encouraged and supported by local governments and other support organisations to live healthy lifestyles, decreasing the likelihood that they will require more assistance in the future
- Greater emphasis should be placed on local authorities’ ability to provide the public with clear information and guidance so they may choose their support options appropriately and maintain control over their lives
- A stronger focus on personal budgets, which enable people the freedom to use funds allocated to them as part of their support plan to pay for care that meets their needs

We have made some progress in transitioning services away from huge, segregated day opportunity services toward more intimate, community-based activities, but there is still considerable work to do. In particular, we need to work with local communities to provide people with learning difficulties greater opportunities to work. By 2025, there is a national target to double the proportion of people with learning difficulties working, a target we subscribe to.

IMPORTANTLY, THIS DOESN'T SIMPLY MEAN INTERNSHIPS OR VOLUNTARY WORK UNLESS THEY ARE TRULY A STEP TOWARD FINDING REAL EMPLOYMENT.



1.2. DAY SUPPORT AND PEOPLE WITH LEARNING DISABILITIES IN ST HELENS

The total number of the adult population (aged 18 to 64) who have a learning disability was estimated to be 2,566 in 2017 which will have remained broadly the same in the years since. The population of St Helens is ageing, which means that the number of people in older age groups has increased significantly when compared to younger age groups. At present,

more than a quarter of the population of St Helens will be over 65, which is higher than the national average. In line with this, people with learning disabilities are living longer and developing age related conditions such as dementia, epilepsy and sensory impairment. The table below shows the projected numbers of people with Learning Disabilities in St Helens:

		2017	2025	2030	2035
People age 18-64 predicted to have a learning disability	England	823,082	839,368	848,518	855,914
	St Helens	2,566	2,527	2,496	2,472
People age 18-64 predicted to have a moderate or severe learning disability and hence likely to be in receipt of services	England	187,508	191,859	194,818	196,861
	St Helens	583	576	573	568
People age 18-64 predicted to have a severe learning disability	England	49,739	50,877	51,949	52,506
	St Helens	153	151	152	150

Source: PANSI 2018

The consequence of the above figures is that services will need to adapt to meet rising demand and we will need to work in partnership with our communities, health colleagues and independent providers to do this.

1.3. OUR COMMITMENTS

In our Adult Social Care Integrated Commission Strategy 2022-2024 we have stated a set of commitments that apply across the range of work we undertake. We will:

- **Satisfy the anticipated increase in demand and innovate** - To ensure that people receive high-quality services that fulfil their care needs and produce the desired outcomes for specific persons, we will foster improvement and identify novel methods of service delivery
- **Empower individuals** - To take charge of their own care and support and make defensible decisions about how and when to get assistance for living their lives
- **Increase chances for neighbourhoods to enter the care sector** - Making sure that people have access to a variety of care and support options

1.4. WORKING TOGETHER

How we deliver the above commitments, will be contained within the action plan associated with this document. However, this is not a singular Strategy and is created, influenced and delivered through our numerous partnerships, service providers and communities which includes:

- Service users, carers and families
- Leaders of Integrated Care Boards, local authorities and health partners
- Service providers for social services, health care, social and physical environment

- **Maximise chances for locals** - To develop self-reliance, independence, and the ability to live a long, healthy life
- **Change the way we talk with service providers and partners** - So that we can jointly identify savings from service redesign, incorporate opportunities, and develop creative solutions that are supported by what benefits people

The above will be made possible by creating new support models that encourage the passage from dependency to independence and steer clear of specialist bed-based care. The principles of wellbeing, enablement, opportunity, employment, community support, and short-term interventions will serve as the foundation for this work.

- Health, social, and community service commissioners
- The community and voluntary sector

The delivery of coordinated and seamless services to help people live healthy, independent, and dignified lives increases with the integration of health and social care, which also improves results for the population as a whole.

2. VISION AND PRIORITIES

2.1. WHAT WE ARE TRYING TO ACHIEVE

We currently offer a range of support for people with learning disabilities and autism, tailored to individual needs. These include:

- Support to access activities for those with complex support needs, following Five Ways to Wellbeing which focusses on activities that helps you with the skills to be happier, healthier and better able to cope in everyday life, especially when things aren't going so well
- Support to access educational packages in partnership with St Helens College
- Support to access younger people's groups, with an emphasis on lifelong learning or employment-focused activity
- An older persons' pathway in partnership with Kershaw Day Centre
- A dedicated horticulture workshop programme
- A dedicated Supported Employment team

We want to build on the above with a model that focusses on regaining and or developing new skills, delivering a strengths-based approach to assessment and care, and promoting independence. In this regard, we want to build a more inclusive society where all people can access mainstream leisure services, employment support, training and education. We also want to increase the use of personal budgets so that more people can utilise all of this on their own terms and at their convenience.

Coupled with the above, those needing more specialised provision or greater levels of support will be supported. It is also recognised that individuals using day opportunities may have varying requirements, and that these needs may evolve over time as individuals age, become ill, or gain independence.

In order to achieve all of the above, this Strategy sets out four levels of assistance. This is in recognition that some people only need support for a relatively short time to realise their goals, whereas others require longer-term and sometimes more intensive support. These four levels are described in the following section.

Level 1 - Preventative measures and early intervention - In order to maintain wellbeing and to stop a decline in health and wellbeing that could result in the need for longer-term or more intensive support, people will be encouraged to recognise their current strengths and support networks and directed to community support options. This level would involve the regular use of community resources like recreation centres, libraries, colleges and open access organisations. This enables people to access support in a community setting and reduce potential social isolation.

Level 2 - Enablement - At this point, people will be supported in achieving their own goals with a focus on what they wish to accomplish (the outcomes). The enablement phase would be brief (for example, up to 12 weeks) and will emphasise regaining skills, encouraging independence, tying together friendship groups in a secure setting and assisting people in re-establishing or maintaining prior links to their communities. People with low support needs might benefit from this stage, which could be a transition from or between services.

Level 3 - Personalised Support - Some people might take a little longer to restore their abilities and confidence and require more support to reach their goals. During this phase, assistance will be provided to help people restore their independence and maintain a longer-lasting connection to their communities. This could include a support programme inside a day centre setting that tries to help individuals to gain greater independence over a longer length of time. People with greater support needs may engage in activities such as setting up peer-friendship groups at this time.

Level 4 - Intensive Specialist Support - This level places specific emphasis on creating intense professional support for those with complicated needs. This will entail long-term support with an emphasis on the health and welfare of the individual and can help people who might otherwise experience a decline in their mental health. People will receive help so that they can access the community like everyone else, but it would also include some building-based support. People with more complex specialist needs, such as those with dementia, those whose behaviour presents issues for services and those getting older with ongoing care needs are likely to benefit from this phase.

To transition to the above model, our social work teams and services will work with people in a strengths-based fashion through routine reviews in order to identify the assistance they need to achieve their objectives and aspirations. There may be gaps in the services provided for some, but for the majority, this will entail taking advantage of the programmes or services that are offered in the community. We will collaborate with service providers and people to co-produce solutions where gaps are found in order to meet their needs. To ensure that services are available to everyone, including people with hidden disabilities, we will collaborate with a range of local partners and community groups.

We will also collaborate with those who work in social care, those who organise community events, those who offer services, individuals who utilise services and their carers in order for this Strategy to be successful. It is envisaged that rather than a sudden switch to community delivery, there will be a gradual transition toward increasing community support to fulfil the vision outlined in this Strategy.

2.2. OUR PRIORITIES

WE ARE AWARE THAT PEOPLE WHO REQUIRE CARE AND SUPPORT ENCOUNTER SPECIFIC OBSTACLES AND DIFFICULTIES WHILE TRYING TO PARTICIPATE IN COMMUNITY LIFE AND ACTIVITIES.

They experience more discrimination, harassment, and lack access to services and jobs. St Helens Borough Council aspires to support people in living as independently as they can, developing resilience and skills and enjoying high standards of health and wellbeing.

In order to achieve this, we have set out a number of priorities that will feed into a co-produced action plan. For day support services, these are as follows:

- Using person centered planning, concentrate on the individual, their choices, strengths, and ambitions. This includes paying attention to the outcomes that service users and their carers want to see
- Working more closely with the entire family to ensure that support is effective for the individual and their carer
- Encouraging people to form relationships and avoid being socially isolated. This includes ensuring that people have access to a variety of possibilities so they can participate actively and on an equitable basis in both the wider and their own community
- Establishing warm environments that are aware of the requirements of individuals who use them
- Focussing on acquiring knowledge, developing skills, and increasing everyday life independence, such as through career and travel training where appropriate
- Encouraging more people to make the most of personal budgets or direct payments to access assistance or activities of the person's choosing, such as hiring personal assistants
- Working with providers and community partners to ensure that a variety of opportunities and support systems are accessible to promote choice and flexibility. This includes the creation of a variety of services to assist individuals in the short, medium, and long-term in accordance with their requirements and goals
- Supporting carers to carry out their duties while safeguarding their own health, wellbeing, and employment (where applicable) through our Carers Strategy.

2.3. WHAT SUCCESS LOOKS LIKE

In order to measure success, we will build on the Regulatory and Quality Improvement Authority (RQIA) provider guidance (2019-20) for Day care settings. This places emphasis on four domains; safety, effectiveness, compassion and leadership and sets a range of measurable standards:

- **Fulfilment** - People are enabled and supported to lead full and purposeful lives and realise their ability and potential
- **Dignity and Respect** - The uniqueness and intrinsic value of individual service users is acknowledged and each person is treated with respect
- **Independence** - People and communities have as much control as possible over their lives whilst being protected against unreasonable risks
- **Rights** - The individual rights of all service users are safeguarded and actively promoted within the context of services delivered
- **Equality and Diversity** - People are treated equally, their background and culture are valued, and services provided fit within a framework of equal opportunities and anti-discriminatory practice
- **Choice** - People are offered, wherever possible, the opportunity to select independently from a range of options based on clear and accurate information
- **Consent** - People have a legal right to determine what happens to them and they are informed, genuine and valid consent to the care and support they receive is essential
- **Safety** - Service users feel as safe as possible in all aspects of their care and support, and are free from abuse, exploitation or neglect
- **Confidentiality** - Service users know that information about them is managed appropriately and everyone involved in and with the day care setting respects confidential matters.

3. DELIVERING THIS STRATEGY

Through our vision, priorities and measures of success, we have set out what we want to achieve and an indication of how we will know if we are on the right path. Delivering this, though, takes a holistic approach and one that encompasses a range of provision, partners and people. The following section provides an overview of the key elements of this.

3.1. MEETING RISING DEMAND

By working in partnership across the NHS, voluntary and community sectors, we aim to slow the rising demand for care and support in our Borough. However, people are living longer, population growth continues and people's needs are becoming increasingly complex. This is why our support to carers is so vital in improving the way we can deliver health and care services.

In contrast to being admitted to a long-term residential or nursing care, community-based services are designed to help or enable people to live independently at home.

3.2. CO-PRODUCTION AND CO-DESIGN

The goal of community-based services is to help or empower people to live independently at home as opposed to being admitted to a long-term residential or nursing home. The needs of individuals and their families call for adaptable community services that can meet those specific and varied needs. They must also take into account how they will entice and meet the unique needs of their workforce.

People and families therefore need adaptable community services that can meet their unique and varied needs. Rather than approaching this under the assumption that social care needs to provide all of this, we will instead focus effort on helping people and communities to support each other. This is a key facet to our wider partnership approach and the recent transition to an Integrated Care System across Cheshire and Merseyside provides us with a stronger platform to do just this.

Therefore, in many cases, we work to delay or prevent the need for ongoing Adult Social Care services in order to help people maintain their level of independence. We want to actively engage with and listen to communities as equal partners in order to make a difference. By actively participating in developing strategies for how we may build stronger communities now and in the future, as well as by leveraging local working and existing networks and good practice, we can help people understand their role in maintaining fitness and health and reducing reliance on services.

3.3. ENHANCED INFORMATION AND ADVICE

Linked to the above point, the 'St Helens Information and Advice Service' will be re-launched, and we'll make sure that it improves people's lives by educating, counselling, and promoting self-help and self-management so that they can keep their healthy independence.

As part of this, more people will be made aware of the price of that support and encouraged to buy their own through a Direct Payment. Adults will be able to fully self-regulate from social care-managed support care packages, which will lessen the need for more costly interventions. To ensure that everyone who can receive funding in paying for their own support is helped, we will also review our Direct Payment Assistance Programme.

3.5. LEARNING FROM BEST PRACTICE

Building on what has been successful over the past ten years, dementia services in St Helens will learn from residents and other Boroughs about what else could be done more effectively.



4. MONITORING, REVIEW AND CONTINUOUS IMPROVEMENT

Monitoring and evaluating the impacts of this Strategy, and the objectives contained within, is vital in ensuring that our efforts continue to be focused on the cared-for and carer experiences. This, in turn, needs to feed into every commissioning decision that we take.

As such, we are developing an action plan for the whole of Adult Social Care to ensure that we understand progress, tackle any issues that arise and focus on continually improving the services we commission and provide. There are two levels of effectiveness for monitoring this:

LEVEL ONE - GUIDING PRINCIPLES

These principles work to prioritise the needs of the people we support and ensure that the assistance they get will both achieve the desired outcomes and manage any risks:

- **The right people:** those who require assistance are identified and given top priority
- **The right time:** to prevent things from getting worse, to increase resilience, and to encourage independence
- **The best location:** Depending on the need and the most cost efficient solution, at home, in the community, or in a specialised environment
- **The correct support:** Just enough to keep everyone safe while also preventing, minimising, or delaying the need for long-term support, supplied by the appropriate individuals with the appropriate skills
- **Improved coordination and cost-effective support:** Provided through working more effectively with individuals, their friends and families, as well as in partnership with other organisations.

LEVEL TWO - PERFORMANCE REPORTING

To determine whether services for those with learning disabilities are achieving the necessary strategic results, the overall organisation and coherence of those services will be tracked and evaluated. Performance indicators (PIs), regular critical appraisals, satisfaction surveys, and the departmental index of complaints will all serve as guidelines for the reporting structure.

To support the above, we will routinely gather and compile data from a range of sources which will include:

- Employing regional and national performance metrics to compare our performance to that of other local authorities and assess the development of certain goals
- Continually evaluating our actions in light of past, present, and projected requirements in strategic and performance management frameworks to ensure that we have enough capacity to meet any changes in service user demand
- In order to accelerate the implementation of innovative thinking that support the essential elements of the vision, we modified our strategy to take advantage of the most recent best practice.



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