



**A MARKET POSITION STATEMENT:  
COMMISSIONING SERVICES FOR  
PEOPLE WITH A LEARNING  
DISABILTY**

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## **INTRODUCTION**

This Market Position Statement is aimed primarily at providers of care and support services for people with a learning disability. It will set out the Council's vision for the future provision; the outcomes we intend to deliver for our clients and the likely models of service that will be required to deliver those outcomes.

The document will look at current demand for services and project the likely increase in demand over the next five years and beyond. Alongside that, the statement will look at the range of existing provision and the changes we foresee as necessary in service models and capacity. We will examine the challenges, including resourcing, that we are likely to meet and explore how those challenges are met.

We want to see person-centred and partnership approaches to delivering good quality outcomes for our clients. We will seek to encourage and support providers that ask how they can support people to achieve their aspirations and live the life they choose to live. We will support innovation and are open to exploring new models of provision that empower the service user. Good commissioning is a collaborative process involving the user, their family and friends, social workers, providers and commissioners working together towards a common goal. We hope that this document will be the start of a dialogue with providers that will continue throughout the coming years as we seek to develop a range of services, which clients value.

## **KEY MESSAGES FOR PROVIDERS**

### Vision and Priorities

Our vision is that people with a learning disability should be supported to access the same opportunities in life as everyone else. That they be supported to choose where and how they live; that they are supported to access education, employment and training opportunities or other meaningful activities; that they are socially integrated and are supported to maintain their relationships with families and friends and that they enjoy the same rights as citizens as everybody else.

Royal Greenwich wholly supports person-centred approaches to service delivery. Every service user will be offered the opportunity to manage their own personal budget and to arrange their own package of care and support. However, regardless of whether or not service users choose to take up this option, the Council expects that all service providers will operate in a way that supports the user to live their life the way they want to. In support of this aim:

- Royal Greenwich is committed to accommodating no more than 40% of its clients in registered care settings. We will support the development of additional supported living and other community-based services.
- Royal Greenwich and Greenwich Clinical Commissioning Group are committed to minimising the number of people placed outside the borough. We will support the development of additional local capacity.
- The remodelling of respite services to deliver true choice and flexibility is a key priority for the borough.
- Services must demonstrate how they are supporting people that want to work to access employment and work-like activities to achieve their aspirations around finding a job.
- Service will promote social inclusion – supporting people to live the life they want to lead and engaging with their local communities
- Services will agree outcome-based plans with service users and deliver services based on the users' preferred approaches
- Services will demonstrate that they offer increased choice and good-quality services for users
- Services will demonstrate improved engagement with Health, in particular greater take up of annual health checks and specific screening programmes

### Demand Summary

- 827 adults on the Learning Disability register in 2013.
- 533 adults whose primary need is a learning disability received a social care service in 2011/12.
- c.120 people placed in services outside the borough.
- Demand is expected to rise by approximately 15 people a year over the next five years 2013 – 2018.

## EXPLORING DEMAND

We estimate that the number of people with a learning disability in Greenwich in 2013 is likely to be 3,774, of which approximately 918 will have a moderate or severe learning disability<sup>1</sup> (see Table I, Appendix I). The actual number of people with a learning disability known to Adult Social Care is somewhat lower than this. The Community Learning Disability Team (CLDT) holds a register of 827<sup>2</sup> adults and the Council provided/commissioned services for 533 adults in 2011/12<sup>3</sup> whose primary need was a learning disability.

Approximately 41% of current service users are placed in registered residential or nursing settings. NHS London's draft market position statement for learning disability services across the Capital shows that Greenwich is amongst those authorities with the highest proportion of people with learning disabilities living in non-settled accommodation<sup>4</sup>.

PANSI data for current demand is higher than the number of actual clients known to the CLDT and higher still than the number of people that are in receipt of services (533 in 2011/12.) Notwithstanding that difference, the figures suggest that demand will grow by 3.4% by 2015, 8.5% by 2020 and by 21% by 2030.

We can, however, be more specific than this – at least for the next five years. Royal Greenwich has now developed a Transitions Register, which lists children that have a statement of Special Educational Needs. From that data we know for each school year from Year 9 the number of children with an identified learning disability and the number of those that will or are likely to qualify for an adult social care service at age 18. Figure 4 in Appendix I shows the likely demand from young people in transition to adulthood for the next five years.

Based on these figures we can anticipate that perhaps six individuals a year will require support because of a learning disability. A further one or two people a year, who have Autism, are also likely to qualify for a service and a similar number of people with complex needs.

Royal Greenwich has made a commitment to minimise the number of clients that are placed in services outside the borough. It is our intention that most, if not all, new clients that need it will be offered community-based services to enable them to stay at home or local accommodation-based services when they reach maturity. From 2013, we will be reviewing all existing out of borough placements with a view to moving people back to the borough where it is appropriate to do so.

There are approximately 120 clients currently placed outside Royal Greenwich. We are working on our strategy for reviewing those placements and moving people back to the

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1. <sup>1</sup> [www.pansi.org.uk/](http://www.pansi.org.uk/)

<sup>2</sup> As at 28 January 2013

<sup>3</sup> RAP Return 2011/12

<sup>4</sup> "Non-settled accommodation" includes homes without security of tenure such as acute/long-stay hospitals, registered care homes and registered nursing homes.

borough where appropriate. For the time being we have set ourselves a target of repatriating 50% of these clients over the next five years.

On average, based on figures for the last three years, four people with a learning disability that are in receipt of services die each year.

Overall we expect that demand for local services will increase by around 15 people per year for the next five years.

## **SUMMARY OF CURRENT AND FUTURE EXPECTATIONS**

There is a long-standing recognition that too many learning disabled people in Royal Greenwich are placed in residential care settings and that too many people are placed outside the borough, often at great distance from family and friends.

The borough is currently engaged on a programme to remodel services including the development of additional local capacity, deregistering care homes and introducing flexible respite solutions. Consultation with users and their families during these processes has shown that service users like the idea of making choices and picking who will work with them. However it can be difficult for people to envisage how non-traditional service models will work and there is some real resistance to change – particularly among families who are happy enough with existing services.

There is a clear need for the Council and its partners, including service providers, to enter into open and on-going dialogues with users and their families so that we better understand their needs and expectations. Additionally we must ensure they are supported to exercise choice and to understand how services might be delivered in flexible ways that respond to them. For example carers have expressed their concerns around contingency planning for crisis situations. We must ensure that people have confidence that services can and will respond to emergency situations to ensure continuity of care and support where the usual provision has broken down.

The Council has undertaken various surveys of and consultation events with service users and their families/carers. In addition the local Citizens' Forum reports to the Learning Disability Partnership Board on issues affecting people with learning disabilities. From the feedback obtained we know that people do want to make choices about the way they lead their lives.

- People expect to be treated with dignity and to have their needs respected.
- People's experience of accessing health services is very mixed.
- People want to choose where they live
- People want to find jobs.
- Whether or not people choose to arrange their own packages of support, it is clear that clients know what they want and expect services to respond to that.

## EXPLORING CURRENT SUPPLY

The first table, below, shows all services that are currently managed by the Council or block-purchased from external suppliers. The second table summarises the number of spot-purchased placements made by the Council and the type of service provided<sup>5</sup>.

Service Name	Service Type	In-house/ External	Capacity
167 Lodge Hill	RCH	In House	6
169 Lodge Hill	RCH	In House	6
Ashburnham Grove	RCH	In House	7
Royal Hill	RCH	In House	7
The Village	RCH	In House	6
Elliscombe Road	Supported Living	In House	4
Charlton Lane	Supported Living	In House	4
Hardy Road	Supported Living	In House	2
Coleraine Road	Supported Living	In House	5
Shared Lives	Adult Placement	In House	54 (+ 9 respite)
Adults Community Team	Floating Support	In House	54
Webb Road	RCH	External	6
Kensing Road	Respite (RCH)	External	8
Arnold House	RCH	External	22
Charlton Road	RCH	External	4
Erindale Terrace	RCH	External	5
The Gables	RCH	External	15
Wilmount Street	Supported Living	External	8
Samuel Close	RCH	External	17
Gatling Road/ Fossdene Road	Supported Housing	External	3
Choice Support	Floating Support	External	16
Family Mosaic Learning Disability	Supported Housing	External	6
Keyring Supported Living Network	Supported Housing	External	20

Out of Borough Residential Placements	88
Out of Borough Supported Living Placements	29
In Borough Residential Placements	6
In Borough Supported Living Placements	22

### Council Provision

As the table above demonstrates, the Council manages a range of accommodation-based and floating support services for people with a learning disability. Specifically the Council manages 32 units of registered care, 15 units of supported living and 54 floating support

<sup>5</sup> As at May 2013

placements in the Adult Community Team. Furthermore the Council manages a Shared Lives Service, which places clients with Carers in the Carers' homes. At present there are 54 clients placed with 44 Carers with an additional 9 units of respite available<sup>6</sup>.

#### Externally Provided Services

Since July 2011, the Council has assumed the Lead Commissioning role for services previously commissioned by NHS Greenwich to support People with Learning Disabilities. The contract covers the management of 70 units of registered care and supported living<sup>7</sup>. As such, it represents the bulk of our externally purchased, block provision. The current contract runs to June 2016. There is one other care home that is block purchased at present, managed by another provider.

Respite provision is currently offered at an eight-bed unit in East Greenwich. The service is currently managed under a block contract, but the provider has been given notice of our intention to terminate the current agreement. A new contract for the provision of respite will be advertised in 2013.

There are four further services, originally commissioned through the Supporting People programme, delivering 45 units of Housing Related Support for people with Learning disabilities.

Until 2012 the Council had two block contracts with the providers of registered care services to manage three separate care homes. One of these was de-registered in July 2012 and the second was deregistered in March 2013. Those services are no longer block purchased.

The Council places a significant number of people in externally managed services (in and out of the borough) on a spot purchase basis.

NHS Greenwich CCG has been working with service users living outside the borough in assessment and treatment inpatient units to support them to their needs and plans for the future. This has involved reviewing all service users and involving them and their Carers and relatives in plans to return to Greenwich if this is what they want to do.

The CCG is mindful that at the present time there is very little suitable accommodation for this group in the borough and we are beginning to work with local providers to develop a step-down service that will provide local, suitable accommodation for this group. We also hope that by developing a local service it will have capacity to take referrals from young people transitioning into adult services who would normally have to move to hospitals outside Greenwich when they reach 18. Our overall aim is to ensure that service users with behaviours that are complex and challenging have a choice and do not have to move long distances from their families and friends.

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<sup>6</sup> As at June 2013.

<sup>7</sup> These services were previously registered as nursing care but since July 2011 have been registered simply as care homes.

## Day services

Service users have access to a range of Day Opportunities in addition to their accommodation or community based care and support. These services currently include traditional day-centres, work-like activities such as the Riverwood Project and the Firepower Café and evening social activities. The Council is currently remodelling the way that people access day services. Service users now have a 'pick and mix' service enabling people to choose activities as they see fit.

## EXPLORING QUALITY

Quality indicators will be informed by the Adult Social Care Outcomes Framework (ASCOF) and the outcomes set out in the service specification for the CLDT (Appendix 3.) We will expect all services to demonstrate that they are providing services that are person-centred, give the user choice and control, enable users to meet their aspirations, that are safe and encourage positive risk taking.

The CLDT operates to an outcomes-based specification that puts the user and their expectations at the heart of the work they do. We expect all services to deliver services that are outcome based. A full list of the outcomes in that specification is attached in Appendix 3, but for example we expect that through their contact with services people with learning disabilities will have:

- accessed the support they need to live their day to day lives, to achieve full and equal citizenship and secure the outcomes they want in life
- maximised their communication, their emotional and mental wellbeing, their mobility and independent living skills. They will have been helped to maximise / realise their potential, including taking managed risks
- been helped to live in ordinary settings and to achieve ordinary, socially included lifestyles in the Greenwich area (or near friends and family)
- been empowered and supported to communicate their views, had their liberty safeguarded and been safeguarded from all forms of abuse
- been helped to overcome health issues that impact on their daily lives, achieving and maintaining good health, both physical and mental
- felt listened to, heard, and respected as a person, irrespective of their ethnicity, culture, age, gender or sexuality
- had the opportunity to give their views about the service and contribute to its further development.

We want services to provide users with good quality information and advice such that they can make informed decisions about meeting their needs. This will include the information provided to families/carers and the extent to which families/carers are able to contribute to service planning. In particular, we will assess how service users are supported to lead their lives just like anyone else; that they choose where they live, have access to training and education, have opportunities to seek work and socialise with friends.

We want services to support users to maintain their overall health and wellbeing; that service users are encouraged to take up their annual health checks, that they access relevant screening programmes and are encouraged to lead healthy, active lifestyles.

Services will demonstrate that users are kept safe from abuse and neglect, but are supported to take positive risks, e.g. being supported to travel independently, so that they can achieve their desired outcomes. Staff teams will be trained appropriately and will be able to demonstrate good awareness of safeguarding policies and procedures. Services will treat people with dignity and respect.

When assessing the quality of services we will give particular attention to users' and carers' satisfaction levels. Services will be able to demonstrate that not only do they develop packages of care based on what the user wants, but that service users and their carers have an opportunity to contribute to wider service planning. We will explore opportunities to involve service users and carers in service monitoring as experts by experience.

## **EXPLORING FUNDING**

Royal Greenwich is managing significant reductions in its funding. This affects all Council directorates including Adult Social Care. As a commissioner we have always been concerned with achieving good value for the money we spend, but budgets are under greater scrutiny now than ever.

The projected outturn position for learning disability services in 2012/13 is net expenditure of approximately £22.9M. (A summary of the outturn for 2012/13 is provided at Appendix 4.) This includes the cost of block-purchased accommodation-based services, Council managed provision, transport costs and individual care packages.

The Council has a statutory responsibility to provide social care to those people that meet our criteria. Royal Greenwich currently provides services to people whose needs are assessed as “substantial” or “critical.” There are no plans to change this policy.

We have already indicated that the Council is not intending to offer block contracts to the market in future and hence services will be commissioned on a spot basis using the individual’s allocated personal budget (whether or not they are managing the budget themselves.) The Council has developed a Resource Allocation System that will give people their indicative budgets as a starting point for developing support packages. Each budget will, of course, be specific to the individual, but the table in Appendix 2 outlines typical rates for support hours.

## **ROYAL GREENWICH'S VISION OF THE FUTURE MARKET**

Our vision is that people with a learning disability should be supported to access the same opportunities in life as everyone else. That they be supported to choose where and how they live; that they are supported to access education, employment and training opportunities or other meaningful activities; that they are socially integrated and are supported to maintain their relationships with families and friends and that they enjoy the same rights as citizens as everybody else.

Royal Greenwich wholly supports person-centred approaches to service delivery. Approximately half of learning disabled clients now has a personal budget. Each service user will be offered the opportunity to manage their budget directly and to purchase their own care and support through a Direct Payment. (Just fewer than 50% of those with a personal budget now receive a Direct Payment to fund some or all of the care and support they receive.) However, regardless of whether or not service users choose to take up this option, the Council expects that all service providers will operate in a way that supports the user to live their life the way they want to.

The future market for learning disabled people in Royal Greenwich will include:

- services directly purchased by people to meet their individual needs
- greater provision of community-based services such as home care and housing-related floating support
- greater range of services available locally, preferably within the borough
- greater capacity to support people locally
- fewer people using registered care
- fewer people having to move outside the borough
- improved engagement with health services
- more people in work or work like activity

### Accommodation-Based Provision

Royal Greenwich has already begun to pursue opportunities to increase housing capacity for people with learning disabilities in the borough, we welcomes proposals from Providers to develop additional supported living capacity. Ideally, the units should be self-contained or, if shared living, offer en-suite facilities. As far as is practical, services should be within reasonable walking distance of local amenities such as shops, public transport and a G.P. practice. Properties should be suitable for adaptation for people with mobility problems or other physical and sensory impairments.

Despite our commitment to reduce our reliance on registered care, we do recognise that it has role to play in supporting people and that for some people it is the most appropriate type of service. As for supported living there is a need to ensure that we have sufficient capacity locally to accommodate those service users that need it.

## Community-Based Provision

Where people live in their own home or choose to continue living with families/carers, they should be supported to maintain their independence indefinitely, through individual care and support packages that address not just their health, personal and social care needs but their housing support requirements too. Wherever possible the individual should choose who provides their support, how and when.

Subject to the review of its own provision, the Council will seek to increase the capacity of its own Shared Lives service. Other providers that manage similar services will be encouraged.

## Respite

A key priority for the Council is to deliver a range of flexible respite solutions for service users and their family/carers. We will advertise a new contract for delivering respite care and support in 2013. We will work with the selected provider(s), service users and their families/carers to move from the current model to a respite model that supports people to exercise true choice. A service that offers the security of a bed in a local service when that is required, but that also provides people with opportunities such as access to respite away from the borough, sitting services and overnight respite in people's own homes.

## Day Opportunities

Currently the Council itself is the main provider of day services in the borough, although there are a number of services available that are managed by other providers. Following a comprehensive review of its Day Opportunities Royal Greenwich is now implementing the first phase of a redesigned service.

The in-house service will become more streamlined and offer more time limited, outcomes-focused support to people to access a range of activities either delivered directly or by external partners. Service users will be supported to use a Personal Budget to purchase Day Opportunities that meet their identified outcomes and provide them with opportunities to engage in the activities they wish to pursue. This 'pick and mix' approach will enable people to increase their independence and engage more fully in their own communities.

We want to enable people to increase their independence and have more opportunities to pursue other activities within their own communities. We are opening more small community bases with that include facilities for personal care for people with the most physical complex support needs. We are moving away from the traditional day-centre model and creating more individualised opportunities. People can purchase the service using a personal budget and in most cases the service will now form part of their week rather than all of their week, i.e. it is expected that people will choose to access activities provided by other services at other times in the week.

## The Council's Future Role as Provider

Adults and Older People's services has commissioned a review of all its own provision, including learning disability services. It is anticipated that the full review will be completed sometime in 2014, but it is possible that some recommendations/decisions will be made before the full review is completed. Any decisions that are relevant to the external provider market will be shared with it.

## Employment

Royal Greenwich will continue to support its service users to develop their job skills, to look for work, prepare for interviews and help them to maintain their jobs.

In general we expect that providers will consider people's career aspirations as part of their support planning approach. That they will signpost people to and support them to engage with services that support people into work. We will also ask providers what they might do to create opportunities for people with learning disability in the job market.

Employment support services, commissioned through our Voluntary & Third Sector Grants programme are due to be retendered. Current employment support services will be reviewed during 2013 to determine if the service models are working and are sustainable. A decision on our future commissioning intentions for these services is likely in the autumn of 2013.

## Health and Wellbeing

In order to improve the overall health of people with learning disabilities, services are expected to support and encourage service users to take up annual health checks, attend regular check-ups (e.g. dentists, opticians) and access screening programmes.

## Carers

The importance of the role played by unpaid Carers is increasingly being recognised at both a national and local level. We anticipate that the status of Carers will be put on an equal statutory footing as service users in the near future. The implications of this are not yet clear and we await further guidance from central Government. However, Royal Greenwich expects that providers will work with service users' Carers when planning packages of care and support; that they will recognise and welcome the insights that Carers can share about their loved ones' needs. Most importantly, we expect that Carers will have confidence in the services that their loved ones receive.

## **DESCRIBING THE FUTURE & FACILITATING THE MARKET – HOW WE WILL WORK WITH PROVIDERS**

We wish to encourage a dialogue with providers that are seeking to develop services locally so that those services take account of the known needs of Royal Greenwich service users and are likely to be attractive to the people that might wish to use them. We will engage with providers through the Providers' Forum and through face-to-face meetings as well as through contract monitoring. We welcome discussions with providers that have identified opportunities for developing services in the borough and would ask that they meet with us to discuss the needs of local people when planning service development.

### Contracting models

For the most part, services will be purchased on a spot basis according to the needs and choices of the individual either directly by the user or on their behalf by the Council's Access to Resources Team. There will be fewer block contracts in future. However, we do intend to offer a block contract to the market to provide and remodel respite.

The Council is generally moving away from block purchasing adult social care services. Instead, where the service user chooses not to manage their own care package or asks the Council to act as broker, we will commission services on a spot purchase basis or by means of Individual Service Funds that reflect the individual choices the user has made to meet their needs. The Council has already begun to negotiate a change in contractual arrangements with its contractors. The exceptions to this are the contract to deliver respite care, which will be re-specified and re-tendered in 2013 and the former NHS contract, which will remain in place for the time being whilst the provider remodels the current provision.

The Council will continue to commission services from the Third Sector through its Third Sector Commissioning Framework. The strategic priorities for the next round in 2014 are yet to be determined but for Adult Social Care are likely to remain consistent with the existing priorities:

- Early Intervention, Prevention and Building Social Capital Services
- Universal & Specialist Information, Advice, Counselling & Advocacy Services for Disabled People
- Training, Volunteering and Employment for Disabled Groups

Social enterprises and consortia of local providers will be encouraged to bid for funds and we will work with such organisations so that they are able to compete with larger organisations on an equal footing.

## **Social Value & Supporting the Local Market**

The Council is required to consider the Social Value that our contracts deliver. Whilst there is no single definition of what Social Value is we will consider how services benefit both service users and the borough's wider community and how they contribute to the vision set out in the Greenwich Strategy, i.e.:

- The place to live
- The place to work
- The place to learn
- The place to visit – a place of culture
- Greener Greenwich

In consideration of the social value of any contracts offered to the market, we will take into account how businesses may contribute to employment and volunteering opportunities for local people, the overall health and well-being of the community and links into other services such as schools. We will consider whether or not providers have a local base, whether or not they have community engagement strategies and how they invest in their staff.

DATA

Figure 1

PANSI - Estimated Prevalence of Learning Disabilities amongst adults aged 18 - 64 2012 - to 2020

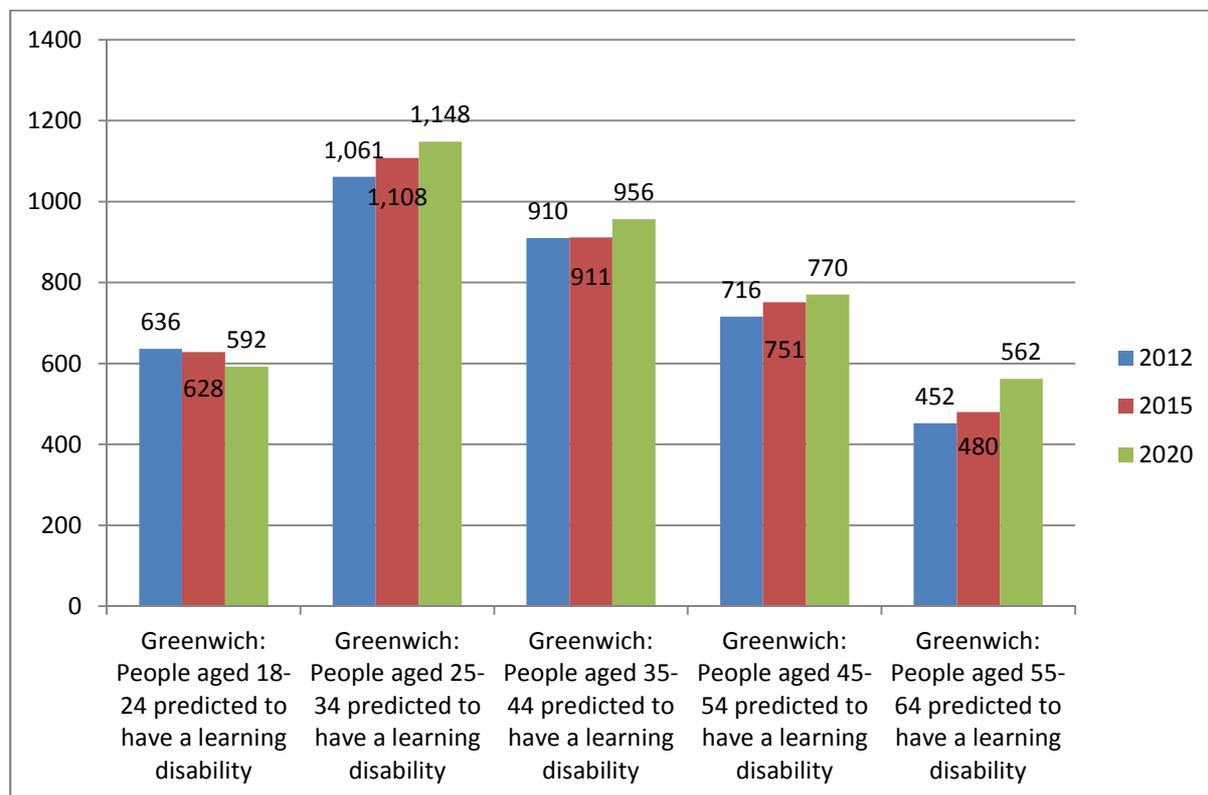


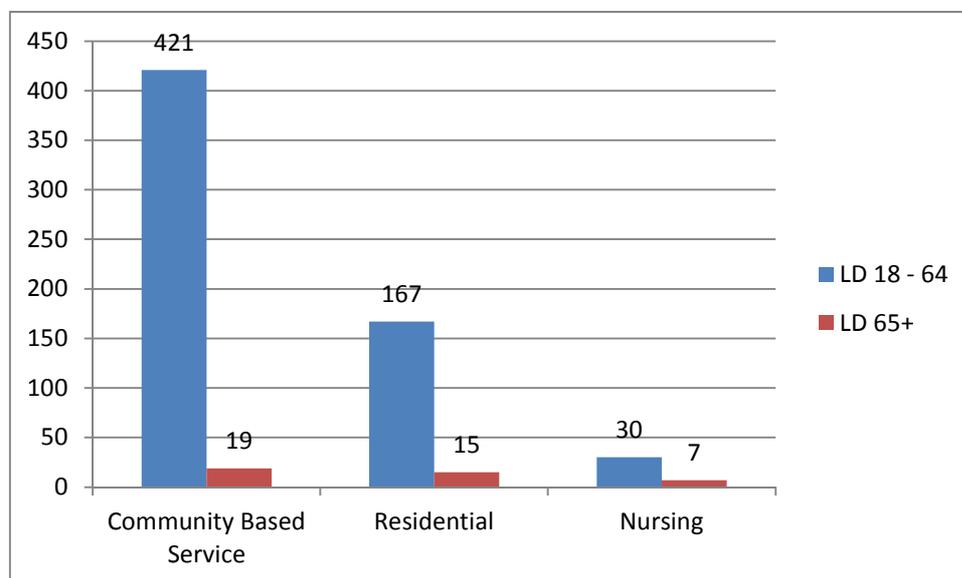
Figure 2

PANSI Data at November 2012

	2012	2015	2020	2025	2030
<b>Total population aged 18-64 predicted to have a moderate or severe learning disability</b>	845	874	918	966	1,013
<b>Total population aged 65 and over predicted to have a moderate or severe learning disability</b>	73	75	78	86	98
<b>Total population predicted to have a moderate or severe learning disability</b>	918	949	996	1052	1111

**Figure 3**

**Number of clients receiving services provided or commissioned by the CASSR during the period, by age group and service type.**



**Figure 4. Transition Register: Number of children that are likely to require or may require an adult social care service post age 18.**

School Year	LD		PD (including Sensory)		MH		Autistic Spectrum		Complex Needs	
	Yes	Maybe	Yes	Maybe	Yes	Maybe	Yes	Maybe	Yes	Maybe
Year 10	4	4	2	17	0	0	1	28	5	0
Year 11	4	2	1	9	0	0	3	26	1	0
Year 12	2	6	2	15	0	0	2	19	0	0
Year 13	0	6	2	5	0	1	0	7	1	0
<b>TOTAL</b>	<b>10</b>	<b>18</b>	<b>7</b>	<b>46</b>	<b>0</b>	<b>1</b>	<b>6</b>	<b>80</b>	<b>7</b>	<b>0</b>

## Appendix 2

### Resource Allocation

<b>Service/Support Type</b>	<b>Period</b>	<b>Rate</b>
ISF - Personal Care	per hour	£ 12.60
ISF _ Domestic Assistnace	per hour	£ 9.50
Personal Care - Daytime Mon - Fri	per hour	£ 11.50
Personal Care - evening Mon - Fri	per hour	£ 13.00
Personal Care - weekends	per hour	£ 13.00
Domestic Assistance	Per hour	£ 9.50
Direct Payments - Daytime	Per hour	£ 10.70
Direct Payments - Sleeping Nights Mon - Fri	Per Night	£ 65.00
Direct Payments - Sleeping Nights Weekends	Per Night	£ 85.00
Waking Nights	Per Night	£ 32.00
Day Care attendance	Per day	£ 50.00
Day time activities/Socialisation/Employment related Activity	Per day	£ 40.00
Carers' Breaks (Learning Disability)	Per Night	£ 157.14
One to One Support (Learning Disability)	Per Hour	£ 12.25
Shared Lives (Adult Placement Scheme)	Per Week	£ 320.00
Supported Living/Lodgings	Per Week	£ 800.00

### Extract from CLDT Specification – Outcomes to Be Delivered

## 3. What we are aiming to achieve - Outcomes

### 3.1 Outcome to be Achieved by the Service

3.1.1 The Council and NHS Greenwich have agreed a set of outcomes to be achieved by the Service:

- Outcomes for people with learning disabilities
- Outcomes for the families of people with learning disabilities
- Outcomes for the Council, the NHS Greenwich and other services in Greenwich
- The Core Health Specific Outcomes for Service Users

### 3.2 Outcomes for people with learning disabilities

3.2.1 Through their contact with the service people with learning disabilities will have:

- received reliable advice and information that helped them maximise their health and their wellbeing, and get the help they needed whether they were eligible for support through the community service or not
- received help when they needed it. This includes being helped to plan for major transitions and changes in life, as well as being helped promptly at times of crisis
- been allocated a budget for social care support if they were assessed to have eligible needs<sup>8</sup>, been helped to plan how to use that budget, and to modify their budget or support arrangements if their needs changed
- accessed the support they need to live their day to day lives, to achieve full and equal citizenship<sup>9</sup>, and secure the outcomes they want in life
- maximised their communication, their emotional and mental wellbeing, their mobility and independent living skills. They will have been helped to maximise / realise their potential, including taking managed risks
- been helped to live in ordinary settings and to achieve ordinary, socially included lifestyles in the Greenwich area (or near friends and family)
- been empowered and supported to communicate their views, had their liberty safeguarded and been safeguarded from all forms of abuse

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<sup>8</sup> ...and possibly for healthcare support in the future

<sup>9</sup> i.e. a life with the same rights, responsibilities and opportunities as any other UK citizen

- been helped to overcome health issues that impact on their daily lives, achieving and maintaining good health, both physical and mental
- felt listened to, heard, and respected as a person, irrespective of their ethnicity, culture, age, gender or sexuality
- had the opportunity to give their views about the service and contribute to its further development

### **3.3 Outcomes for the families of people with learning disabilities**

3.3.1 Through contact with the service families of people with learning disabilities will have:

- felt listened to and heard, and satisfied with the way they were responded to
- had follow-up and proactive support
- received information and advice that supported them in their role as carers
- received help when they needed it. This includes being helped to plan for major transitions and changes in their life as carers, as well as being helped promptly at times of crisis
- been allocated a budget to arrange support for themselves / a break from caring, if they were assessed to have eligible needs
- resolved problems related to their caring situation
- had the opportunity to give their views about the service and contribute to its further development

### **3.4 Outcomes for the Council, NHS Greenwich and Other Services**

3.4.1 The Community Service will be organised, and work in ways that are designed to achieve specific organisational outcomes, as follows:

- **prevention and enablement**
  - people across Greenwich will know about the service, what it does, and how to access it, including people from BME communities and hard to reach groups
- **empowerment**
  - people will have been supported to make decisions about their lives and about the way they receive social care and health supports. They will be in the driving seat.
- **meeting statutory responsibilities**
  - the service will have met the Council and NHS Greenwich's statutory responsibilities, including safeguarding and Mental Capacity Act requirements, assessment of need and action to meet those needs.
- **efficiency and effectiveness**

- the service will have demonstrated effective and efficient use of its resources, and value for money, basing decisions on evidence
  - the service will have kept strategic commissioners (including the public health service) informed of the changing preferences and needs of people with learning disabilities and their families, and of the quality of current support provision
  - the service will have used knowledge and information from the commissioning team to positive effect
  - the service will have met integrated, shared health and social care (Greenwich Council and NHS Greenwich ) outcomes.
  - staff will have clarity of purpose and a shared sense of direction i.e. they will be working together to achieve shared outcomes
  - the service will have monitored its performance and will have demonstrated that it has learnt from the findings and continued to develop and improve
  - the service will have managed its resources to achieve sustainability
- **local community-based supports and solutions**
    - people will have been helped to get the support they need in their local Greenwich area (diversion from out of area placements) and, in the process, Greenwich will have improved as a place for people with learning disabilities to live
    - people will have been helped to get the support they need in community settings, preventing admission to hospital, and Assessment & Treatment or mental health units, and preventing delayed discharge from hospital).

## Summary of Royal Greenwich Expenditure on Learning Disability Services 2012/13

<b>Area of Expenditure</b>	<b>Projected Outturn</b>
Transport	£1,144,482
Accommodation-Based Services	£1,798,932
Day Care	£2,910,857
Domiciliary Care	£288,614
Direct Payments	£889,479
Client Support	£736,685
Other	£280,000
<b>Total Projected Gross Expenditure</b>	<b>£25,101,009</b>
<b>Area of Income</b>	
Other Local Authorities	(£572,578)
Residential Services	(£1,080,562)
Fairer Charging	(£79,055)
Transfer from Reserves	(£173,760)
<b>Total Income</b>	<b>(£1,905,955)</b>
<b>Total Net Expenditure</b>	<b>£23,195,054</b>