

Market Position Statement

Appendix C:

Learning Disabilities – Transforming Care



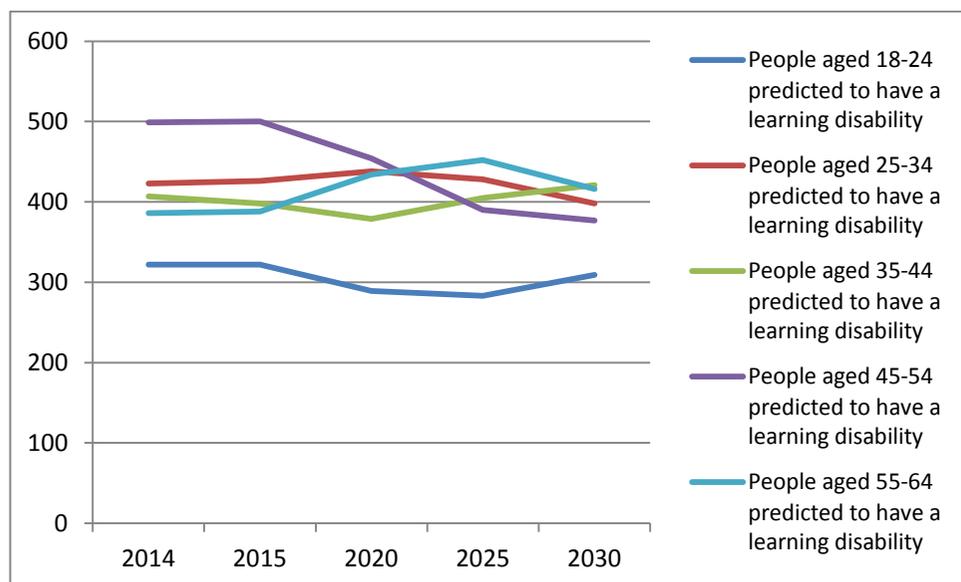
1. Population

Blackpool has a significantly higher prevalence of adults with learning disabilities receiving long term support from the local authority compared to England as a whole (4.39 per 1,000 compared to 3.73 per 1,000 nationally)

There is a significantly higher rate of adult with learning disabilities receiving community services support from Blackpool Council than the average nationally.

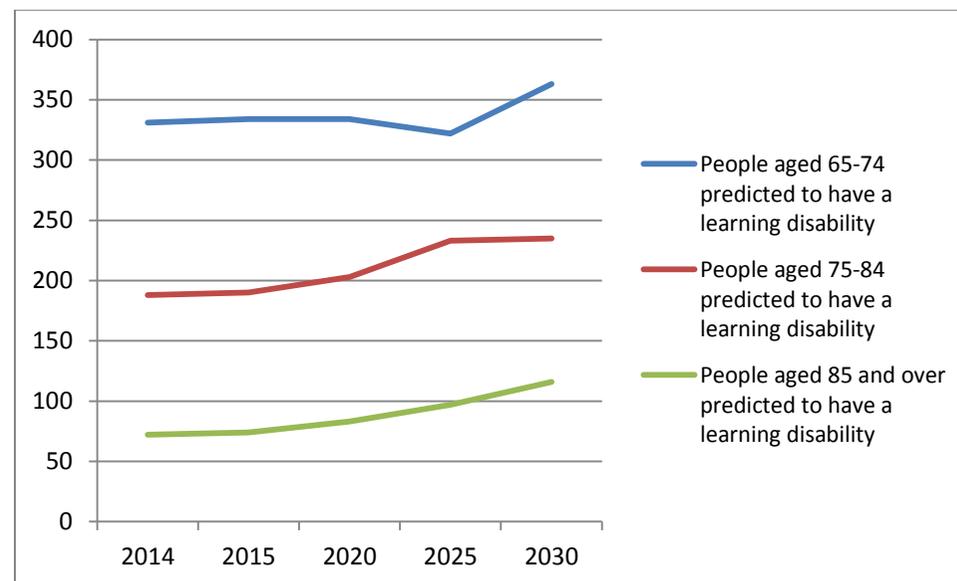
Population projection show that the number of adults under the age of 65 predicted to have a learning disability is expected to fall gradually as the total population in this age group falls over the next 25 years.

People aged 18-64 predicted to have a learning disability, by age



The number of adults aged over 65 with a learning disability is predicted to rise over the period, in-line with the raise in the overall population of older adults.

People aged 65 and over predicted to have a learning disability, by age



Emerson and Baines (2010) estimate that between 20% and 33% of adults with learning disabilities are also living with an ASD. This gives a range of between 525 and 870 adults living in Blackpool with both a learning disability and an ASD. We expect to see an increase in numbers of adults with a learning disability and autism both through transition of young people into adult services and through adult autism diagnostic services.

1. Demand

Increased longevity amongst the learning disability population means greater pressure on care services, and some new care needs to meet. We know that, the numbers of children born who survive with profound and multiple disabilities is also growing, which means people will access support services later in life, presenting with more complex support needs.

People with learning disabilities are also at significantly higher risk of early, preventable death than other groups. Some of the reasons relate to higher levels of deprivation and social exclusion, and some lifestyle factors. However, poor access to health services also plays an important part. Continuing action to improve health and access to health services for people with learning disabilities is an important priority in Blackpool.

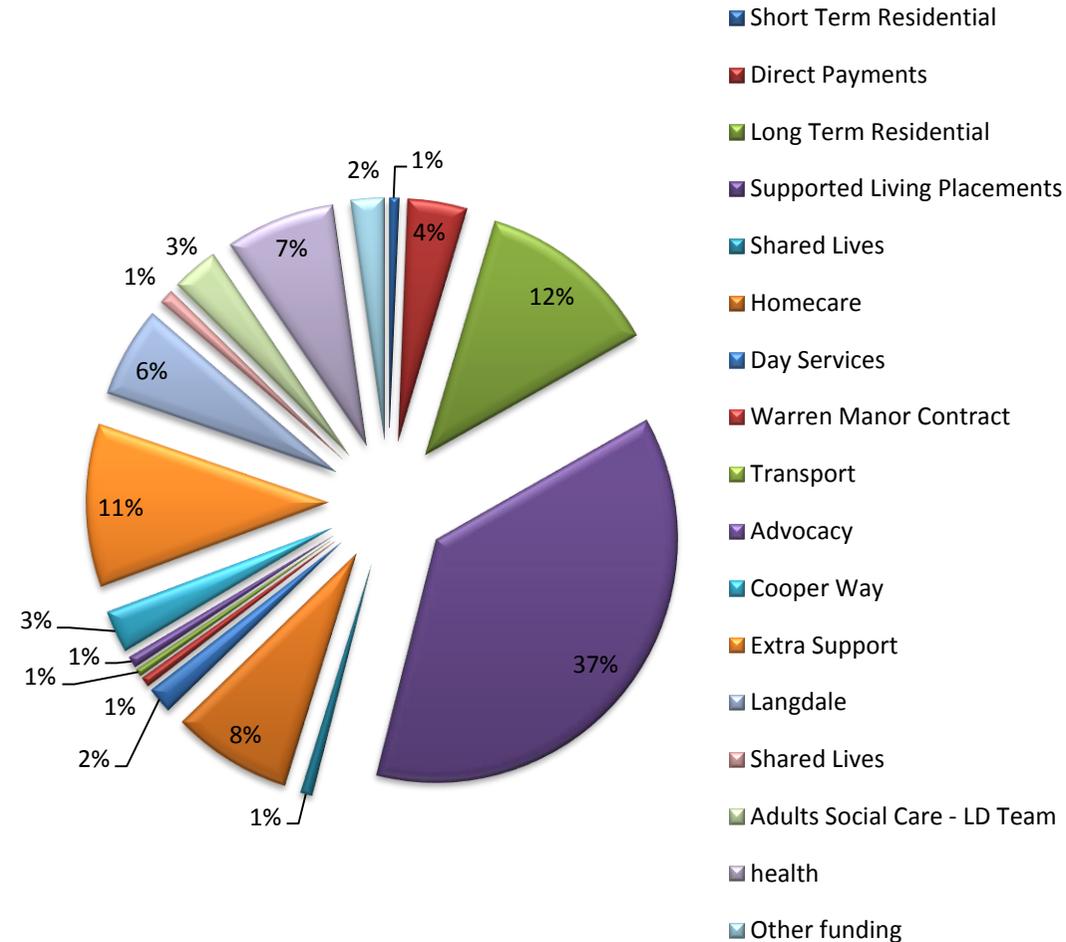
As the life expectancy of people with learning disability increases so does the incidence of age related conditions, particularly dementia. We want to develop services so that they are flexible and responsive to this increasing need and encourage mainstream services to allow access to those with learning disabilities.

As of April 2017 there were 436 people with a learning disability known to Adult Services. Most are in receipt of a social care service and do not live independently. Around 7% are accommodated in a residential care home with around 39% living with their family or friends. Approximately 24% are accommodated in what can be classed as a supported living arrangement. Around 2% are placed in an out of area secure or specialist hospital.

2. Supply

In 2016/17 Blackpool Council spent approximately £14.6 million specifically on services supporting people with a learning disability, this includes just over £1.5 million of health and other funding with the remainder local authority funded social care support. At this stage the Council is expecting the level of funding to remain fairly static and the budget for 2017/18 to be in the region of £16m.

Learning Disability Spend



3. Key Messages

Blackpool Council aims to improve community resilience and capacity to ensure people with a learning disability can live as independently as possible in their communities, with equal access to mainstream services and specialist services where these are required. We aim to work in a flexible and integrated way with key partners to maintain and improve outcomes for our learning disability population. Our emphasis will be on personalised, preventative, community based services and support. In order to achieve this we will:

- Develop constructive relationships with all stakeholders to ensure the voice of carers, service users continues to be heard with services shaped around needs
 - Take a more integrated approach to commissioning with Blackpool CCG in order to deliver seamless services and pathways
 - Consider where services can be reconfigured or de-commissioned if they can be delivered more economically in other ways without loss of quality
 - Where it is appropriate to do so, develop innovative and flexible purchasing and contractual arrangements to achieve value for money
 - Improve the availability of good quality, affordable, community-focussed solutions to meet housing needs,
 - Respond to the shift towards personalisation so that people who choose personal budgets, and those who self-fund their care, have access to good quality information, advice and advocacy from a range of sources so that they can make appropriate choices about the care and support they need
 - Work with providers to ensure a range of quality services are available to purchase. Growth and investment in these service areas will be an important future factor.
 - Ensure providers support and promote and individuals health, well-being and independence and support service users to mainstream/ universal services in line with Care Act requirements,
 - Ensure that carers and families and carers are provided with early intervention / low level support to ensure that they are able to continue in their caring role.
- Improve the capability, skills and competence of the local workforce through access to training and learning opportunities including Skills for Care/Health Education England initiatives, with particular emphasis on developing appropriately skilled workforces that are experienced in promoting independence, risk management and reducing behaviours that challenge
 - Continue to work with key partners to deliver the requirements of the Transforming Care agenda which aims to transform services and drive system-wide change that enables people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition to live in the community, with the right support, close to home.
 - Work to transforming care principles and comply with CQC guidance in development of residential care and supported living services.
 - Continue to collaborate with the Learning Disability Partnership Board and Learning Disability Provider Forum to support specific areas of service development

Blackpool Council wants to work with providers who

- Have explicit quality standards and publish results of independent monitoring
- Are willing to work with Blackpool to develop ways of measuring the quality and the benefit of the service they provide
- Are transparent and prepared to work to an open book accounting approach
- Want to share and exchange intelligence and expertise with other partners
- Commit to placing people at the centre of support and demonstrate how they are active in shaping the design, delivery and quality assurance of the services they provide

4. Accommodation

Profile of where and with whom people with learning disabilities are located. As at 1st April 2017 there were 436 people known to Adult Services of these:

- 39% live with family or friends in settled long-term accommodation
- 24% live in supported living schemes
- 20% live in private/social housing
- 7% live in residential care placements in Blackpool
- 3% live in residential care placements out of area
- 2% fall under the transforming care criteria and are placed in a secure hospital or other inpatient setting out of area
- 2% are Owner Occupiers/in Shared Ownership schemes
- 2% live in Shared Lives
- 1% live in sheltered housing/extra care schemes
- <1% in other tenures e.g. mobile accommodation

A key priority for the Council is to ensure that people with a learning disability can live successfully in different types of housing, from individual self-contained properties, shared homes and other forms of tenures and we are keen to expand the use of Assistive Technology to support people to live at home. We know that requirements for housing will continue to rise, in particular the year on year demands of young people transitioning from children's to adult services, and we are looking carefully at their accommodation needs and working with the market to develop our plans. We recognise that we need to increase the range of available housing options to better meet the needs of the learning disability population who have complex/challenging behaviour. And where appropriate, offer the opportunity for people to move back to Blackpool from out-of-area residential placements or secure inpatient settings.

5. Supported Living/Care At Home

There are currently nine LD Supported Living Providers working within Blackpool in the external market who are able to provide support at the standard Supported Living rate of £13.71* however, when a service user has more complex behavioural needs which requires more active positive behavioural

support there are sometimes problems in provision due to a lack of external market for individuals with presentations of behaviour which challenge services.

To ensure the supported living model can respond effectively to the support requirements of existing and future service users and continues to deliver good quality and value for money, the current procurement arrangements will be refreshed in 2017 and a Pseudo Dynamic Purchasing System (PDPS) established. The key features of this system will allow the council to:

- Maintain flexibility of the model to allow new providers to contract with the Council at any time
- Extends the validity of the model to 10 years
- Ensure continuity of service delivery for service users through longer term agreements
- Shape the external market to provide local solutions for individuals with more complex needs

*Current learning disability Supported Living/Care At Home rates for 2017/18 are: £13.71 for day shift and £8.55 hour for sleeps. The rates have increased in line with National Living Wage requirements and subject to ongoing review.

Commissioning intentions

More comprehensive needs data and mapping work to identify what types of accommodation are available for people with a learning disability and what their specific housing needs are in order to match appropriately.

Offer a variety of accommodation options where the service promotes independence and resilience – including background support, shared living

Build extra capacity and effectiveness through the innovative use of technologies such as Assistive Technology

Work with and encourage providers to innovate and develop approaches which reduce dependency over time

Strategically we are looking to have a portfolio of:

- Supported Living models
- Community living networks
- Stronger relationships with responsible landlords of public sector rented and private rented properties

6. Residential and Respite Services

There are currently five learning disability residential care homes in Blackpool who care for people with a mild to moderate learning disability. The council currently funds 31 adults with a learning disability within residential care locally.

Blackpool Council currently has the monopoly on provision of learning disability respite services and operates two in-house residential respite services Coopers Way and Shared Lives for adults with a range of care and support needs from mild through to complex learning disabilities. Combined, the services currently offer a total of 2557 nights of respite care to approximately 104 service users. There is currently limited availability of respite and short break provision within the council's internal services due to

- Increase in demand for respite services for young people coming through transition with more complex physical health and/or behavioural needs
- Reduction in provision available in the external respite market for people with mild to moderate learning disability
- Little or no availability of respite beds in external care homes that could support people with a learning disability due to demand for long term placements

Commissioning intentions

- Develop the market to increase local capacity to provide respite and short break care for people with mild to moderate learning disabilities
- Ensure there is appropriate provision of services catering for complex and specialist needs within the local area including dementia, to reduce out of area placements
- Improve access to short break services for carers that support living at home
- Place clients in services within Blackpool where possible.
- Ensure best value from existing care packages

7. Shared Lives

Shared Lives is a regulated service in which a family includes an individual in their family and community life and in many cases becomes a permanent part of a supportive family. Shared Lives carers are carefully selected and trained by a regulated Shared Lives scheme. Shared Lives offers personalised and is available for adults aged 16 and over with a wide range of care and support needs including learning disabilities and/or autism.

Individuals who need support are matched to a compatible Shared Lives carer and their families who support and include the person into their family and community life. In Blackpool, there are four elements to this service

1. Long Term placements
2. Daytime placements
3. Short Breaks/Respite
4. Supported Lodgings

There are currently 39 approved Shared Lives Carers across 25 houses supporting 78 service users. The Council aims to further develop the Shared Lives offer and increase capacity within the service.

Commissioning intentions

- Increase the number of Shared Lives care packages, by promoting the service and encouraging use as a service option.
- Focus on the recruitment of new carers to the Shared Lives service.
- To review existing residential home-based clients, and consider Shared Lives placements where appropriate
- Review the fee structure for Shared Lives carers
- Understand the implications of changes in employment law for Shared Lives carers

8. Enhanced/Specialist Services

The Council operates an in-house enhanced supported living service (External Support) for 14 individuals with a learning disability and/or autism with challenging behaviour, complex needs and/or offending behaviour.

In line with the requirements of Transforming Care, the council will need to work with external market to build on current specialist and enhanced provision as more people are supported back to the area following an inpatient admission. Our new approach to procurement of Supported Living services will allow us to develop the market offering appropriate specialist community placements.

Commissioning intentions

- Develop a clearer understanding of the capabilities of in house specialist provision in meeting the current and future needs of the complex learning disability population
- Re-provision of inpatient care packages where eligible need can be met via community-based models of care.
- Develop bespoke specialist supported living provision in the community for individuals who are ready to be stepped down from a secure or other inpatient settings
- Ensure specialist service providers align to Transforming care outcomes, and comply with NICE guidelines; including provision of specialist staff training, quality monitoring and reduction of restrictive practice
- Supporting families and carers to maintain their caring role by ensuring provision of enhanced respite services.
- Develop Direct Payments and Personal health Budgets so individuals with complex needs and their families have choice and control over the services they require.

9. Daytime Support

Day care is provided through a combination of spot contracts and direct provision by the Council. Our vision is to develop the market to offer more flexible models and engage with providers who have fresh ideas, and who demonstrate a commitment to co-production.

National policy suggests that an increasing community based approach will provide a menu of flexible, purchasable day, evening and weekend opportunities (which, where appropriate includes access to supported employment) which meets the needs of people with a learning disability, including those with high dependency needs. The menu of activities should give choice and control to all individuals to achieve personal/social outcomes and goals in line with Care Act requirements, and includes those who are funded, for example, through personal budgets and self-funders. Activities should be linked to service users' care plans and should be thorough, organised, and meaningful and include:

- Creative arts and crafts
- Employment and skills training– where possible linked into pathways to employment for specific industries.
- ICT /computer training.
- Potentially linked to a social enterprise or could develop into a social enterprise to make these types of opportunities self-sustainable and enable people to acquire a range of skills

Commissioning intentions

- Encourage the development of flexible and creative models of day support which reflect i personal aspirations with more flexible timings to capture users with personal budgets who may be seeking to engage in activities outside normal hours including development of Shared Care opportunities
- Work in partnership with providers, agencies and the voluntary, faith and community sector to support people with learning disabilities to create their own opportunities to support meaningful employment.

10. Transitions

The numbers of young people with a learning disability with complex needs transitioning to adult services is set to increase year on year.

In response, the council has tested out a new collaborative approach to ensure transition is planned more effectively to improve outcomes for young people and their families. The approach has focussed on:

- Strengthening co-ordination and providing a seamless structure between Children’s and Adults services
- Developing a framework for dealing with gaps, risks and issues ensuring continuity of care
- Building community capacity to encourage co-production based choice and control
- Involving families/carers/ service providers and wider agencies in co-production of interventions to meet needs
- Reducing reliance on high-cost, restrictive and out-of-area placements.

The number of anticipated transitions 2017- 2020

Year	2017	2018	2019	2020
No. of young people	12	14	10	17

From a statutory perspective all young people with Special Educational Needs and Disabilities (SEND) from year 9 should have a transition plan written which should be continually monitored and reviewed. For young people with complex needs and behaviours that challenge transition planning should start at the age of 14 years and adult services should become increasingly involved from this age and remain involved.

The transition process is co-ordinated by the **Transitions Personal Adviser**. Young people and their families are supported by the adviser to consider available options in order to make an informed decision on the most appropriate services. It is the responsibility of the adviser to identify needs and make the referral, move on options include:

- Coopers Way
- Shared Lives
- Bryan House
- External Supported Living placements
- Direct payments
- No services – remain at home

Commissioning intentions

- Improve the transition from children’s to adults services through partnership working in order to identify needs at an early age and planning services accordingly.
- Embed new working practises and applying Positive Behavioural Support (PBS) and flexible commissioning approaches, to reduce restrictions and developed co-produced appropriate and cost effective packages of care.
- Continue to Identify accommodation requirements at an earlier stage in order to address environmental and ecological needs and work more proactively and collaboratively with in-house and external Housing partners

11. Transforming Care

Building on the requirements of the Care Act and personalisation agenda Transforming Care aims to strengthen and improve the quality of local, community based services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. Emphasis is placed on developing new models of care to reduce reliance on inpatient hospitals, to support people in crisis and to prevent people being admitted to hospital where this is avoidable.

The intention is that people will be supported locally by a strong, capable and resilient local workforce who can deliver these services. In line with the requirements of transforming care, Blackpool Council expects Providers to deliver services underpinned by REACH standards:

- I choose who I live with
- I choose where I live
- I choose who supports me
- I choose how I am supported
- I choose what happens in my own home
- I have my own home
- I make friendships and relationships with people on my terms
- I am supported to be healthy and safe on my terms
- I have the same rights and responsibilities as other citizens

Following a review of Blackpool's response to Transforming Care, a number the three main areas of focus are:

- Having the right service provision in place to bring people back in to the area when their placement ceases at Mersey Care (formerly Calderstones) or other setting
- Stopping packages of care breaking down in the community by having a range of appropriately specialist and skilled providers within the market
- Ensuring an appropriate level of crisis provision is available

To address these areas, work is currently underway to:

- Improve the accommodation mix and offer specialist placements within the community. The current mix of properties is not suitable and there are more modern ways of providing a housing for people with a learning disability.
- Develop the specialist provider market capable of meeting the needs of people with challenging behaviour
- Develop additional crisis support

Commissioning intentions

- Work with Pan-Lancashire Transforming Care Partnership to develop a five year housing strategy for people with a learning disability and/or Autism
- Review advocacy service to ensure appropriate statutory and non-statutory provision is in place to support people and their carers including individuals being discharged from hospital

Commissioning intentions

- Develop flexible, personalised step down services and accommodation for people moving on from secure settings.
- Provide opportunities for service users, carers and service providers to take an active part in contributing to developments within the Transforming Care Agenda
- Maintaining a local dynamic risk register of people currently placed in a secure setting and those at risk of admission locally to ensure individuals are appropriately placed and that their support requirements are in line with care plans
- Develop and work in line with care and Treatment Review (CTR) policy and information sharing agreements between the local authority and CCG
- Undertake CTRs for all eligible individuals in line with national policy requirements
- Develop the local workforce so that providers are flexible and sufficiently skilled to support for people with very challenging behaviour in supported living accommodation
- Develop appropriate crisis and respite provision
- Develop a clearer understanding of the capabilities of in house specialist provision in meeting the current and future needs of the complex learning disability population
- Build on the assessment process for young people with complex care needs transitioning from children's to adult services to ensure their health, wellbeing and social care needs are met in the least restrictive way
- Actively contribute to the LeDer programme and use the learnings from investigations to drive system-wide change and working practise locally to improve health outcomes and life chances for people with learning disability
- Explore opportunities for an integrated community service offer for the all learning disability population

Conclusion

People with learning disabilities want to lead lives that are fully integrated with the communities they live in. This market position statement commits commissioners to work with the market to ensure Blackpool's learning disability population, supported their carers, families and advocates

- Are fully involved in planning their care,
- Able to set the outcomes they wish to achieve
- Realise their full potential
- Have choice and control about where they live, who they live with and the type of support they receive