Market Position Statement for Adults with Learning Disabilities 2015

Help us develop the right care and support services for adults living in Hertfordshire.
1. The market that we wish to facilitate

We want to engage with new and existing health, housing, care and support providers to deliver high quality services for people with Learning Disabilities (LD) in Hertfordshire that:

<table>
<thead>
<tr>
<th>Offer services that</th>
<th>Promotes personalisation</th>
<th>Supporting people with learning disabilities</th>
<th>Support providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improves the quantity, quality and suitability of services</td>
<td>• Through personal budgets</td>
<td>• In reducing the risks of ageing carers they live with</td>
<td>• Promoting community integration, progression and independence</td>
</tr>
<tr>
<td>• Helps family carers to enjoy a good quality of life</td>
<td>• That offers increased choice and diversity</td>
<td>• Provide successful transition into adulthood</td>
<td>• Take a co-productive approach to designing and delivering services</td>
</tr>
<tr>
<td>• Increases employment and volunteer opportunities</td>
<td>• Supports people to stay healthy</td>
<td>• Prevent admissions into hospital</td>
<td>• By understanding your business and financial imperatives better to prevent provider failure</td>
</tr>
</tbody>
</table>

2. Future commissioning intentions & development opportunities

Social care and health commissioners wish to engage with a variety of providers and partners to:

2.1 Develop services to support people with a learning disability

1. Increase the number of enablement services, which enable people to move onto independent living.
2. Increase flexible floating support services across the county.
3. Increase Flexicare schemes to meet needs of an ageing LD population.
4. Develop specialist support services and accommodation settings to support people appropriately with complex health needs, including:
   a. Those with physical disabilities
   b. Those with dementia and / or mental health condition
5. Develop the market for specialist transition services from hospital to community settings.
6. Having a better planned approach in discharging patients and housing them appropriately including returning them back home with appropriate support.
7. Make better use of specialist providers who can provide support to people with LD who have a forensic background.

2.2 Explore better housing options for people with a learning disability

1. Increase housing and support options by working with the voluntary and private sectors and encouraging creative and innovative solutions.
2. Reduce residential services through the de-registration process to supported living by up to 50 per cent.
3. The opportunity to work with our District Councils and review their housing profile for LD provisions.
4. Work with the private rented sector to secure affordable and sustainable tenancies for people with LD.
5. Ensure adults with multiple care needs are in appropriate and fit for purpose accommodation.
6. Explore the potential to decommission group homes and some of the council’s in-house LD provisions by working in partnership with agencies to future proof our housing stock.
7. Work with providers to have a seamless void process to enable efficient and timely allocation, which matches the needs of clients.

2.3 Promoting innovation and better outcomes

1. Ensure better health outcomes for adults with LD which will include health screening and healthy eating.
2. Utilise support hours, being creative and innovative with how these are used to better support people and meet their needs.
3. Increase the use of direct payments to enable adults with LD to purchase their own care package.
4. Improve the availability of advice and information about the type of care, support options, job and volunteering opportunities available.
5. Ensure there are sufficient numbers of adequately trained staff to meet the needs of the service.
6. Encourage innovative ideas to improve staff retention.

2.4 Accessing community facilities

1. Enhance the voluntary sector role to support people with LD
2. Create choice of leisure activities for people with LD, including evenings and weekends.
3. Support people with LD to feel part of their community.

We will work to Think Local Act Personal Principles¹ which ensure people have greater independence and choice enabling enhanced wellbeing within stronger and more resilient communities.

We are seeking innovation from the market in how we design and deliver these services. We also recognise, in the spirit of localism, that services may look different across parts of Hertfordshire.

We welcome a dialogue, through this Market Position Statement (MPS) and the associated engagement with all our stakeholders, please contact us on:
learningdisabilitymps@hertfordshire.gov.uk

3. Learning disability population

In 2012 the adult population of Hertfordshire with a learning disability was just under 20,600. Over 50% of these people were above the age of 45 and 32% over 55.

¹ http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/MakingItReal.pdf
By 2020, the percentage of people with a learning disability and over 85 is expected to grow twice as fast as any other group. Over the next seven years there is expected to be a significant increase in the number of people with a moderate or severe LD. People over 55 years of age will account for 18% in this increase and those over 85 increasing by 36%.

As of 30 November 2014, adult social care received 2893 referrals for adults with learning disabilities, of these 213 had a dual condition. The support and care provided to these people includes accessing equipment, day services, homecare and personal budgets.

The chart below demonstrates the types of services people with a learning disability accessed.

We intend to improve the quality of the evidence base in the coming year, drawing together the JSNA with data systems held by the NHS, CCG’s and the county council.

### 4. Our spend

<table>
<thead>
<tr>
<th>Services</th>
<th>Net budget 2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Assessment and Care Management</td>
<td>£4m</td>
</tr>
<tr>
<td>Residential Care</td>
<td>£71.5m</td>
</tr>
<tr>
<td>Supported Living</td>
<td>£20m</td>
</tr>
<tr>
<td>Adult Placement</td>
<td>£0.8m</td>
</tr>
<tr>
<td>Supported living (in-house)</td>
<td>£17m</td>
</tr>
<tr>
<td>Community Services</td>
<td>£11.7m</td>
</tr>
<tr>
<td>Other Central Team</td>
<td>£0.5m</td>
</tr>
<tr>
<td><strong>Net Budget</strong></td>
<td><strong>£125.5million</strong></td>
</tr>
</tbody>
</table>

We would like to move towards community living with various types of tenures as this encourages independence, individual choice of where people want to live and with whom and provides individuals with better quality of life outcomes.
The table below shows the average costs for one week in various service types:

<table>
<thead>
<tr>
<th>Accommodation type</th>
<th>Average Cost for one week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential care</td>
<td>£1450</td>
</tr>
<tr>
<td>*Supported Living</td>
<td>£577</td>
</tr>
<tr>
<td>Homecare</td>
<td>£123</td>
</tr>
<tr>
<td>Day care</td>
<td>£247</td>
</tr>
</tbody>
</table>

*Supported living costs vary widely as each client package will be tailored to individual personalised needs. This figure is an arithmetic average of existing packages that could vary from £100 - £5000 a week.

The LD Best Value Team reviews the care costs for both existing and new services for service users with LD. Its role is to ensure that Hertfordshire County Council (HCC) pays reasonable value for money fees for services it commissions from the private and voluntary sector.

HCC and the county’s two Clinical Commissioning groups (CCG), East and North Hertfordshire CCG and Herts Valleys CCG, have agreed to increase the amount of health and social care they commission together. This joint investment aims to transform services and make them more effective, efficient and joined up.

5. Supporting the move to adulthood

We know that there is an increase in the numbers of children born with severe and complex health conditions surviving into adulthood; these individuals will require specialist services when moving through adulthood.

In the next 2 years we expect 130 young people to move into adult social care. We are working closely with our children’s commissioners in the county to ensure that we implement a comprehensive exit strategy for young people moving into adulthood. This will not only provide young people with the right support, care and accommodation it will enable Hertfordshire.

6. Transforming care (Winterbourne View Programme)

The Department of Health has changed the way the Transforming Care Agenda is governed to ensure greater accountability from all involved; this includes the Joint Improvement Team (JIP), NHS England and the CQC. As part of this a new Transforming Care Assurance Board has been established to review progress and monitor actions. This includes the work to ensure the safe discharge of the current 47 ‘known’ cohort of people across Hertfordshire who were identified as being ‘inappropriately’ placed in hospital/institutional settings to transfer to a community setting, a number of whom are in the process of moving from either

2 Better Care Fund: http://www.hertsdirect.org/pressreleasesall/PR_16887

3 Transforming Care Agenda: https://www.gov.uk/government/publications/winterbourne-view-2-years-on
independent hospital settings or low secure services. A number of initiatives are currently underway within Hertfordshire to support the establishment of individualised and personalised services and support with particular focus on the development of forensic services. Further areas of consideration are:

**6.1 Market development proposals**

In response to the Transforming Care/Winterbourne View agenda Hertfordshire is developing a strategy to support people with potentially challenging behaviours to stay local. This is being developed with Experts by Experience, providers and professionals from health and social care. This strategy will look at the development of specialist providers and what needs to be in place to support them.

**6.2 Future development of forensic services**

Recent development in this market includes a social care model with a ‘wrap around’ clinical support which will link in with the Community Assessment Treatment Team (CATT) to support people. As with all new developments contracting arrangements for this type of provision are currently being worked on to ensure that the structures and processes are in place locally to support people and staff. Additionally the possible inclusion of an adapted annual ‘Care & Treatment Review’ for people supported.

**6.3 Advisory boards**

One possible area of consideration is the development of Advisory boards to support identified specialist providers long term. The Advisory board would be facilitated by Commissioners and include representation from Experts by Experience, Health Community Services, Specialist Learning Disability Services with the aim to support organisations to support and develop their work force and look at specific staff skills required and any specialist training required for example Positive Active Support training and also to develop some quality benchmarking for providers in this area.

**6.4 Future of short breaks**

We are currently undertaking a review of short break services in the county. The review will take into consideration the accommodation, location, local amenities and the profile of the people who access the services to establish the demand and the appropriateness of the provision we have in the county.

Once the review is complete the full details will be provided within this MPS.
7. The current Learning disability housing and accommodation market profile

The current demand across the county is for general needs housing, wheelchair adapted properties and individual flats. We want to work with our providers and stimulate the market to encourage more properties to be owner occupied.

This can only be achieved by ensuring there is a wide range of good quality housing and accommodation of the right types and in the right places available to people with LD. In particular our key aims are to focus on: improving choice, improving quality and ensuring good supply. In order to achieve this we first of all need to have an understanding in:

- What accommodation provision currently exists?
- What its condition and suitability is?
- What needs to be done to improve it?
- Where there are gaps in accommodation provision?
- What should be done to fill the gaps?

We will be publishing an Accommodation Strategy in 2015/16 in order to address and understand our housing supply and demand.

The table below outlines the current accommodation profile in Hertfordshire, as of 30th November 2014.

<table>
<thead>
<tr>
<th>Accommodation type</th>
<th>Number of service users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential home placements</td>
<td>709</td>
</tr>
<tr>
<td>Supported living</td>
<td>837</td>
</tr>
<tr>
<td>Long stay nursing home placements</td>
<td>29</td>
</tr>
<tr>
<td>Flexi care</td>
<td>2</td>
</tr>
<tr>
<td>Shared lives</td>
<td>31</td>
</tr>
</tbody>
</table>

8. Preventative services

There are two assessment and progression units based within the county that work with adults living with a learning disability. There is one in the West called Tannerswood Close Progression Unit and one in the East called the Ingles. These units aim to provide support and help to enable service users to learn daily living skills such as cooking, shopping, cleaning, managing money etc. Both units will take service users from the age of 18 for up to a year’s stay.

For some learning disability adults who may need the extra support from our health colleagues there is a Community Support unit that provides a service for people with learning disabilities who live in West Hertfordshire. The units provide a specialist in-patient service to adults with a learning disability who have additional mental health needs including challenging behaviour.
9. Residential services to supported living services

Whilst it is recognised that residential services are needed, we will be exploring all reasonable opportunities to de-register services from residential care to supported living. A key component of our Accommodation Strategy will be to significantly reduce the numbers of residential services through de-registrations by as much as 50 per cent.

10. Purple Star accreditation

HCC have developed the Purple Star Strategy in partnership with service users, carers, University of Hertfordshire Business School and key stakeholders involved in the support of people with a learning disability and are standards that we expect those providing health and social care services in Hertfordshire to meet. The Purple Star promotes a market that makes reasonable adjustments to provision so people with LD can more readily access services in order to improve their health and wellbeing.

A review of all existing supported living services will be undertaken to ensure all services are fit for purpose and have Purple Star accreditation.

11. Day services

A number of services that provide support for adults during the day are being reviewed during 2015. The overall aim of the reviews and subsequent implementation is to ensure that there is a range of high quality, cost effective activities available, during the day, that provide choice and control and allow individuals to lead fulfilling lives. There will also be a ‘community hub’, which will provide excellent facilities for those living with profound and multiple needs. This review will focus on Stevenage and St Albans initially.

For further information regarding HCC’s market position statements on other client groups please refer to: www.hertsdirect.org/hertsmpe
If you would like to receive this information in a larger font size or would like any help in understanding the information in this document, please contact:

learningdisabilitiesmps@hertfordshire.gov.uk