Market Position Statement for Adults with Physical Disability and or Sensory Impairment 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 housing, and care providers to deliver high quality services for people with a Physical Disability (PD) and or Sensory Impairment (SI) in Hertfordshire that:

**Offer services that**
- People with a physical disability and or sensory impairment are in control of their care and support
- People with a physical disability and or sensory impairment feel safer in their homes and communities
- Promote the message that people with a physical disability and or sensory impairment should not be disadvantaged by where they live

**Promotes personalisation**
- Through personal budgets, offering flexible ways to use Direct Payments
- Joining up and introducing integrated pathways in reducing health inequalities
- Provide services that cater for cultural and religious differences

**Support people with a physical disability and or Sensory Impairment**
- Provide successful transition into adulthood
- Developing and offering inclusive opportunities for social contact
- Promote employment and volunteer opportunities
- To explore and provide innovative housing solutions where it promotes choice, flexibility and independence
- To take a co-productive approach to designing and delivering better services
- By encouraging and promoting all our providers to become a member of Herts Care Partners

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 within Hertfordshire to support people with a Physical Disability and or Sensory Impairment

1. To increase services to be designed around the person and tailored to the individual’s needs.
2. To increase access to self-directed support for adults with a physical disability, deaf/ hard of hearing people, visual impairment and or dual sensory loss.
3. For providers to develop and market their services to be attractive to people purchasing their own care and support services, this includes the purchasing of a personal assistant and complementary therapies.
4. To commission a new support at home lead provider model for the domiciliary care market that will support the delivery of local personalised care and a move away from “Time and Task” focussed homecare calls.
5. To explore ‘spot’ purchase commissioning for people with SI so more ad hoc services are easily accessible. This includes specialist counselling services, befriending services and access to British Sign Language (BSL) interpreters or BSL friendly services where staff are trained and qualified in BSL to meet service users needs.

6. Developing closer working partnerships with the NHS, Clinical Commissioning Groups (CCG’s) as well as other statutory and voluntary organisations to coordinate planned / unplanned care treatment into hospital for people with a PD and or SI, and continue this support with a planned discharge from hospital, this includes people who have acquired brain injury and or suffered from a stroke and supporting them through counselling and independent support.

7. To explore developing clearer referral pathways for people with a sensory impairment to be able to access services in a timely way.

8. To explore closer working practices with Children services and Health and Community services in order to support future planned move for children transitioning into adulthood, underpinned by developing and or sharing of databases.

9. To upgrade and refurbish a brand new short break service at St Michael’s House for adults with a PD and or SI, which will support in reducing the dependence on acute hospital and long term care through prevention and early intervention.

10. To work in partnership with our providers and review how we can improve access for black minority ethnic groups with a PD and or SI who require befriending or volunteering support.

### 2.2 Future development and better housing options for people with a Physical Disability and or Sensory Impairment.

1. To review all housing stock with our partners and district councils to identify and or develop 1 or 2 bedroom specialist, wheelchair adapted properties.

2. To work in partnership with our housing providers and district councils in order to reduce the number of adaptions being installed in homes by matching service users’ needs with the identification of available housing stock at an earlier stage.

3. To align our commissioning intentions with the district councils housing strategies, for example in Watford we will be exploring alternative housing solutions jointly for people with a physical disability and or sensory impairment who are homeless.

4. To work with the private rented sector to secure affordable and sustainable tenancies for people with PD and or SI.

5. Work with providers in having a seamless void process to enable efficient and timely allocation, which matches the needs of clients.
6. To work in partnership with planners to design future projects, this includes the availability of more supported living accommodation.

7. To work directly with colleagues from property teams and utilise our internal housing stock in order to future proof properties.

8. Reduce the need for residential care and promote alternative housing pathways for people with a physical disability and or sensory impairment.

9. To explore jointly with our providers to develop an integrated pathway model such as an assessment unit for PD & or SI service users to target care covering high quality end of life care, support long term condition management, carer involvement and specialised services for complex needs.

10. To develop a county wide Accommodation Strategy in order to identify how the provision, demand and aspiration for housing, care and support services will be met for adult social care clients.

2.3 Future promotion, innovation and better outcomes

1. To utilise support hours, by being creative and innovative with how these can be used to support people and meet their needs.

2. To explore investing in specialist staff, who are appropriately trained in line with the National Occupational Standard of Sensory Workforce to support people who are deaf/ hard of hearing, or are visually impaired and or diagnosed with dual sensory loss.

3. To explore investment in training & development in health and social care and encourage new ways of working for care home staff, this includes providers complying with the new Hertfordshire Care Standards.

4. To promote Brokerage and offer independent and impartial advice about how disabled people can achieve their goals and aspirations to secure the services they require.

5. To promote the use of Wi-Fi and technology within all new projects that will be developed for people with a PD and or SI to encourage independent skills.

6. Provide assistive technology that offers greater flexibility to cater for those that are eligible to fair access to care or that are self-funders. This includes providing training and development sessions for all relevant stakeholders that will help them to understand the value of the service.

7. Increase access to equipment service and low/high technology to provide possible solutions to enable people to live independently.

8. To explore in the development of support services in reducing loneliness and social isolation for people with a PD and or SI.

1 http://www.hertsdirect.org/mediareleases/healthandcommunityservices/PR_17539/
2 http://www.hertsdirect.org/your-council/hcc/healthcomservices/acs/policies/dosqualify/
9. To work in partnership with the NHS, CCG, the private and voluntary sectors in order to prevent people from sight loss and hearing loss, this includes staff to identify at an early stage those at risk of low vision for example people who experience from falls, and ensuring they get an eye check, or ensuring that those with failing hearing get an assessment and then have support to clean hearing aids.

10. To work in partnership with the NHS and our voluntary sector and support to identify at an early stage for people with chronic health issues, including those associated with alcohol abuse.

2.4 Accessing community facilities

1. To increase the capacity in our voluntary sector and move away from ‘traditional’ services, this includes better access to health and leisure services, holistic and therapeutic community based services and integration into the community that are accessible for all.

2. Improve the availability of advice and information (accessible for all) about the type of care, support options, job and volunteering opportunities available, this includes advice on management of debt.

3. To create flexible and responsive service provision, available in the evening and weekends.

4. To improve the quality and availability of information (accessible for all) about the services that are available in the community.

5. To explore the development of locally based social groups accessible to deaf and hard of hearing people

We will work to Think Local Act Personal Principles\(^3\) 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 and the associated engagement with all our stakeholders, please contact us on:

physicaldisabilitymps@hertfordshire.gov.uk

3. Population data in Hertfordshire

It is estimated that there are 70,782 people with a physical disability and or sensory impairment which represents 6.1% of working age population\(^4\).

\(^3\) http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/MakingItReal.pdf
\(^4\) Population growth figures www.pansi.org.uk
Furthermore, the breakdown of people with sensory needs are as follows:

- 1 in 6 people is deaf/hard of hearing (as high as 184,583)
- 1 in 52 people has sight loss (as high as 21,298)
- 1 in 400 people is deaf/blind (as high as 2,769)
- 65% of people aged over 75 have dual sensory loss

People with sensory needs are likely to also have other forms of disabilities which require community support.

It is estimated that the number of people with physical disabilities and sensory impairments in the county is expected to rise. This is because children with complex needs and recessive genetic disorders are expected to live longer due to medical advances and greater survival rates. A growing older population will also increase the numbers of acquired sensory impairments in the county as well as more older people who are frail and whose mobility is impaired by physical disability.

For further details on the population, wellbeing and health of adults with a physical disability and or sensory impairment please refer to Hertfordshire County Council’s Joint Strategic Needs Assessment, which outlines what we know about the differing health and care needs of the people of Hertfordshire, link: [http://jsna.hertslis.org/](http://jsna.hertslis.org/)

4. People with a Physical Disability and or Sensory Impairment referred to adult social care

As of November 2014 the total number of people with a physical disability and or sensory impairment who accessed adult social care for various types of services was estimated at 6,722, this represents 9% of the overall population of 70,782. The support and care provided varies from accessing equipment, day services, homecare and personal budgets etc.

The chart below demonstrates the number of people with a physical disability and or sensory impairment who have been referred to adult social care for different types of services.

![Chart showing referrals to adult social care for different services](chart.png)

The data is a snapshot of those accessing adult social care services, this means the data may not be entirely representable and there may be some instances of duplication.

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5 Data Source – DH, Action on Hearing Loss, RNIB
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.

5. Our spend

The pressure on national finances and the reduction in government expenditure has created a need to increase the value for money of existing services. This means we need to drive efficiencies whilst maintaining the quality of existing service provision. The pressure on finances is magnified further by demographic demands which have contributed to the 2013/14 net budget.

<table>
<thead>
<tr>
<th>Services</th>
<th>Net budget 2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>In House Short Breaks Services</td>
<td>£933k</td>
</tr>
<tr>
<td>Residential Care (Private &amp; Voluntary sector)</td>
<td>£9.6m</td>
</tr>
<tr>
<td>Community services, Advocacy, day care, direct payments, Transport, Minor Adaptions, Homecare etc.</td>
<td>£14.8m</td>
</tr>
<tr>
<td><strong>Net Budget</strong></td>
<td><strong>£27million</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.

<table>
<thead>
<tr>
<th>Accommodation type</th>
<th>Average Cost for one week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breaks</td>
<td>£845.00</td>
</tr>
<tr>
<td>Development activities</td>
<td>£1,074</td>
</tr>
<tr>
<td>Information</td>
<td>£179.00</td>
</tr>
<tr>
<td>General support</td>
<td>£196.00</td>
</tr>
</tbody>
</table>

Hertfordshire County Council (HCC) and the counties 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. The Better Care Fund pooling of the health and social care budgets mean we will be working even closer with the NHS to deliver and transform joined up services to make them more effective and efficient.

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6 Better Care Fund: [http://www.hertsdirect.org/bettercarefund](http://www.hertsdirect.org/bettercarefund)
6. 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 144 young people moving 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 HCC to have a joined up plan in understanding the needs going forward. Similarly we want to ensure that as people get older and their needs change, a seamless pathway is made available for older people to access services. We are looking for providers who can provide this type of service, supporting young people and older people in meeting their needs.

7. The current accommodation market profile for people with a Physical Disability and or Sensory Impairment

The current demand across the county is for 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 PD and or SI. 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>76</td>
</tr>
<tr>
<td>Supporting living</td>
<td>5</td>
</tr>
<tr>
<td>Long stay nursing home placements</td>
<td>81</td>
</tr>
<tr>
<td>Flexi care</td>
<td>51</td>
</tr>
</tbody>
</table>
8. Future of short breaks

HCC have one specialist short break service for people with a physical disability and sensory impairment in the county located in Welwyn Garden City. The purpose of these services is to reduce the pressures for our carers, allowing for service users to access these services to stay somewhere for the short term.

The short break service is vital to supporting people to become more independent, and the council has ambitious plans in developing this service, for further details please refer to: www.hertsdirect.org/stmichaels

Separately 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. The review will be concluded in 2015 and further update will be provided as part of this document.

9. Future of preventative services

We recognise that there is a gap in the market for PD and or SI preventative services. We will be exploring opportunities to create further assessment centres and aim to keep people in their own homes or homes that have been adapted to their disability and need. We recognise technology, information, and re-enablement are also preventative services that we will need to continue to promote. It is also crucial to ensure support for people with SI are given as early as possible including commissioning of ad-hoc specialist services to prevent deterioration to their well-being.

10. Future of residential services

Whilst it is recognised that residential services are still needed for some specific care needs, we will also be exploring all opportunities to promote the move from residential care to supported / independent living. When a care home remains the best solution for an individual’s needs we will continue to work with providers to ensure high quality personalised care with maximum independence. This will be a key component of our Accommodation Strategy.
11. Future of day care 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.

HCC manage 2 day care services specifically designed for people with a physical disability, one located in Stevenage which is a resource centre and another located in Welwyn Garden City. Currently it is estimated that 172 people with a PD and or SI are currently commissioned to access day care services.

12. Future of transport services

We currently spend just over 3 million per annum on day services transport. HCC’s recent consultation on reducing bus services will have an impact on people with a physical disability who are dependent on public transport accessing services, particularly in areas where older people live alone or where transport links are poor and therefore people will be at risk of being isolated from their communities. It is estimated that 117 people with PD and or SI currently are commissioned and access transport services across Hertfordshire. We will review current transport commissioning arrangements in order to provide more flexible transport options and we will consider what can be done to further develop and coordinate voluntary sector transport services to create greater diversity in the market.

13. End of life care

Life expectancy in Hertfordshire is improving and is higher than the England average, but varies between men and women and between smaller areas according to levels of multiple deprivations.

We know from feedback from services users, families and professionals, that given the choice, a large majority of people would choose their end of life care and support differently and where possible would choose to die at home. We want to use this information to develop our strategy to ensure people are supported to die well and to encourage “lifetime” planning to be put in place for adults with long term conditions.

Please refer to: http://jsna.hertslis.org/top/lifstaggroup/ for further details on End of Life Care and the principal causes of death in Hertfordshire.

The market position statement will be updated for April 2016, both in response to your feedback and as our information and commissioning intentions change.

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: physicaldisabilitymps@hertfordshire.gov.uk