

## WESTERN BAY POPULATION ASSESSMENT 2016/17

### SWANSEA AREA

### LEARNING DISABILITY AND AUTISM

#### 1) OVERVIEW OF CURRENT AND FORECASTED NEEDS

##### What do we mean by Learning Disability?

Understanding the population we serve is necessary if we are to meet their needs effectively. Future requirements for services will depend upon demographic changes and examination of trends over the recent past will help in planning both health and local authority services.

The number of people with a learning disability requiring services in the future will depend upon the number of births of babies with a learning disability, the deaths of people currently served, morbidity (severity of learning disability) and social and political factors such as the expectations of service users and carers and the expectation of government policy (Health Trends vol. 29, 1997).

The use of the word learning disability should be associated with the following:

- Significant intellectual impairment,
- Difficulties with social functioning and/or adaptive behaviour,
- These are usually present from childhood, with a lasting effect on development.

Intelligence quotient scores (IQ's) are used to determine when someone has a significant intellectual impairment (currently identified as an IQ of less than 70) and adaptive behaviour scales are used to determine someone's ability to cope with daily life.

The current classification model approved by the World Health Organisation is the ICDH-2 (International Classification of Impairments, Disabilities and Handicaps).

In Swansea, decision making about service responses through the Assessment and Care Management process focuses on adaptive behaviour rather than IQ level per se.

##### What causes a learning disability?

Most incidents of learning disability are caused by chromosomal and genetic errors. Of these, Downs' Syndrome is the most common form of learning disability.

Others are caused during pregnancy (pre-natal) e.g. foetal alcohol syndrome, and during or after birth e.g. birth trauma, accidents and infections.

For many people with a learning disability the cause is often unknown. Our understanding of the causes of learning disability is increasing and consequently our understanding of how we can prevent or reduce the risk for learning disability is increasing.

### **How many people have a learning disability?**

It is difficult to be precise about numbers for a variety of reasons. Also it is difficult to identify learning disability at birth and it may not be until the age of 4 or 5 that diagnoses can be made – it may then be unclear as to what caused the learning disability.

It is still common practice to rely solely on IQ when determining whether someone has a learning disability, rather than using adaptive behaviour tests in conjunction with IQ tests.

Based upon the IQ classification, the prevalence rate for Western countries for people with mild to moderate learning disability (IQ 50-70) is 30 per 1000 of population and for people with a severe learning disability (IQ < 50) it is 1 per 1000.

These upward pressures may be attributed to:

- The greater incidence and survival rate of children with severe learning disability and complex health needs (Robertson et al, 1992).
- Increased life expectancy of people with severe learning disability into mid and old age (Janicki et al, 1999)
- A bulge in the UK childhood prevalence of learning disabilities for births between the mid 1950's and mid 1960's. (Fryers, 1993).
- Higher prevalence of rates of severe learning disability amongst South Asian communities in the UK (Emerson et al, 1997).
- Increases in average maternal age.
- Increases in the number of children growing up in poverty (Policy and Practice Statement),
- Increases in prenatal threats of substance misuse (Policy and Practice Statement).

Downward pressures are also prevalent and will have an impact:

- Impact of pre-natal screening for Down's syndrome is estimated to reduce the natural rate by 0.5% per 1000.
- Improved health care and support resulting in fewer 'at risk' infants developing learning disability.

However, increased life expectancy for people with a learning disability is significant and outweighs any downward trends.

### **How many people in Swansea have a learning disability and how will this change over the next 20 years?**

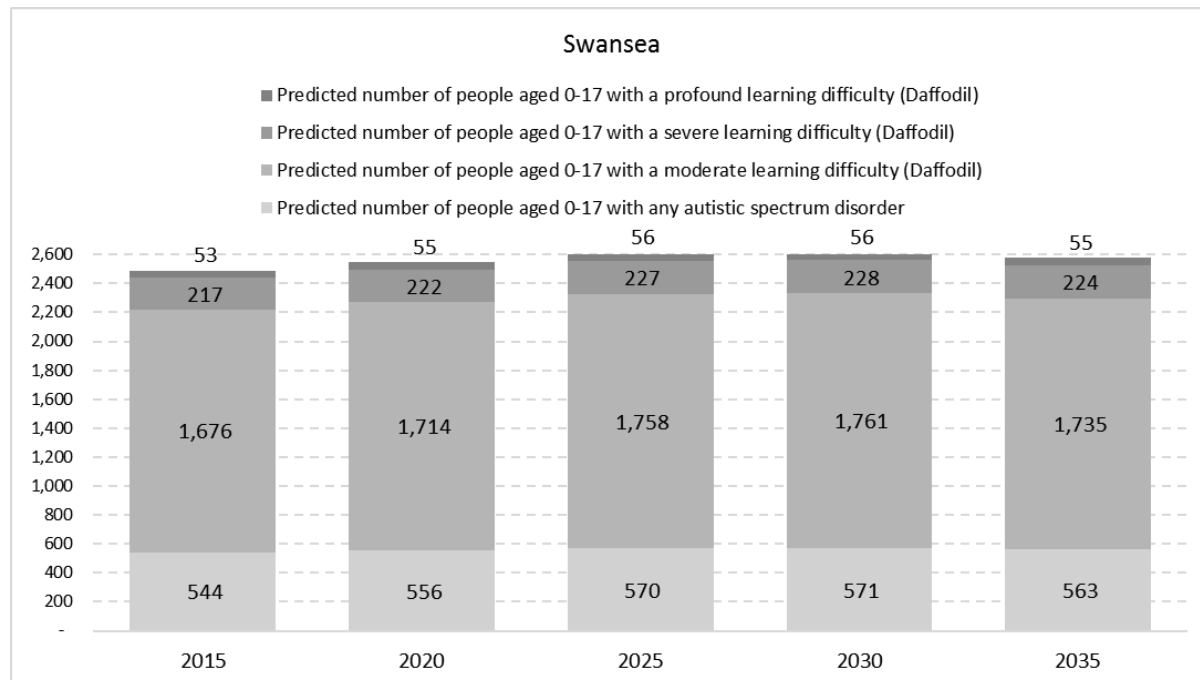
## Children and young adults with a learning disability

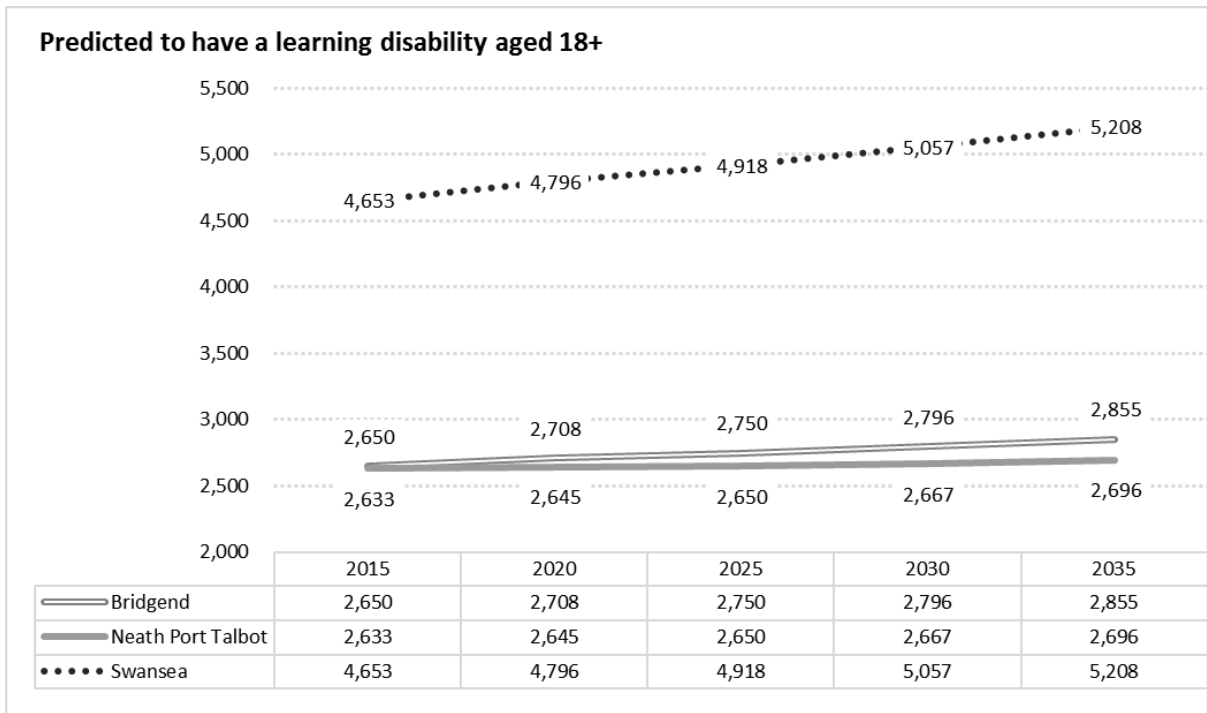
By 2035, it is projected that there will be 555 more adults with a learning disability in Swansea, representing a growth in numbers of 11.9%, far exceeding the Wales average of 8.2% growth. There is a projected growth of 88 children with a learning disability over the same period; 59 with a moderate learning disability, 27 with a severe learning disability and 2 with profound learning disability and a projected growth of 19 people with Autistic Spectrum Disorder.

The reasons for the relative consistency of proportion of the population who have a learning disability include the following:

- The definition of 'learning disability' in part ties to a statistical fact relating to the distribution of measured intelligence over whole populations, without taking into account special individual conditions.
- The relatively stable rates of pre-birth and perinatal conditions at whole population level that can result in a learning disability
- Areas with a broadly younger population will tend to have proportionately higher rates of learning disability due to relatively higher rates of fertility compared to older populations.

It is important to note that many adults and children with a learning disability are able to cope with everyday life without the input of social services. The Children's Disability Team and the Community Support Team are most likely to come into contact with people with more severe and profound needs and a proportion of those with moderate needs.



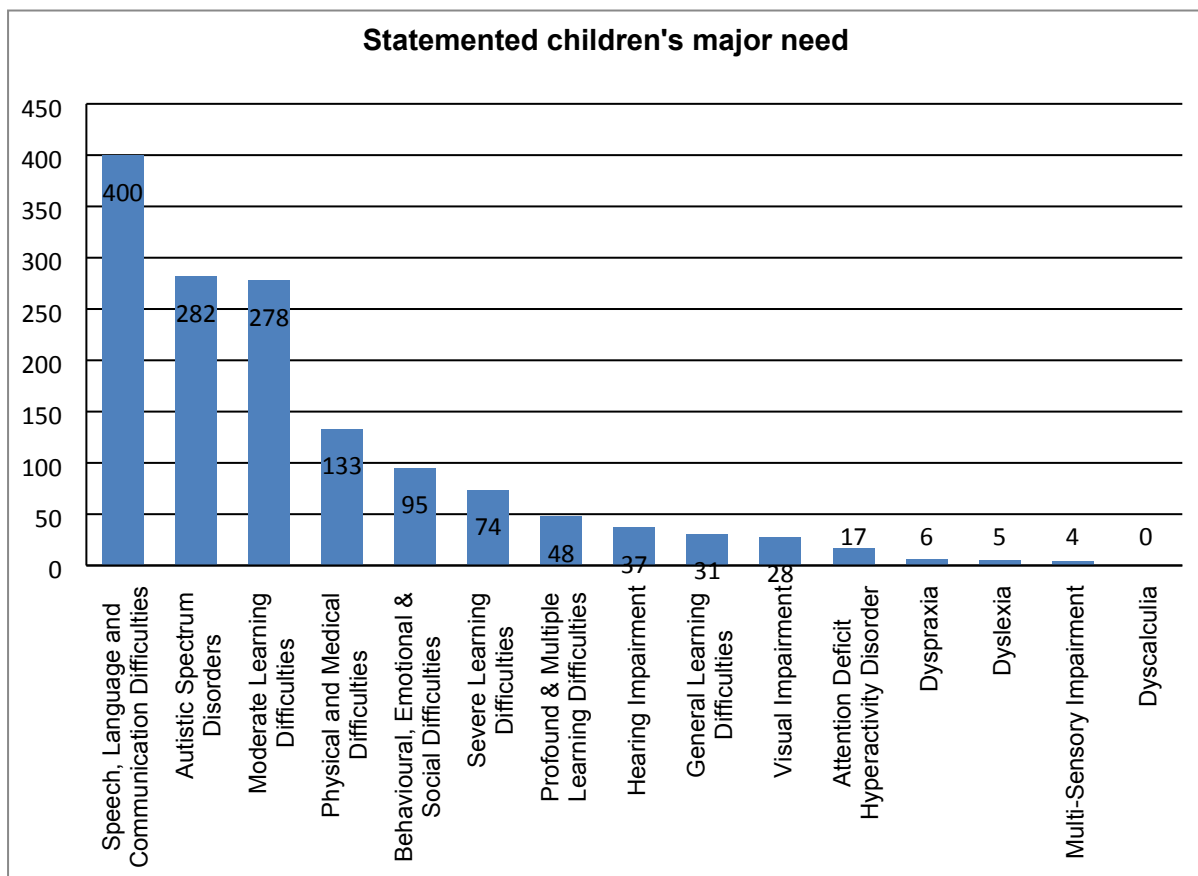


While the numbers of people with a moderate or severe learning disability are likely to rise to 2035, those numbers as a proportion of the total population are in fact projected to drop.

An interpretation of these reflects changes in the overall population of the area:-

- The increasing proportion of older people would be expected to constrain the overall numbers of people with a learning disability in the population.
- The number of all people aged 16-64 is predicted to fall in both Bridgend and Neath Port Talbot to 2035, although Swansea is projected to see a small increase in population.

The following table gives a breakdown of the primary need of stated children. We can see that Autistic Spectrum Disorder, severe learning disability and profound and multiple learning disability are mainly consistent with predictions in the table above.



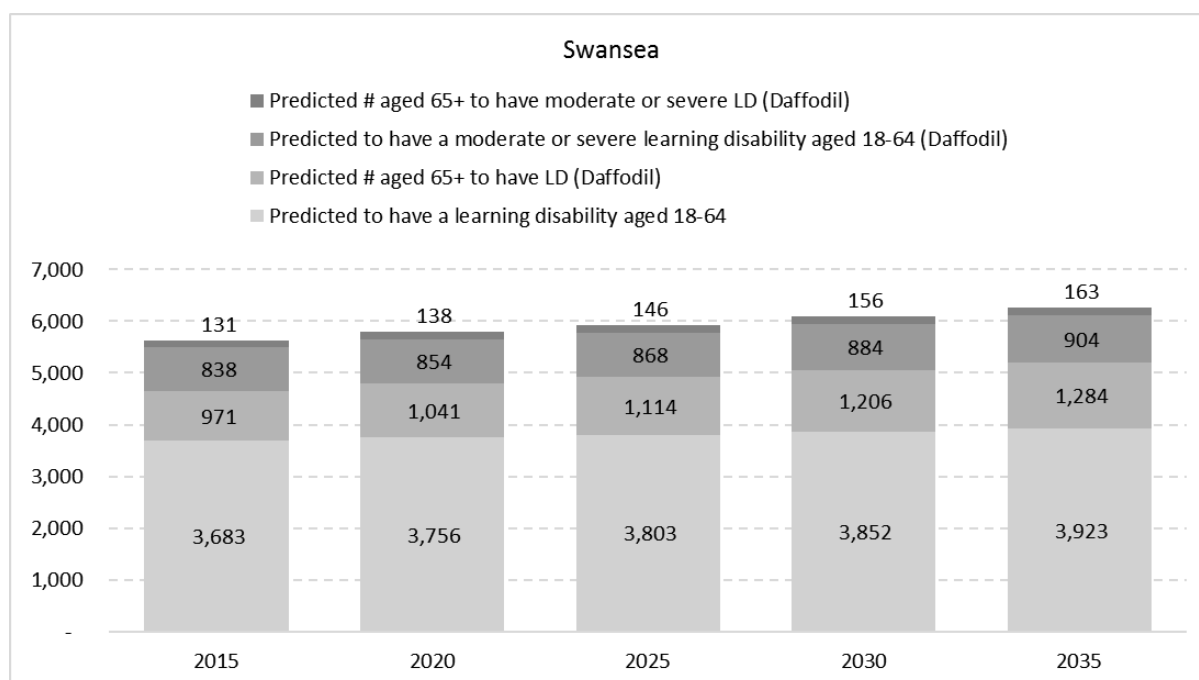
### Transition

The following table shows us the numbers of people referred to the Learning Disability Transition Team from 2009-10 and their ages at referral which gives an indication of when Adult Services will resume responsibility for them. Adult Services would usually expect to see an additional 20-25 people a year.

	Age at Referral to Transition Team									
	14	15	16	17	18	19	20	Over 20	Unknown	Total
<b>2009/2010</b>		2	7	8	13	1	1			32
<b>2010/2011</b>		2	7	10	8	2				29
<b>2011/2012</b>			3	14	7	1				25
<b>2012/2013</b>			6	23	1			1	1	32
<b>2013/2014</b>	1	3	31	26	3		1			65
<b>2014/2015</b>	2	9	21	14	2	1		2	2	53
<b>2015/2016</b>	1	6	19	8	1			3	3	41
<b>Total</b>	<b>4</b>	<b>22</b>	<b>94</b>	<b>103</b>	<b>35</b>	<b>5</b>	<b>2</b>	<b>6</b>	<b>6</b>	<b>277</b>

## Older People with a Learning Disability (65+)

Predictions show us that we will see a small increase in the numbers of older people with a moderate or severe learning disability. This is important because services will need to also consider people's needs relating to ageing, including dementia and physical frailty.



## Health Needs

### Dementia

We know that people with Down's Syndrome are more likely than the rest of the population to develop dementia. It is estimated that early dementia can occur in 45% of people with Down's Syndrome. (need to find source)

We know that we have an ageing population and part of this picture will be a group of people with Down's Syndrome who will have additional needs as a result of related health conditions, including early onset dementia, will have implications for how we support them.

Most people tend to live at home with carers and the onset of dementia can usually make a manageable, long standing situation suddenly unmanageable. We need to understand how to support people and their families to keep them at home, if this is what they want, and develop alternatives to nursing home provision.

### Challenging Behaviour

Manchester’s Hester Adrian Research Centre reports that approximately 1 in 7 people with a Learning Disability will have challenging behaviour. It also found that 1 in 18 would have “more demanding” challenging behaviour.

People who challenge do so in the sense that their needs cannot be easily met by mainstream services. Usually, higher levels of staff will be required and enhanced skills and understanding within the staff team. They may also require specialist services.

Whilst many people with challenging behaviour have been supported to live in the community, it is recognised that some may require specifically commissioned services, some of which may be out of county although the Closer to Home programme has been successful in bringing many people back into Swansea.

### Carers of People with a Learning Disability

We support just over half of our adult population to live at home with family carers. We need to understand the support needs of these family carers better than we do currently and this is a gap in our knowledge.

There are some problems in reporting on the age of carers of people with a learning disability due to the recording processes we have in place. For example, we don’t routinely ask for the birth date or age of a carer.

We are able, however, to report the average age of carers who have received a carers assessment in their own right.

This is not a perfect measure and the following caveats should be noted: -

- The numbers of carer who actually want a separate carers assessment are relatively small. Over 9 out of 10 carers are known to be offered a carers assessment.
- We have not been provided with the birth date of all carers and thus average age for these carers cannot be calculated.
- The average age is calculated for the individual for each completed carers assessment and **not** each person. This means that an individual carer can potentially be counted multiple times in multiple years for the purposes of this measurement.

The table below compares the average age of carer at carer assessment for each of the last 6 financial years:-

	Carers of People with a Learning Disability		All Carers	
	Number of Assessments	Average Age at Assessment	Number of Assessments	Average Age at Assessment
2011/2012	20	54.3	280	64.3
2012/2013	29	57.7	513	64.3
2013/2014	32	54.4	485	65.4
2014/2015	31	61.3	500	65.4

2015/2016	43	57.9	456	66.5
2016/2017	23	57.9	201	64.2
	<b>178</b>		<b>2,435</b>	

The graph below illustrates clearly that those who receive a carers' assessment are noticeably younger than is average for all carers, often by around 10 years or more. This tells us that carers of people with a learning disability find that they are beginning to feel the need for specific assessment of their own needs as a carer much earlier than other carers.

It is known anecdotally that there are increasing numbers of older people who continue to care for their adult child(ren) with a learning disability. We lack good quality data on this subject and it is an identified data gap. It would be valuable information in terms of planning services for aging learning disability clients living at home whose parents become unable to care for them.

### **Autistic Spectrum Disorder**

Autism is a lifelong, developmental condition that affects how a person communicates with other people and also how they experience the world.

#### **What causes Autistic Spectrum Disorder?**

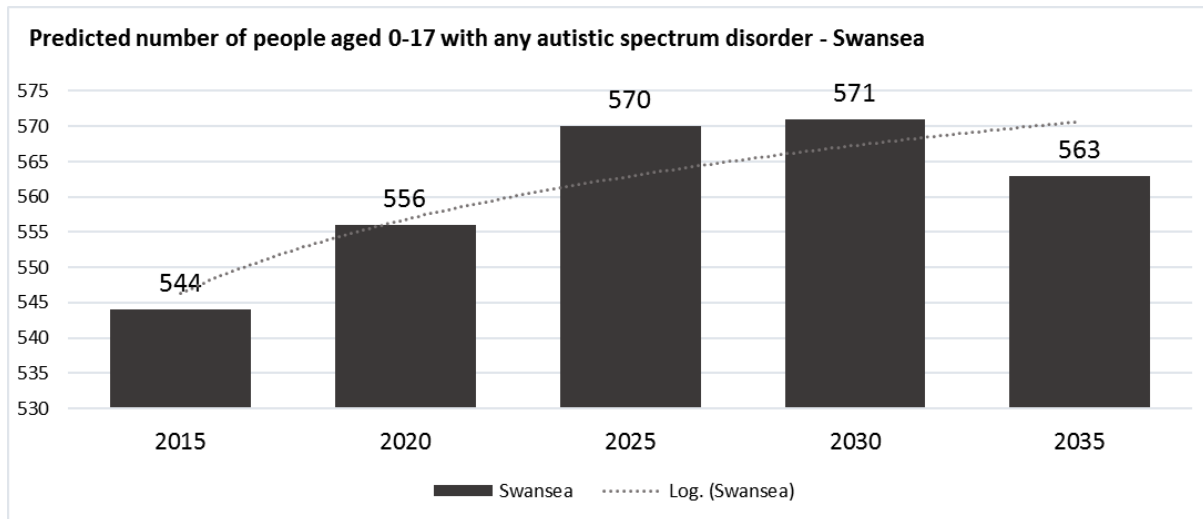
The causes of autism are not clear and research is being carried out to broaden our understanding in this area.

Our understanding of autism has however, increased greatly and as we learn more about the condition our ability to support people will improve. Every person with autism will display different symptoms and characteristics and interventions need to be individual who will present challenges to commissioners and services providers in planning and delivering services and support.

#### **How many people have an Autistic Spectrum Disorder?**

There is a small increase in the number of people with ASD in Swansea and the percentage of people with autism as a rate per 1000 of our population will remain static over the next 20 years.





## **Inequalities /barriers for people with a learning disability**

### **Ethnicity**

There is some evidence to show there is a higher rate of severe learning disabilities in the British Asian population (Emerson et al 1990)

We do not understand this population in as much detail as we should.

### **Health and mortality**

Studies show that people with a learning disability suffer with poorer health than the general population. Research by the Institute for Health research at Lancaster University shows people with a learning disability have an increased risk of early death. Studies have shown that the risk of dying before 50 is 58 times greater than in the general population. The risk of early death also increases with severity of disability and people with Down's syndrome have a shorter life expectancy than people with a learning disability generally.

Respiratory diseases are the leading cause of death, followed by coronary heart disease.

People with a learning disability are also more likely to develop other conditions such as early onset dementia, epilepsy and mental health problems.

Obesity is more common than the general population.

### **Social Issues**

Perhaps more than any other group in society, people with a learning disability are vulnerable to social exclusion and discrimination.

## **2) PROFILE OF SPEND AND ACTIVITY**

We have a range of support and services for people with a learning disability that will support people to live the lives they choose to live and which will deliver the outcomes set out in the National Outcomes Framework. We are currently undertaking a Commissioning Review of all our services to ensure we are delivering the requirements of the Social Services and Wellbeing (Wales) Act 2014 and the requirements of Sustainable Swansea.

### Profile of spend for Adults with a Learning Disability under 65 (2015/16)

£000's	Own Provision (incl. joint arrangements)	Provision by Others (incl. joint arrangements)	Central and Depart'l Support Services Costs	Income from Joint Arrangements with other LA's	Gross Expenditure	Net Exp.
<b>Assessment and Care Management</b>	1,042	0	115	0	1,157	1,154
<b>Nursing Care</b>	0	20	0	0	20	16
<b>Residential Care</b>	1,248	1,999	716	-20	3,943	986
<b>Supported and other accommodation</b>	0	6,213	554	-2	6,765	6,748
<b>Direct Payments</b>	0	134	15	0	149	149
<b>Home Care</b>	244	0	31	0	275	271
<b>Day Care</b>	2,839	1,097	1,055	-28	4,963	4,711
<b>Equipment and Adaptations</b>	0	0	0	0	0	0
<b>Meals</b>	0	0	0	0	0	0
<b>Other services</b>	199	196	92	0	487	486
<b>Total</b>	<b>5,572</b>	<b>9,659</b>	<b>2,578</b>	<b>-50</b>	<b>17,759</b>	<b>14,521</b>

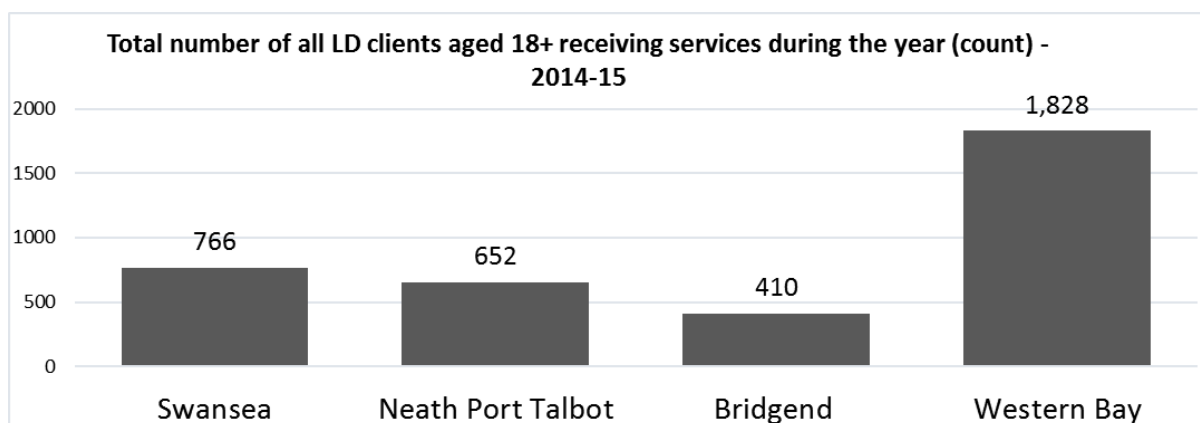
We are unable to disaggregate information to inform us what we spend on adults with a learning disability over 65 or children with a learning disability as we do not record the information in this way.

Our largest area of spend in adult Social Services for people with a learning disability is on externally commissioned supported living services. We have made a conscious effort to commission tenancy based options over residential options unless people choose otherwise or need residential care for a temporary period in their life. Our second largest area of spend is on day opportunities and most of this provision is internal. We are shifting our resources within day opportunities from traditional forms of day care to more community based, member led options.

We need to deliver a 20% reduction on this spend through the Commissioning Review process and although the right sizing approach and other activity will deliver some savings we will also need to consider alternative models of support, especially within supported living and day opportunities, to support us to deliver the this level of savings and the prevention agenda.

### **Adults with a Learning Disability Supported by Social Services in Swansea**

The following table shows the number of adults supported by Adult Services in 2014/15 across Western Bay.



It might be expected that there would be a relationship between the number of people predicted to have a moderate or severe learning disability and the number of people supported by services provided by local authorities.

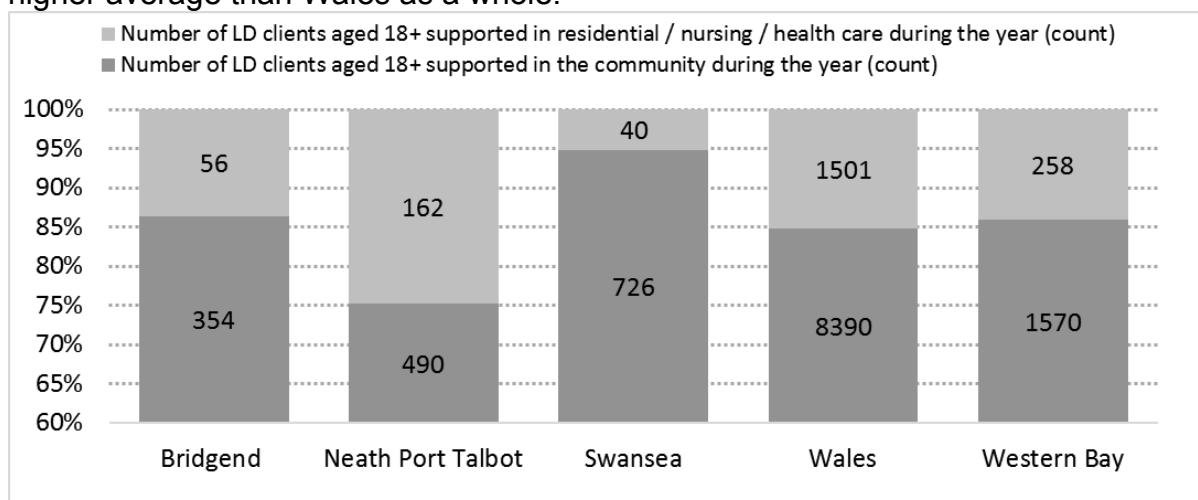
Within Wales in 2014/15 known learning disability service users represented about 82% of the projected numbers with a moderate / severe learning disability. This proportion for Swansea was just below the Wales average at 79%.

Of course we are unable to confirm an absolute overlap with the projected number of adults with moderate or severe learning disability, but given the history of recent years in Wales where eligibility criteria have focussed on those with substantial and critical needs, it seems unlikely that more than a small minority of those supported have a low or mild level of disability.

### **Balance of Care for Adults with a Learning Disability**

Since the late 1980s it has been public policy to ensure people with a learning disability are supported in the community settings rather than in institutional forms of care such as special hospitals, residential and nursing care. The following graph illustrates that by 2014/15; around 85% of adults with a learning disability who are supported by local

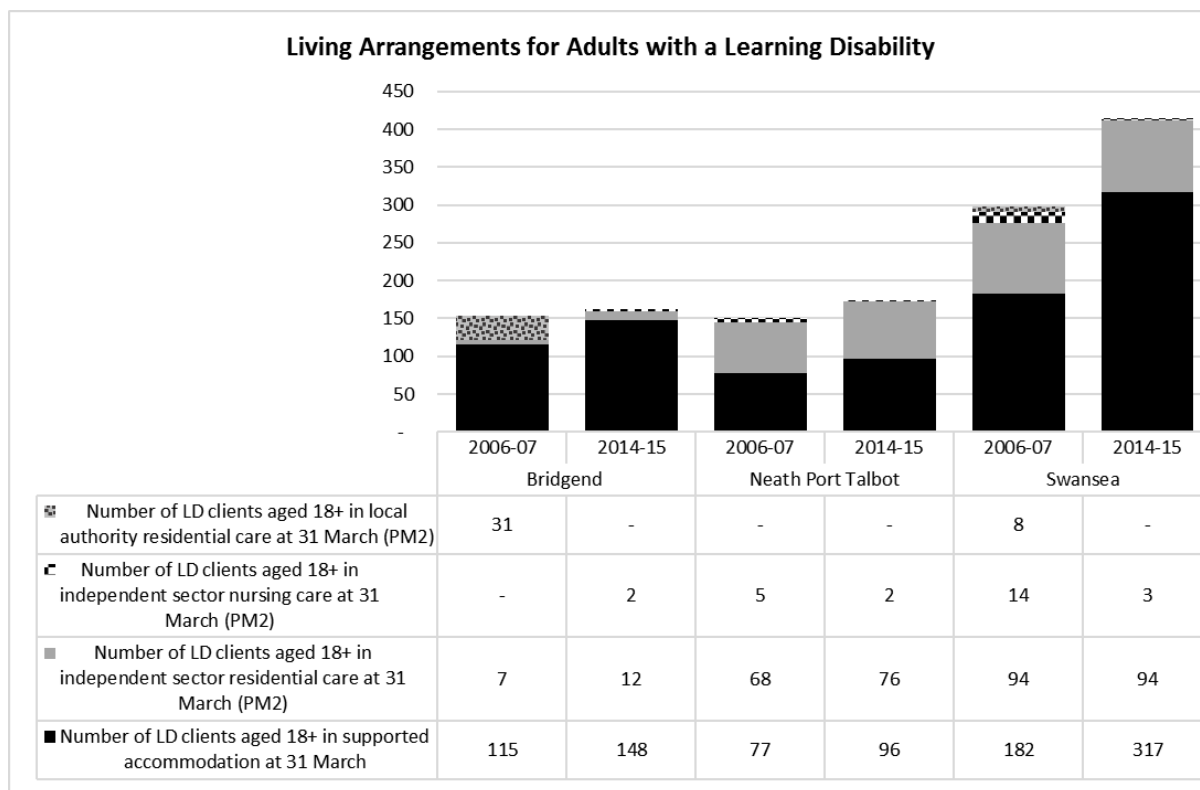
authorities are supported in the community, with Western Bay supporting a slightly higher average than Wales as a whole.



## Where do adults with a learning disability live?

Over the last decade, there has been a shift away from residential forms of care towards more individually tailored support which offers people greater citizenship.

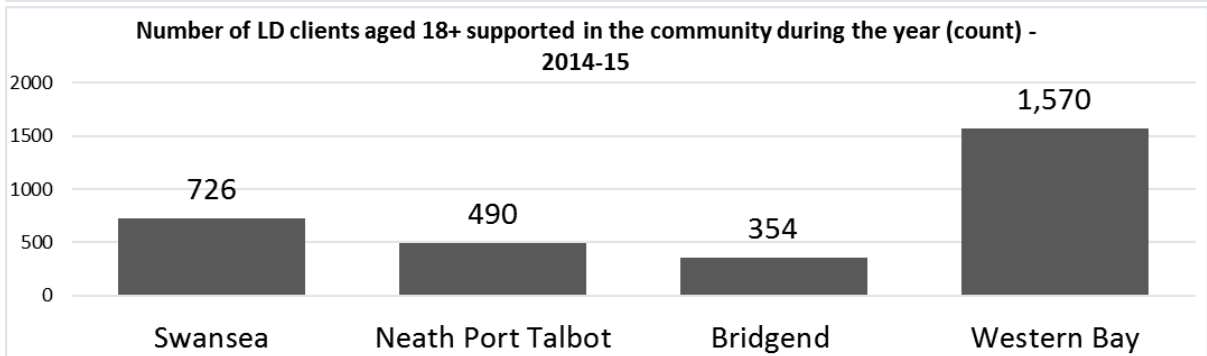
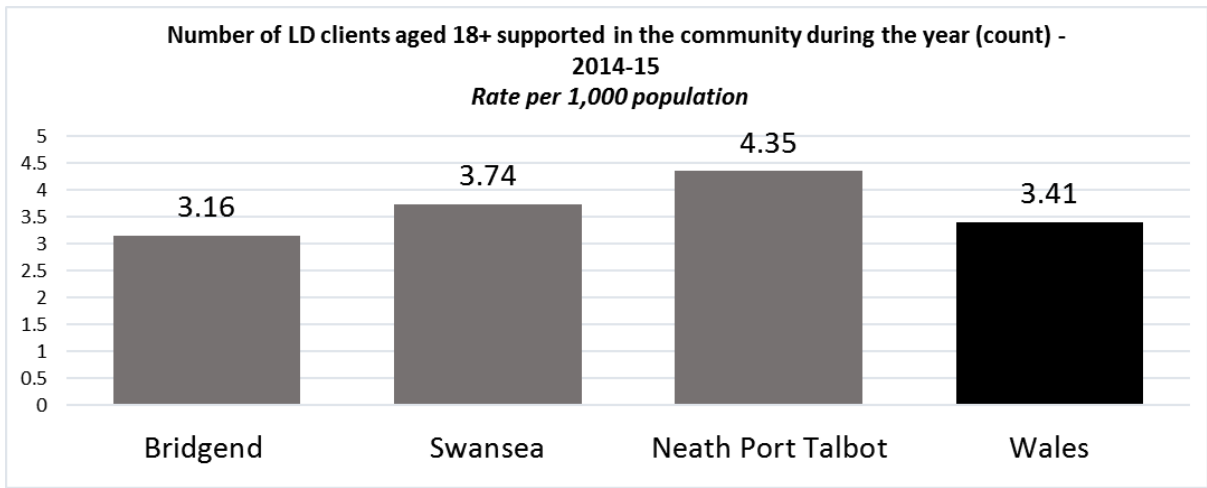
This is reflected in the data for Swansea and Western Bay.



Note however that as well as the increase in use of supported accommodation since 2006/7, there has been an increase in the use of residential care for adults with a learning disability across Western Bay and Wales. Swansea use of residential care has remained static.

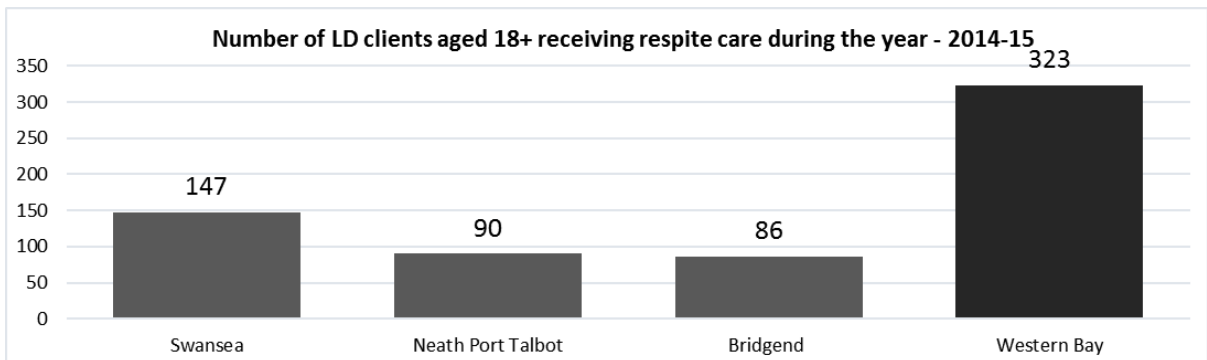
## Adults with Learning Disability Supported in the Community

The number of adults with a learning disability supported to live in the community by local authority social services includes those identified above as living in supported accommodation.

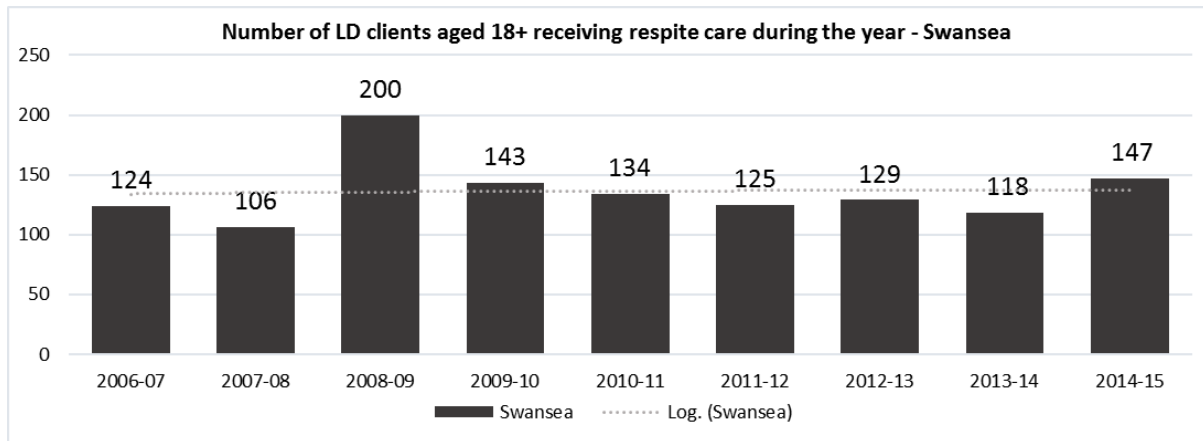


### Respite Care for Adults with a Learning Disability

Respite can be a key provision to support people with a learning disability who continue to live at home with relatives or others. Effective respite can prevent escalation in need for a person with a learning disability to be looked after in a more formal setting such as supported living or residential / nursing care.



Generally across Western Bay by 2014-15, local authorities are providing slightly more respite care compared to the Wales average. Although Swansea has provided more respite over the same period (improving on a relatively low base), local authorities in Western Bay were providing less respite care in 2014/15 than they were in 2006/7.



We have re-modelled respite care in Swansea with an emphasis on direct payments and Shared Lives for people with lower level needs and with an emphasis on residential options for people with more complex needs. We are currently looking at respite provision again in order to ensure we can meet future demand in this area.

### **Day Service Models for People with a Learning Disability**

Current annual statutory returns for older people allow local authorities to report on the use of 'community support day care' in addition to traditional centre-based day care. Community support day care is envisioned as being day care that promotes greater levels of independence by enhancing the skills of people with a learning disability, such as workplace skills, travel training.

Across Western Bay, there may be differing approaches to how the forms of day care are recorded and reported. While NPT reports no community support day care, Bridgend has grown this provision while Swansea has reduced it. Conversely, NPT and Bridgend have reduced traditional day care while Swansea has increased it. The latter may be an artefact of improved reporting.

The net change 2006-15 across Western Bay is to report slightly fewer total adults with a learning disability receiving day care of any kind. It is possible that a day care component of supported living may not be recorded and reported and is therefore under-reported.

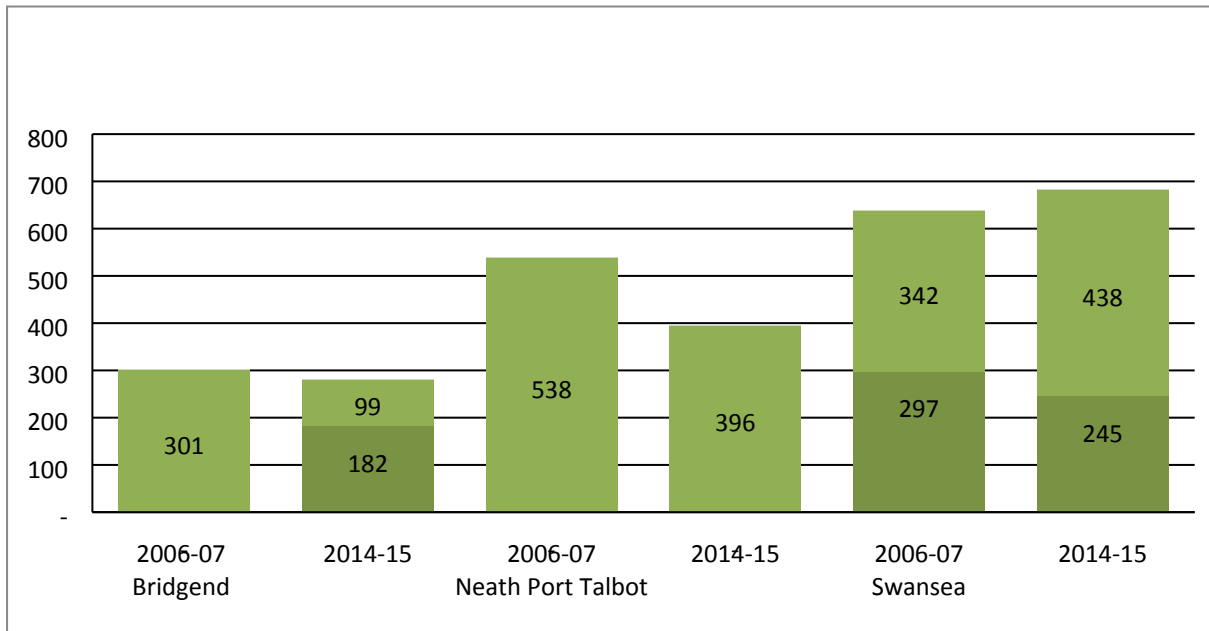
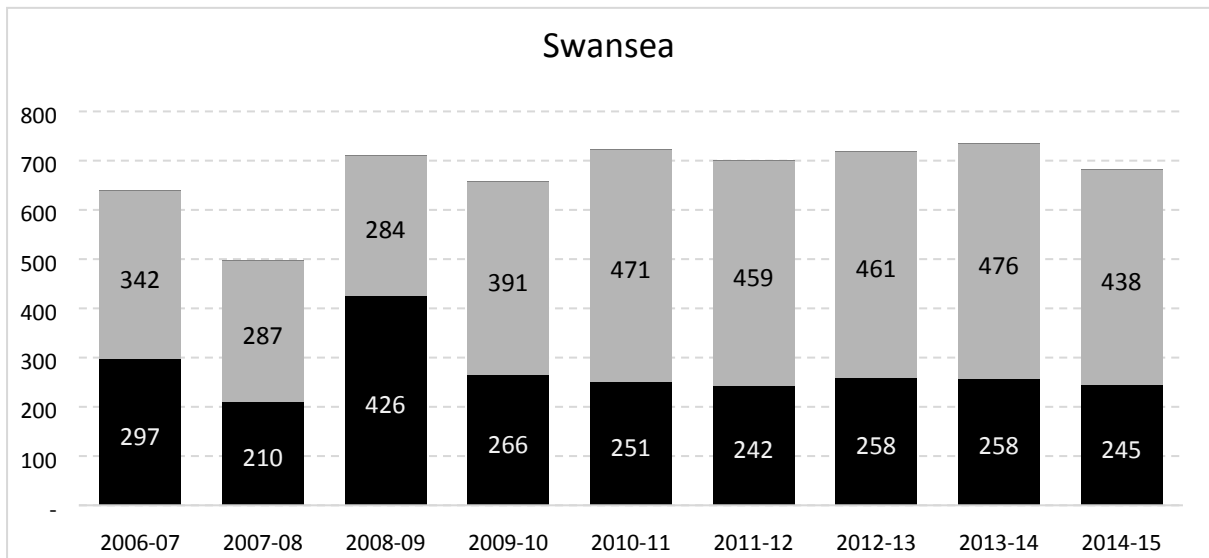


Figure 1

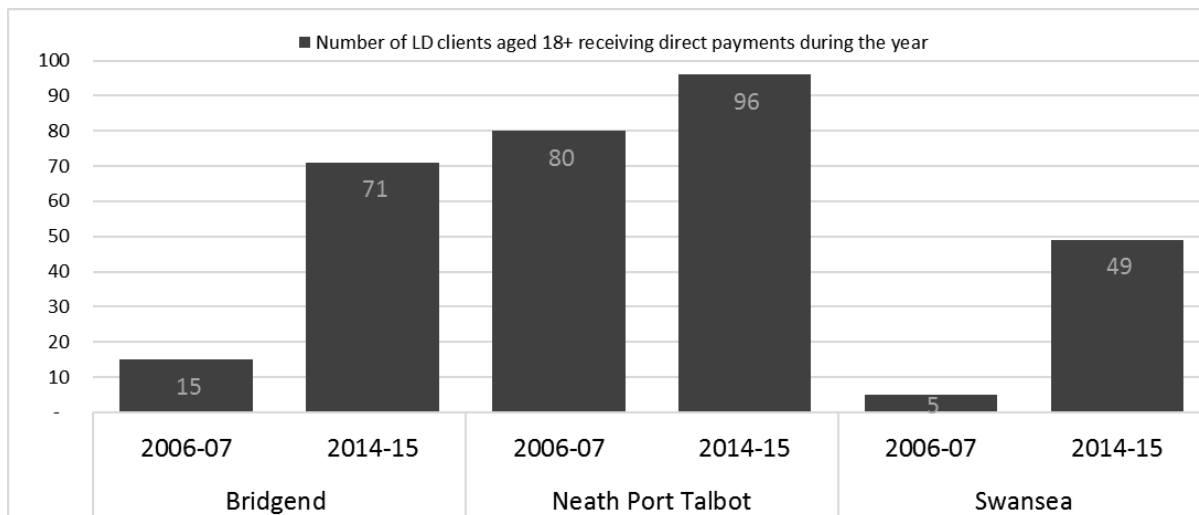


Our approach in Swansea over the past 4-5 years has been to reduce usage and reliance on traditional forms of day support and to promote more community based options. The figures do not bear out this shift. Our approach to remodelling day opportunities will be captured in our new Commissioning Strategy.

### Direct Payments for People with a Learning Disability

Note that while the graphs below refer to direct payments for people with a Learning Disability clients aged 18+, there have been very few recorded, aged 65+ with a direct payment within Western Bay 2006-15.

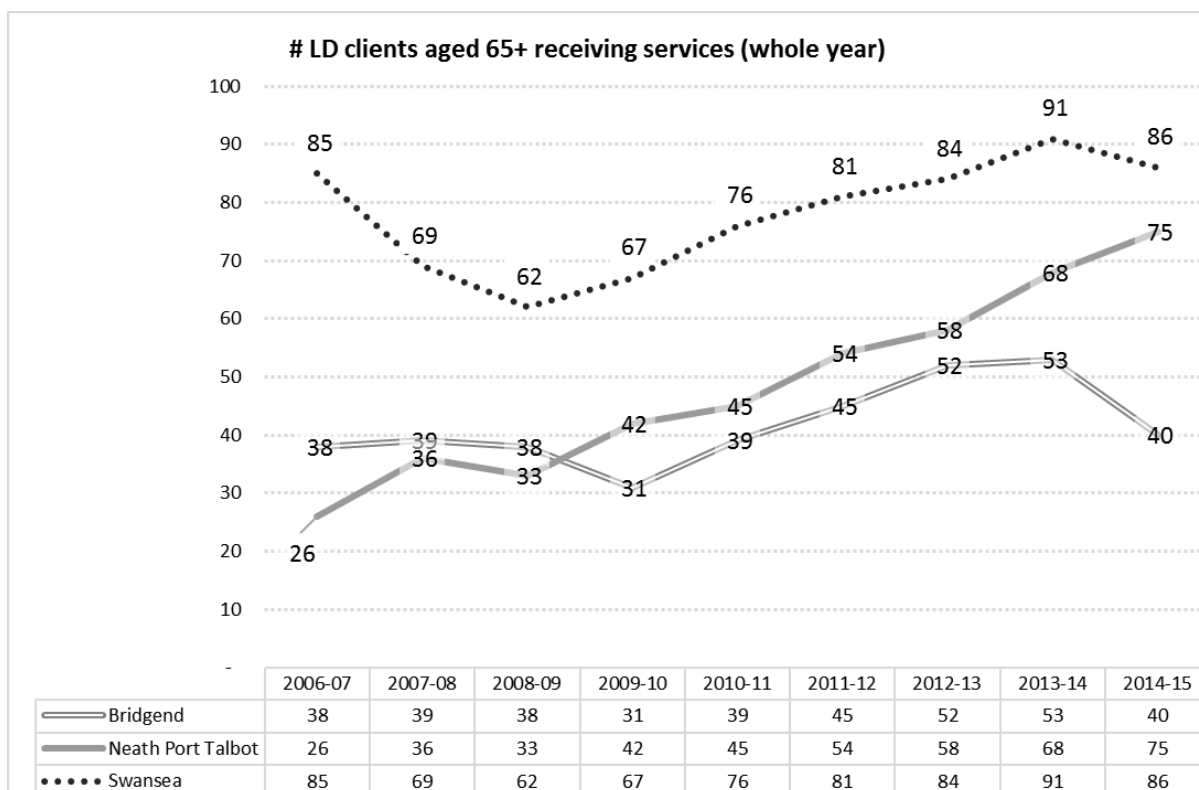




We want to support a better take up of Direct Payments in Swansea and this will be part of our strategy going forward.

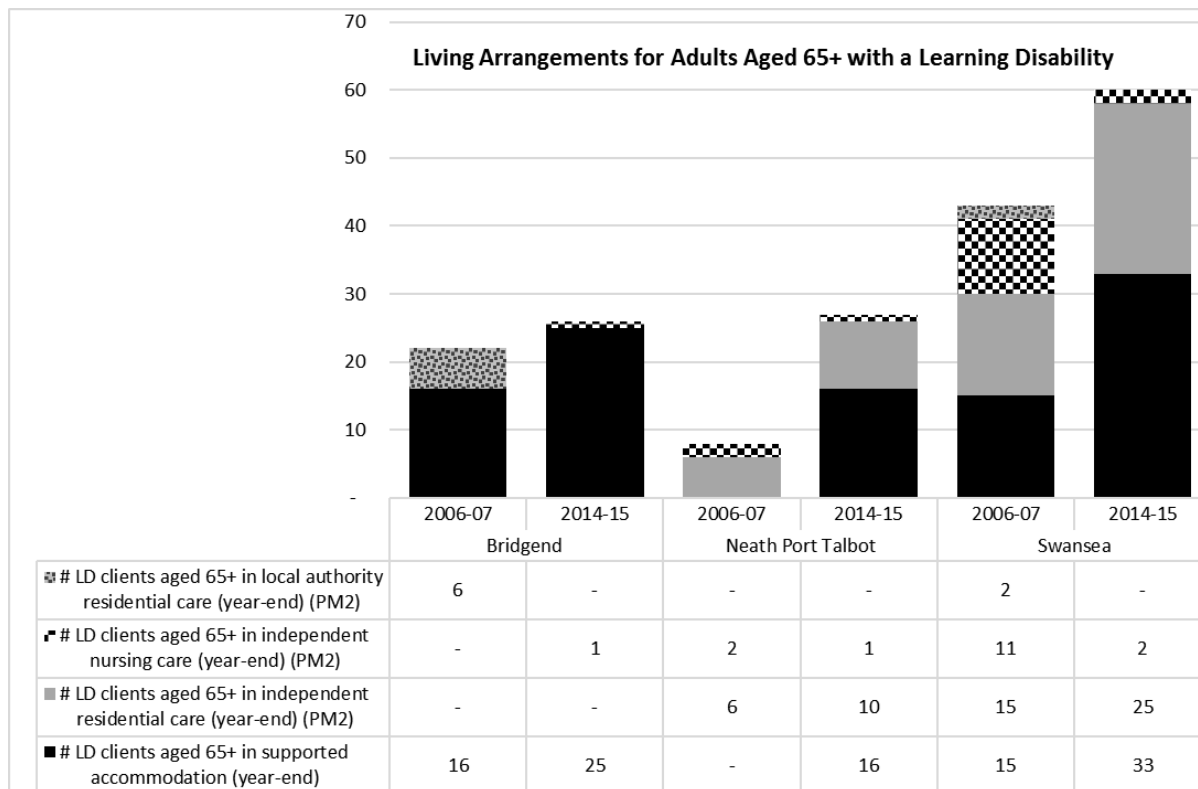
### Support for Older People with a Learning Disability

Services over the past 20 years have been increasing aimed at supporting the needs of older people with a learning disability as the population has aged. This has seen the development of specialist day services for older people and the development of Shared Lives to offer people a more homely environment as an alternative to residential types of support.



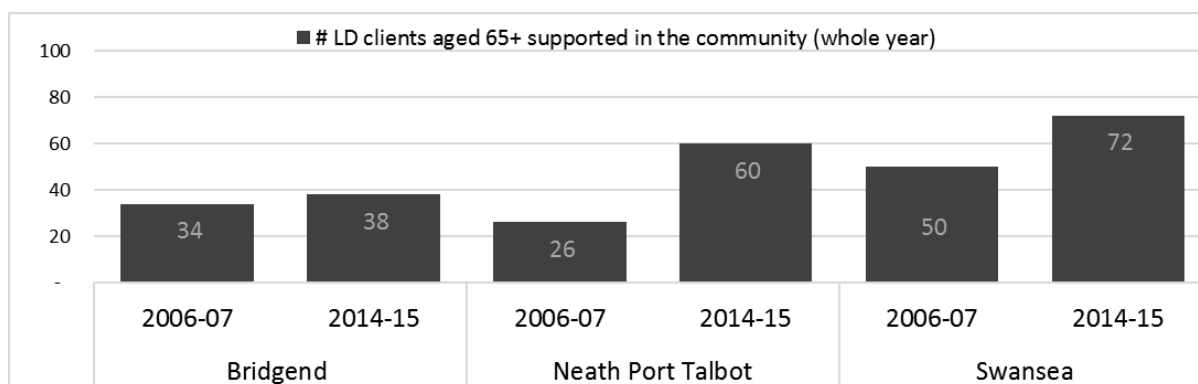
## Where do adults with a learning disability aged 65+ live?

In Swansea our strategy has been to support more people with a learning disability in tenancy based models rather than residential models of support unless it is for a temporary period in their lives or they choose otherwise or it is decided that residential options are best placed to meet their age related needs. We would expect see an increase in both tenancy based and residential based living arrangements for people over 65 the table below demonstrates this.



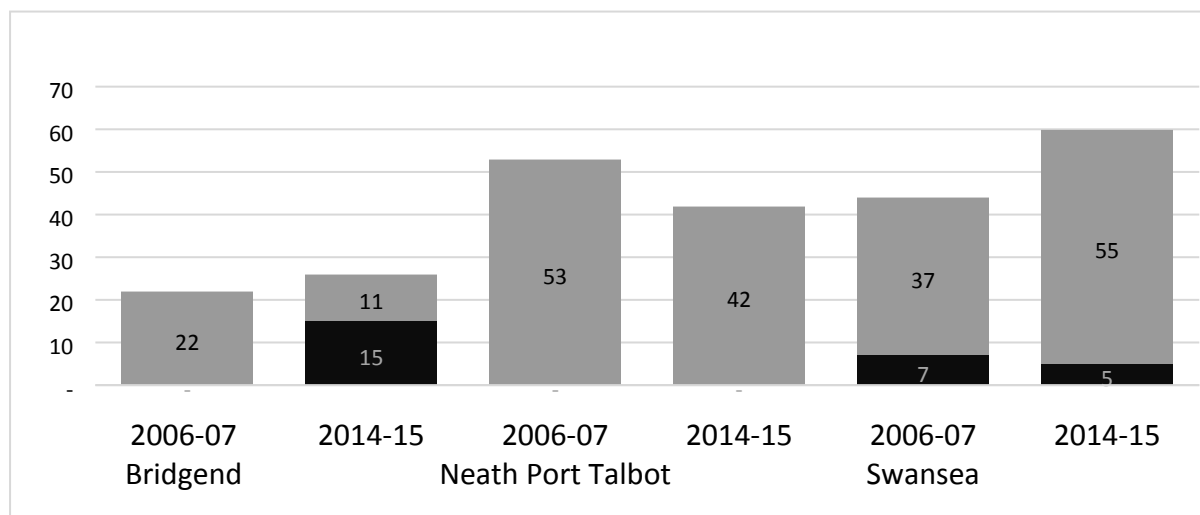
## Adults Aged 65+ with Learning Disability Supported in the Community

The number of adults with a learning disability supported to live in the community by local authority social services includes those identified above as living in supported accommodation.



## Day Care Provision for Learning Disability Clients Aged 65 +

The following table show us how many people we support in day care for people over 65.



What is the range of support we currently commission or provide in Swansea?

Type of Living Arrangement	Description
<b>Fully Independent Living</b>	This means living independently in ordinary housing as a tenant through a housing association, local authority or private landlord
<b>Independent Living with low level support</b>	This means living in ordinary housing as a tenant through a housing association, local authority or private landlord with minimal (1-3 hours a week) tenancy/domiciliary support
<b>Living at home with family carers</b>	We will support people to remain at home with family carers if this is what they want, and a range of day services, respite and support services will be available to support this
<b>Support for people with medium to high levels of need</b>	<p><b>Supported Living</b> means living in ordinary housing as a tenant, usually shared living with 2-3 other people with a learning disability with an appropriate level of tenancy and domiciliary support. This could mean 24 hour support through to much lower levels depending upon the person's needs</p> <p><b>Shared Lives (Ategi)</b> This means living with a paid, trained family, long term, under a license arrangement</p> <p><b>Residential Care</b> Living in residential care which is either specialist learning disability provision or homes which support older people</p>

	<p><b>Nursing Care</b> Living in a place where there is nursing care. This could be either learning disability specific or an provision for older people</p>
<p><b>Emergency short term accommodation and support</b></p>	<p><b>Maesglas Community Support Unit</b> is local authority emergency, temporary residential care accommodation for when current arrangements fall through for whatever reason</p> <p><b>Ategi can sometimes also provide</b> emergency support by paid, trained carers in their own home</p>

## Day Opportunities

Type of Day Opportunity	Description
<p><b>Work</b></p>	<p><b>Work Development Service</b> The service supports individuals to gain educational and vocational qualifications and provides work opportunities via a number of projects, with a view to supporting people into either paid or voluntary work</p>
<p><b>Education, Skills, Social Development and Constructive Occupation for people with lower level needs</b></p>	<p><b>Flexible Support Service</b> The Flexible Support Service provides a range of support on an individual and group basis aimed at encouraging greater independence and social skills usually this means a move away from day services towards the individual taking more responsibility of their day to day lives:</p> <ul style="list-style-type: none"> <li>• <b>Social Clubs</b> during the day and evening offering people a chance to meet others and join in social and community activities</li> <li>• The <b>Signpost Service</b> provides a drop in service at St Phillips Community Centre, Swansea City Centre</li> </ul> <p><b>Local Day Service</b> These can help people access education, develop skills and explore opportunities for constructive occupation. The support provided can take place in a range of settings across Swansea as well as in the service itself:</p> <ul style="list-style-type: none"> <li>• West Cross LDS</li> <li>• Abergelli LDS</li> <li>• Glandwr LDS</li> <li>• Social Development Service (Fforestfach, Gorseinon and Penlan)</li> </ul> <p><b>Connect</b></p>
<p><b>Education, Skills,</b></p>	<p><b>New Horizons at Swansea Vale Resource Centre, Swansea</b></p>

<p><b>Social Development and Constructive Occupation for people with higher level needs</b></p>	<p><b>Vale</b> New Horizons aims to enable people with a learning disability who also have a physical disability or sensory impairments to gain greater independence and develop a range of skills</p> <p><b>Special Needs Day Services</b> These provide day services to people who have profound and multiple learning disabilities and who could not safely receive a service in a mainstream day service. Opportunities to develop skills in a positive and stimulating environment are offered.</p> <ul style="list-style-type: none"> <li>• Birchgrove Special Needs</li> <li>• Trewarren House Special Needs</li> <li>• Maesglas Special Needs</li> <li>• Parkway Special Needs This service is for people who require the support of health professionals.</li> </ul> <p><b>Whitethorns Intensive Day Service</b> For people who may temporarily need a more structured day service than our mainstream services can provide, Whitethorns Day Service offers a short to medium term intensive service</p> <p><b>Woodlands Day Service, Swansea</b> Social Services works with Community Lives Consortium who provides an intensive day service for people whose behaviour challenges and who need a much quieter and protected environment</p>
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### Taking a Break

Type of Opportunity	Description
<p><b>Direct Payment</b></p>	<p>Some people use a Direct Payment to pay for breaks which can be decided on and organised by themselves</p>
<p><b>Shared Lives</b></p>	<p>Young people are matched to a Shared Lives Carer and are supported to settle in. Breaks can be provided in emergencies and care can be provided flexibly, for example shorter sessional periods during the day</p>
<p><b>Residential Respite for people with higher level needs</b></p>	<p><b>Residential Services</b> For people whose needs are best met in a residential care setting, we have the following provision based in the local community:</p> <ul style="list-style-type: none"> <li>• Alexandra Road</li> <li>• Ty Cila, provides breaks for people who have more complex needs and who need an adapted environment and more specialist support</li> <li>• Woodlands Respite Service work with Community Lives Consortium to provide this residential service for adults whose behaviour challenges</li> </ul>

### Opportunities to be involved

Type of Opportunity	Description
<b>Advocacy</b>	<b>Your Voice Advocacy</b> provides a one to one advocacy service for people with a learning disability who need support to speak up during the assessment process
<b>Co-production</b>	<b>Swansea People First</b> provides support to people with learning disabilities and their carers to participate in decision making at all levels

The increase in prevalence of people with severe learning disability combined with an increase in the level of need will have an impact on resources and on the type and range of services required.

The increase in the older population of adults with a learning disability will mean we need to understand how these needs can be met and how they can be resourced. The growing expectation of people with learning disabilities and their families is likely to increase the impact of these trends on demand for housing services.

### 3) CURRENT PRIORITIES

The following key issues have been co-produced with all key stakeholders including adults with a learning disability and their carers.

Key Issues identified at a Stakeholder Workshop January 2016	Are we missing anything? Co-production Session April 2016
<ul style="list-style-type: none"> <li>• We have more people, some who need a lot of support, but we need to reduce our spending</li> <li>• How do we support universal services to make it easier for people with a learning disability to use them?</li> <li>• Do we have the right support in place to meet 'wellbeing outcomes'?</li> <li>• Assessment and care management –how does it need to change to deliver the SSWB Act?</li> <li>• Working well with health to look at people's needs and to put the right support in place</li> <li>• How do we continue to support people in their own home or where they choose to live?</li> <li>• How do we support more people to have a job?</li> <li>• Direct Payments – how to make better use of them</li> <li>• Very costly support – how to</li> </ul>	<ul style="list-style-type: none"> <li>• Good, accessible information</li> <li>• Acknowledge competing agendas between health and social care</li> <li>• Open up access to services regardless of where you live i.e. if you live at home with carers why can't you have domiciliary support?</li> <li>• Governance and leadership arrangements across health and social care to focus on outcomes for people with a learning disability rather than their own agenda/budgets</li> <li>• There are too many assessments across organisations</li> <li>• Workforce- care management is overloaded and enough time to do creative, truly person centred assessments. Need to look at new ways of working and what resources are required. Intelligent recruitment and use of resources i.e. paying PA's a bit more for DP's</li> <li>• Commissioning process needs to</li> </ul>

<p>make it cost less but stay safe and good quality, delivering good outcomes?</p> <ul style="list-style-type: none"> <li>• Carers – do we support family carers in the right way?</li> <li>• Are we keeping people as safe as we can?</li> <li>• Working together better and improving communication</li> </ul>	<p>be more strategic, planned and governed by what is important to people</p> <ul style="list-style-type: none"> <li>• Need to invest in prevention and early intervention whilst still meeting the needs of those who are most in need – get the balance of services across the tiers right.</li> <li>• Co-production – involving citizens and staff in solutions</li> </ul>
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#### 4) EXISTING PLANNING GROUPS

- **‘Nothing about us without us’ Group** – Citizen led group supported by Swansea People First which supports more co-productive approaches to commissioning services. This group is our first port of call when we want to review, develop or change anything.
- **Co-production Group**  
Made up of citizens, carers, service providers, care management, health, commissioners. The group’s purpose is to support co-productive commissioning and it is the key engagement mechanism for the Strategic Commissioning Group. It is currently working on a set of outcome statements for the development of a new Commissioning Strategy.
- **Strategic Commissioning Group** – Chaired by Principle Officer for Assessment and Care Management and is made up of commissioners, care management officers, finance officers, information officers and health colleagues
- **Provider Forum** – all commissioned providers meet monthly to work collaboratively to deliver the commissioning strategy.

#### 5) EXISTING STRATEGIC PLANS

We are in the process of developing a new commissioning strategy for Learning Disability Services. This will replace our previous commissioning strategy and plan.

ABMU are in the process of developing a Learning Disability Commissioning Strategy across the Western Bay region in partnership with Local Authorities.

#### 6) FUTURE USE OF RESOURCES

Swansea’s draft Social Services Model supports a shift towards more preventative ways of working and we expect social work practice and service delivery to re-shape how we support people focusing on outcomes and prevention. We expect to see a shift of resources away from tiers 3 and 4 towards tiers 1 and 2 of 5% over the next three years in Adult Services.

We also need to deliver a 20% saving across Adult Social Care over the next two years to deliver on the Sustainable Swansea Programme.

Our resources will need to be targeted to deliver our corporate objectives and the outcomes that we have co-produced for people with a learning disability in Swansea. Particular focus will be on:

- Assessment and Care Management Practice Framework
- Delivering the our locally co-produced outcomes for adults with a learning disability
- Sustainable models of supported living to enable us to continue our approach of supporting people in tenancy based options. This will mean a shift away from the 24/7 model towards a more mixed arrangement. Right sizing will also support us to shift resources in this model. We will also develop a Supported Living Framework Agreement to better manage the market in this area
- Assistive technology – using ICF to explore potential in supported living settings to relieve resources spent on night time support
- Re-modelling day services to support more people in the community and to support more people into work through the development of social enterprises to lessen reliance on traditional forms of day care
- Increasing the use of direct payments and pooled arrangements
- Respite – considering the distribution of resources to better meet need across the piece
- Safeguarding – using the resources we have to ensure we keep people safe across the range of provision
- Understanding the needs of family carers in order to provide better support

## **7) SUMMARY**

### **Meeting increasing levels of need**

Data is telling us that we will need to meet the needs of more people with a wider range of need including people with severe learning disability and complex health needs who will require higher levels of support throughout adulthood and older people with a learning disability who will require a different service to current options. We will also need to meet the needs of children and adults with autistic spectrum disorder. Whilst the data suggests that the numbers of increase are small, we know that the levels of need of people requiring support means that they will have a large impact upon our budget.

### **Delivering a new model of support**

The Social Services and Wellbeing (Wales) Act has prompted a new paradigm within social care and Swansea has drafted a new model of support for people with care and support needs. This model is dependent upon a new practice framework for social workers who will support positive risk taking and managed independence and understand people's needs within the context of their family and their community. We expect to see a shift in the way people are supported away from traditional, formal services to more community based, preventative options. Our commissioning arrangements will adopt more co-productive ways of working and will be directed by the outcomes that have been co-produced locally.

### **Manage reducing resources**

The financial resources we have available are reducing year on year and we need to achieve 20% savings over the next two years. We can deliver better outcomes and achieve savings by making better use of universal services and by promoting and



supporting access to them rather than bringing people into formal service systems unnecessarily.

We will manage a shift of resources away from tiers 3 and 4 towards tiers 1 and 2 of 5% over the next three years in Adult Services.

Our Commissioning Strategy which will be informed by this needs assessment and other engagement work will set out our priorities for action over the next three years.