

City and County of Swansea  
Draft Commissioning  
Strategy  
Adult Learning Disability  
Services

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# Chapter 1

## Introduction

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People with a learning disability in Swansea who require support will have access to a range of services either provided, or commissioned by the Local Authority. This could be support in early life through our prevention services; supporting individuals and their families to stay strong and thrive and our Social Services Child Disability Team who provide specialist support to children and their families through to our Education Service which provides support within mainstream or specialist education provision for people with additional learning needs. This strategy is for individuals with a learning disability who are considering what a good life looks like for them in adulthood from age 18 when considering further education, work or occupation and living arrangements through to people in later life and it addresses the support they need.

Learning Disability Services in the City and County of Swansea supports adults with a learning disability age 18 and over. We provide an Assessment and Care Management function and a range of in-house services designed to respond to the needs of the population we serve. We also commission a range of services from the third and private sector.

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.

This co-produced Commissioning Strategy considers the population we serve and how it is changing; it also considers how well placed the services we currently provide or commission are in meeting the wellbeing outcomes of the population in the future and how they need to change to deliver both the requirements of the Social Services and Wellbeing (Wales) Act 2014 and also the requirements of the Sustainable Swansea.

We are currently adopting a wider approach to the commissioning of services for all people with a learning disability in Swansea supporting a life journey view of someone with a learning disability from childhood through to adulthood, ensuring a consistent and this strategy therefore encompasses the strategic priorities for people with a learning disability across Child and Family Services, Education and Poverty and Prevention Services within the final action plan.

# Chapter 2

## Policy context

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**The Social Services and Wellbeing (Wales) Act 2014** came into effect on 6 April 2016 and provides the legal framework for improving the wellbeing of people who need care and support, carers who need support and for transforming social services in Wales. It reforms social services law, changes the way people's needs are assessed and the way in which services are commissioned and delivered. People with care and support needs will have more of a say in the care and support they receive and there is an emphasis on supporting individuals, families and communities to promote their own health and wellbeing.

The Act introduces common assessment and eligibility arrangements, strengthens collaboration and the integration of services particularly between health and social care, and provides for an increased focus on prevention and early help. Local Authorities and health boards come together in new statutory partnerships to drive integration, innovation and service change.

The Act also promotes the development of a range of help available within the community to reduce the need for formal, planned support. Local Authorities will continue to work with people to develop solutions to immediate problems and reduce the need for complex assessment and formal provision of care. Where people have complex needs, which require specialist and/or longer term support, local authorities will work with people and their families to ensure that high quality and cost effective services are available at the right time and in the right place.

Local Authorities and their partners will ensure that people can easily get good quality information, advice and assistance, which supports them to help themselves and make the best use of resources that exist in their communities without the need for statutory support.

The Act supports Local Authorities to continue the shift from a deficit and dependency model, to a model, which promotes wellbeing and independence focused on individual outcomes rather than service targets and objectives.

**The events at Winterbourne View** and the subsequent Department of Health response concluded that too many people with challenging behaviour were not having their needs met in community settings and that reliance on in-patient solutions was high.

The Learning Disability Advisory Group produced a report for the Deputy Minister in Wales with recommendations for '**Transforming care for people with a learning disability and challenging behaviour in Wales**'. The key areas were:

- Joint Commissioning
- Accurate and reliable data
- Competent Workforce

- Regulation and Inspection
- Repatriation

### **A National Inspection of Care and Support for people with learning**

**disabilities** undertaken by the Care and Social Services Inspectorate for Wales in 2016 sets out recommendations for Local Authority and Health:

- A better joint understanding of need and planning together
- Providing effective care and support
- Leading in partnership with people

Any recommendations within this report that are not already being progressed will be dealt with within the action plan.

### **Our Local Vision:**

*“People in Swansea will have access to modern health and social care services which enable them to lead fulfilled lives with a sense of wellbeing within supportive families and resilient communities. We will help people to keep safe and protected from harm and give opportunities for them to feel empowered to exercise voice, choice and control in all aspects of their lives. Our services will focus on prevention, early intervention and enablement and we will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce”.*

Our Draft Social Services model to deliver this vision is based upon the following six key elements:

- Better prevention
- Better early help
- A new approach to assessment
- Improved cost effectiveness
- Working together better
- Keeping people safe

The service model comprises four levels of health, wellbeing and social care support for our population. We think it will help us to deliver “better support at lower cost”.

This Commissioning Strategy will support the delivery of Swansea’s corporate priorities with particular emphasis on safeguarding vulnerable people and building sustainable communities:

- Safeguarding people from harm
- Improving Education & Skills
- Transforming our Economy & Infrastructure
- Tackling Poverty
- Transformation & Future Council development

At the same time, across Wales, public sector funding is under increasing pressure and therefore in Swansea, we need to reduce expenditure on adult social care. Added to this pressure is a growing population, which is placing additional demand

on our service. This means we need to save money and meet the additional demands placed on our service whilst delivering the requirements of the Act.

In the document “Better Support at Lower Cost” (2011)<sup>1</sup> the Social Services Improvement Agency notes:

*“It is increasingly recognised that the twin goals of improving efficiency and delivering better outcomes for service users are not necessarily in conflict with each other. Some councils recognise that the kinds of service transformation they are now contemplating would make sense in terms of service improvement even if current financial constraints.... were not present”*

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**Our Commissioning Strategy therefore needs to deliver:**

- **The requirements of the Social Service and Wellbeing (Wales) Act 2014**
- **The local vision for Social Services**
- **The co-produced outcomes for adults with a learning disability in Swansea and wellbeing outcomes for children and young people with a learning disability**
- **Our Corporate Priorities**
- **The savings required through the Sustainable Swansea Programme**
- **The recommendations of the National Inspection of Care and Support for people with learning disabilities**
- **The recommendations for ‘Transforming care for people with a learning disability and challenging behaviour in Wales’**

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<sup>1</sup> “Better Support at Lower Cost” SSIA 2011

# Chapter 3

## Population Assessment

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### **What causes a learning disability?**

Most incidents of learning disability are caused by chromosomal and genetic errors. Of these, Down's 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.

### **How many people have a 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 will the population change over the next 20 years?

### Adults with a learning disability

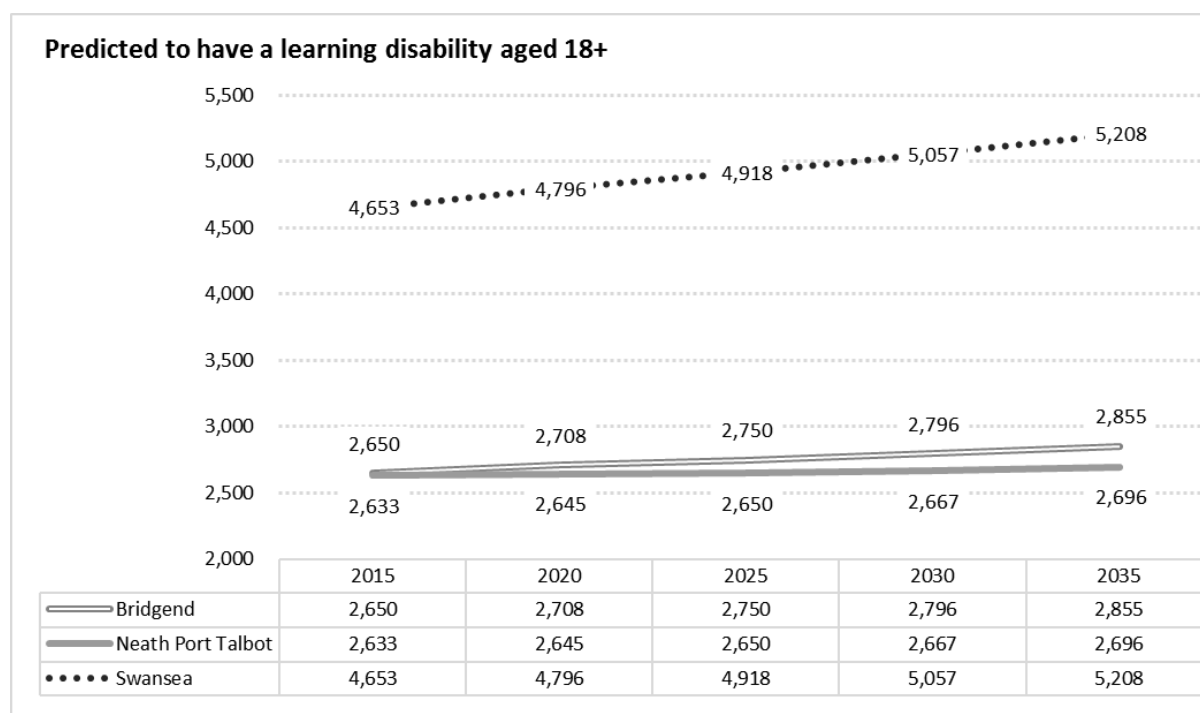
According to the Daffodil data source, by 2035, it is projected that there will be 555 more adults with a learning disability in Swansea, representing a growth in numbers of 11.9%, far exceeding the Wales average of 8.2% growth. There is a projected growth of 88 children with a learning disability over 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.

It should be noted that the projected growth of people with an Autistic Spectrum Disorder according to Daffodil differs to the experience on the ground in Swansea particularly in relation to presentation of children with the disorder. Therefore, the actual number of instances will need to be closely monitored against the projections over time.

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 Child 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.



### Children with a learning disability

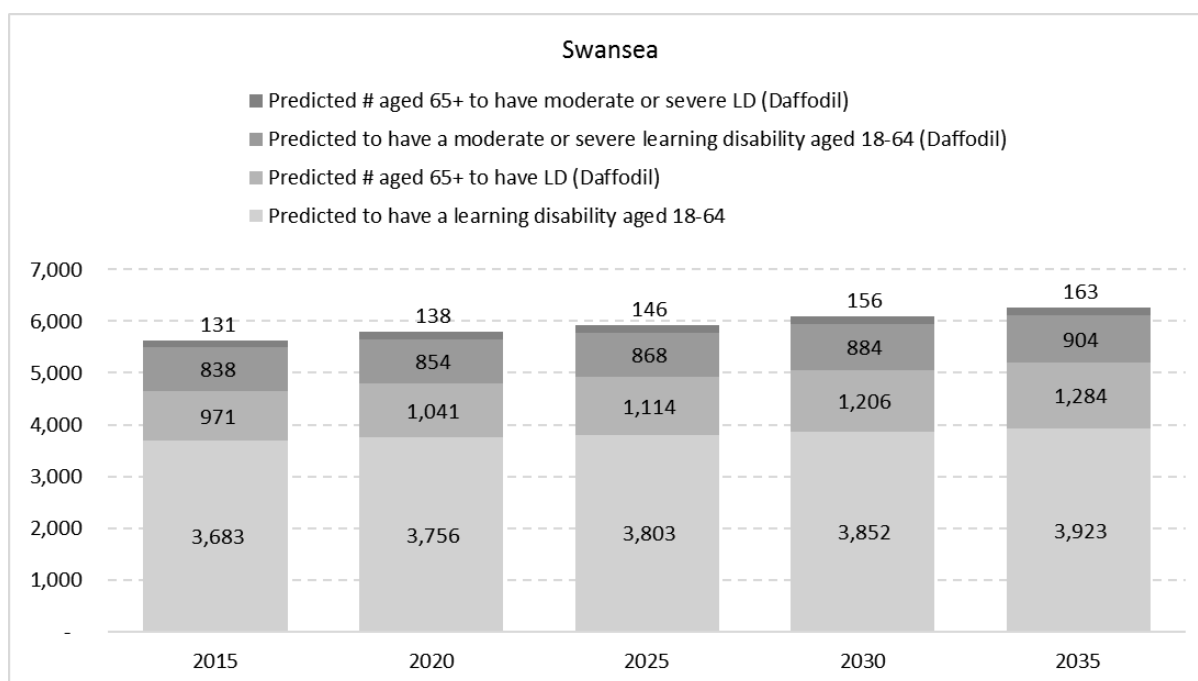
The following table shows us the numbers of people referred to the Learning Disability Transition Team from 2009-10 and their ages at referral which gives an indication of when Adult Services will resume responsibility for them. Adult Services would usually expect to see an additional 20-25 people a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

Age at referral	14	15	16	17	18	19	20	Over 20	Not known	Total
2009/10		2	7	8	13	1	1			32
2010/11		2	7	10	8	2				29
2011/12			3	14	7	1				25
2012/13			6	23	1			1	1	32
2013/14	1	3	31	26	3		1			32
2014/15	2	9	21	14	2	1		2	2	65
2015/16	1	6	19	8	1			3	3	53
<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.





### People with Early Onset Dementia

People with Downs Syndrome are more likely than the rest of the population to develop dementia. It is estimated that early onset dementia can occur in 45% of people with Downs Syndrome.

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 support people and their families to manage better at home once on these eventualities, if this is what they want, and develop alternatives to nursing home provision if individuals need alternative living arrangements.

### People with 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.

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
<b>2011/2012</b>	20	54.3	280	64.3
<b>2012/2013</b>	29	57.7	513	64.3
<b>2013/2014</b>	32	54.4	485	65.4
<b>2014/2015</b>	31	61.3	500	65.4
<b>2015/2016</b>	43	57.9	456	66.5
<b>2016/2017</b>	23	57.9	201	64.2
	<b>178</b>		<b>2,435</b>	

The graph 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 learning disability clients living at home whose parents become unable to care for them.

## Autistic Spectrum Disorder (ASD)

Autism is a lifelong, developmental condition that affects how a person communicates with other people and also how they experience the world. 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. This will present challenges to commissioners and services providers in planning and delivering services and support.

National prevalence studies tell us 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. Local experience however, is showing an increase in the number of people diagnosed with ASD. This may be due to better diagnosis rather than an actual increase in prevalence.

## What inequalities /barriers typically exist 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 also more common than the general population.

**Mencap's 'Death by Indifference' report in 2006** (following 6 high profile deaths of people with a learning disability in hospital) said:

- People with a learning disability are not valued, understood or listened to
- The law on capacity and consent is not well understood.

The Disability Rights Commission launched a formal investigation into health inequalities. The report '**Equal Treatment: Closing the Gap**' was published in **2006**. It said:

- Despite higher levels of healthcare need, people with a learning disability have poorer access to and experience within the system.

They reported that the reasons for this were:

- Lack of accessible information
- Lack of support and time to prepare individuals for routine health promotion interventions

National responses include the enhanced GP contract delivering annual health checks for people with a learning disability in Wales.

### Social Issues

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

### Employment

People with a learning disability that come into contact with social care agencies are much more likely to be dependent on benefits and if they are in employment it tends to be voluntary or permitted work and part-time or full time work is relatively rare.

### Western Bay Population Assessment

A population assessment has been undertaken across the Western Bay region.

<http://westernbay.dns-systems.net/index.php/en/home/>

### 'What Matters' to People with a Learning Disability and their carers?

We asked people with a learning disability and their parent/carers what a good life looks like, what outcomes they want to achieve and what sort of support will help them achieve this. They told us:

What does a good life look like?	What outcomes do we want to achieve for people with a learning disability?	What support do people with a learning disability need to live a good life?
1. Good mental health/wellbeing <b>Hope, Happy, Belonging</b>	Independence Choice	College Guidance and Reassurance Peer support
2. Good physical health <b>Fitness</b>	Meaningful activity	Family support Information and advice (accessible)- signposting
3. Independence <b>Doing things for myself</b>	Development or maintenance of current skills	Social Work Health workers Advocates
4. Good relationships and belonging	Being part of community	Volunteers Social Services – clubs and day opportunities

<p><b><i>Being an part of the community getting out and about</i></b></p> <p><b><i>Family Friendships marriage Good social life e.g. discos</i></b></p> <p>5. Choosing where I live</p> <p>6. Feeling valued/respected</p> <p>7. Having opportunities</p> <p><b><i>Holidays Taking risks some sometimes New experiences Learning new things</i></b></p> <p>8. Having choices and control about how I live my life</p> <p><b><i>Securing rights Knowing where to turn when things aren't right</i></b></p> <p>9. Feeling Safe and Secure</p> <p><b><i>Personal safety Financial security Security of tenure/living arrangements</i></b></p> <p>10. Being Occupied/Having purpose</p> <p><b><i>Work – paid/unpaid 'Attending day service' Contribution /Supporting others Interests – 'supporting the swans'</i></b></p>	<p>Support for working parents</p> <p>Having a job/work</p> <p>A place to live that meets needs</p> <p>Good health</p>	<p>Friendship House</p> <p>Support to develop skills</p> <p>Support to work</p> <p>Financial</p> <p>Positive staff who value them</p> <p>Personal assistants</p> <p>Daily Living Skill – budgeting, personal hygiene, cooking, clothes washing, household chores etc.</p> <p>To find activities</p> <p>Manage health conditions</p> <p>Routine - somewhere to go in day</p> <p>Transport – getting around</p>
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We also asked people what they thought we would need to consider on the future and this is what they told us:

- People are living longer
- Growing population
- People are getting older and health deteriorates

- Complex needs
- Carers caring for long
- More stress for carers
- To reduce dependency
- Improve access to information
- New social opportunities
- Crisis intervention is increasing
- Moving on is scary but also a chance to meet new people and learn new skills

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### Issues for commissioning from the Population Assessment

- Increase in numbers of people with a learning disability, particularly older people, people with dementia, children with complex needs
- Assessing and meeting carers own support needs
- Improving access to health and reducing health inequality
- Understanding the level of demand and needs within the BME community in Swansea than we do currently
- Supporting people into work or work related activity
- Tackle social isolation, discrimination
- Develop an outcomes framework to capture what matters to people and support people to do more of what matters e.g. choice and control, developing skills, social opportunities
- Facilitating change to develop new models of support

### 5.3 Carers

**The Western Bay Carers Population Assessment** concluded that we need to:

- Improve information and advice for carers
- Identify and recognise carers
- Support carers in creative ways
- Co-produce assessments and commission co-productively with services
- Collaboration with partners so we all work together to address the needs of carers

**In Swansea** a large-scale consultation with parent carers in 2012 highlighted issues for carers which are still relevant today. A Carer's survey was mailed to 170 carers whose relative still lived at home. We had 70 responses (41%).

Findings:

- 80% of carers were female.
- 40% of all respondents were the only carer; in the over 70 age group this percentage rose to 80%.
- 59% of all respondents reported health problems.

- Most people being looked after at home were between 18 and 39. For those living at home with carers over 70, they are mostly between 40 and 60.
- 20% of all respondents were looking for their son/daughter to move out within 5 years. The majority wanted to care for their son/daughter for as long as they are able. For the over 70 age group, 93% want to continue looking after their son/daughter for as long as they are able to. For the younger parents 26% wanted their son/daughter to move out within 3 years.
- 70% of people said the answer given above was because this is what they or the cared for person wanted. Nearly 20% said it was because they are finding the caring role more difficult and nearly 20% say it was because their health was getting worse (some people said it was both of these things). 16% report it is because they are not getting enough support as carers.
- 53% expressed their son/daughter would need adapted accommodation. There was a discrepancy between the age ranges, with those over 70 saying only 33% needed adapted accommodation, while parents age 29-49 stating 57% needed adapted accommodation.
- The majority of respondents wanted their son/daughter to share with other people (70%). This was fairly uniform across age groups.
- Nearly 60% wanted their son/daughter to share with 3 people or fewer. This figure rose to 80% for the 29-49 carer age group. No-one wanted their son/daughter to share with more than 8 people.
- When asked what was important when thinking about alternative care and support, the most popular response was that people were safe and protected; followed by the quality of staff.
- 45% of carers who responded have thought about the future.
- 25% of carers who responded think they will be offered what they are looking for.
- 40% of those being cared for are able to do most things with carer support and prompting. 29% need most things doing for them and 24% need everything doing for them. 6% are very independent.
- 50% of those being cared for had significant health needs, mostly stated as epilepsy (36%), incontinence (35%) and mental health problems (17%). PEG feeding 4% - this doubled for those living with younger parents.
- 20% of respondents stated that their son/daughter had difficult behaviour.

## Issues for Commissioning regarding carers from Carers Survey and Western Bay Population Assessment

- Improve information and advice for carers
- Identify and recognise carers
- Support carers in creative ways
- Co-produce assessments and commission co-productively with services
- Collaboration with partners so we all work together to address the needs of carers
- Improve Carers Assessments
- There seemed to be a large group of parents who want to go on caring for son/daughter for as long as they are able to and a group of younger parents who wish to see their son/daughter to move on to live more independently with friends as their other sons/daughters have done.
- Parents are concerned about issues of protection and good quality care.  
Most parents talk about the need for ongoing involvement, should their son/daughter ever move out. Some talk about the possibility of shared care.
- For the group of parents who wish to continue looking after their son/daughter, they wish more support was available for them to do this e.g. respite, help in the home and even this idea of shared care again.
- For the parents who wish to continue looking after their son/daughter, they mostly want them to continue living in the family home after their death.
- For the parents who want to see their son/daughter move on, it is important that they live with friends they know well. One parent mentioned the usefulness of getting together with other parents to match up people in this way.
- Many parents mentioned that they did not want their son/daughter to live with people with challenging behaviour.
- Current options are sometimes perceived as not suitable for all, too inflexible or not available.
- Most parents said they would go to Social Workers/Care managers for information, but felt that they were too narrow when considering options.

### 5.4 A co-produced Supported Living Re-modelling Event took place in November 2015 and all stakeholders agreed the following way forward:

- Families work together in local community to commission accommodation, cluster housing
- Making better use of Local Area Coordination for people with a learning disability
- Live close to facilities, amenities
- Everyone to have accommodation – plan for new transition people



- Utilising student areas and accommodation
- Google 'map' of service providers
- Using students – voluntary or contractual
- Highlight where the guys we support currently live
- Providers to coordinate around social activities
- Bank of potential staff (held by Jobcentre?)
- Providers to work together around training
- Doing more to champion care as a Career – 16 +
- People we support, where do they live? Affecting support, night support, shared support at night?
- Direct payments – shared support
- What is a volunteer? Self-organised groups
- Using time credits to encourage volunteers to exchange skills and time
- Using students/volunteers to live rent free in a service provider home (night support)
- Sharing transport – or use funded community buses
- Fundraising and students volunteering, getting time credits
- What can people with learning disabilities do for others?
- Get more people involved in Time to Meet



Doc1Working  
Groups(1)Community



Doc2Working  
Groups(2)Reviewing



Doc3Working  
Groups(3)Partnership

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## Issues for commissioning from Supported Living Event

- **Geographical approaches to supporting people need to be pursued and as a start we need to map where people currently live**
- **Support arrangements need to be more varied to maximise social networks and community integration – don't need to depend solely on staff**
- **Support providers to collaborate more in the delivery of services**
- **Support for tenants to support each other to achieve individual outcomes**
- **Ongoing parental involvement**
- **Progression and move-on whilst keeping people safe**
- **Priority – how do we prioritise?**
- **Co-producing a new model with tenants and their families is essential**

### 5.5 Consultation on the Strategy

- Anxiety about technology replacing staff and concerns of the impact of this on people
- Transition remains a very difficult time for people and needs addressing
- Concerns about reductions in budgets and the shift towards prevention and early intervention at the cost of 4<sup>th</sup> tier services
- The document is too technical

# Chapter 4

## Outcomes to be delivered through this Strategy

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### 4.1 Outcomes Framework

The City and County of Swansea undertook a co-productive approach in the development of a specific set of outcome statements for people with a learning disability in Swansea to sit within the National Outcomes Framework. These are highlighted in bold below and will be a priority for Swansea:

- Wellbeing (***I know where or who to go to for information that I need and understand, I am supported to develop my strengths to improve my life, I know and understand what care, support and opportunities are available to me and I get the help I need, when I need it, in the way I want it***)
- Physical and mental health and emotional well-being (***I am supported to maintain a good level of health and wellbeing, I am happy and I am healthy***)
- Domestic, family and personal relationships (***I belong and I have safe and healthy relationships***)
- Education, training and recreation (***I can learn and develop to my full potential and I can do the things that matter to me***)
- Contribution made to society (***I am valued and have meaningful roles in my community, I can engage and participate and I feel valued in society***)
- Social and economic well-being (***I am supported to work, I have a social life and can be with people I choose, I do not live in poverty and I get the help I need to grow up and be independent, I receive the right level of support to access transport that works for me and allows me to do the things I want to do***)
- Suitability of living accommodation (***I have suitable living accommodation that meets my needs, I live in a home that best supports me to achieve my wellbeing, I am supported by people who have the right skills, expertise and personal characteristics***)
- Securing rights and entitlements (***My individual needs are identified and met, I am treated and respected as an individual, my rights are respected, I am enabled to make choices which are listened to and acted upon, I am supported to take risks and try new things in a safe and planned way, I can choose how and by whom I am supported, I have voice and control, I am involved in decisions that affect my life, my individual circumstances are considered, I can speak for myself or have someone who can do it for me and I get support through the Welsh language if I need it***)

- Protection from abuse and neglect (*I am safe and protected from harm and abuse*)

**Specifically for carers:**

- *As a family carer, I am supported with the accommodation choices for the person I care for*

**4.2 We will commission services that will help us deliver the outcomes that support people with a learning disability in Swansea:**

- To be a valued part of their community and make contributions to society
- To have equal access to universal services
- To have similar health outcomes to the rest of the population and the inequality gap will have reduced
- To have access to support options that build on individual strengths and community integration
- To be in work, or work related options
- Who have complex needs to have access to support which focuses on strengths, continued learning, community presence and participation
- To have access to good, accessible information to support informed decision making
- To speak up and be involved in decisions about them
- To be given information and support so people are able to make decisions and choices which keep them safe in the community and services will have quality assurance mechanisms to ensure we keep people safe.
- To be supported make and retain good relationships
- Family carers of people with a learning disability will be supported to continue in their caring role, if this is what they want, in a way which supports them to have active lives outside of their caring role

# Chapter 5

## Current Support Options for Adults with a Learning Disability

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### 5.1 We asked people with a learning disability and their carers where people currently get support:

<b>Tier 1</b> Family Friends Churches Businesses Education Leisure Services Community Groups	<b>Tier 2</b> Local Area Coordinators Friendship House Carers Centre Swansea People First Advocacy
<b>Tier 3</b> Community Support Team Social Services day opportunities and social clubs Tenancy support Third sector organisations NHS Personal assistants	<b>Tier 4</b> Community Support Team Social Services day opportunities and social clubs Tenancy support Third sector organisations NHS Personal assistants Specialist health and social services

### 5.2 What is currently provided or commissioned within Tiers 3 and 4 to support people to achieve their personal outcomes?

#### Accommodation options and related support

Having secure and appropriate accommodation is fundamental to the delivery of people's wellbeing outcomes.

#### Fully Independent Living

Living independently in ordinary housing as a tenant through a housing association, local authority or private landlord

#### Living at home with family carers

We will support people to remain at home with family carers if this is what they want and a range of day, respite and support services will be available to support this.

### **Independent Living with low level support**

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. This support could be provided through any of these agencies:

- **Tenancy Support Unit** is available to all residents of the county, including residents of housing associations, local authority or private landlords and owner occupiers. Services are free and they can help with for example, accessing benefits and looking at benefit maximisation, advice on budgeting and debt management and setting up and maintaining gas and electricity accounts.
- **Coastal Housing** provides an assessment and tenancy support service which aims to support people to prepare them to take on and manage their own tenancy. This service is short term.
- **Flexible Support Service** supports people to move towards greater independence in their living arrangements whether they live at home with family carers or in a tenancy with support
- **Gwalia Doorways** support people to develop skills they need to be more independent in their own tenancy or living at home with family carers.
- Domiciliary care providers who support people with their personal care needs.
- **Flexible Support Service** supports people to move towards greater independence in their living arrangements whether they live at home with family carers or in a tenancy with support by providing support, training, advice and guidance on household bills, living skills, budgeting and welfare benefits. Support is also available in emergencies.
- **Support Options** specialise in domiciliary support in meeting the personal care needs of people with complex health needs living at home with family carers.

### **Support for people with medium to high levels of need**

#### **Supported Living**

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. Additional support can be accessed on a 24-hour basis. It is always the intention to increase independence and reduce levels of support over time if possible.

#### **Shared Lives**

Living with a paid, trained family, long term, under a license arrangement. Carers include couples, single people, male and female carers and carers of different ages who we match to service users whose needs they can best meet. Some of these carers have specialist training to meet more complex needs. This service is provided by Ategi, which is a regionally provided service.

**Residential and nursing care** means living in private registered residential care or nursing homes which are either specialist learning disability provision or homes which support older people.

**Emergency short term accommodation and support:**

**Maesglas Community Support Unit** is local authority emergency, temporary residential care accommodation for when current arrangements fall through for whatever reason. The aim is to get people home again as soon as possible and if people cannot go back home, to support the move into alternative living arrangements.

**Shared Lives** provides emergency support provided by paid, trained carers in their own home. This is also provided by Ategi.

**'Work/Education/Occupation/Relationships'**

Through the range of support and services available we want to promote:

- contribution to society through work, work related activity and constructive occupation
- growing independence and involvement in community activities
- the development of social support networks
- personal and skills development

**Work Development Service**

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.

The service is based at Fforestfach Day Service and links in with a number of projects that work across the Swansea area in partnership with other Council departments, local organisations and businesses.

- Neighbourhood Environment Action Team (NEAT) works in partnership with the Council's Environment Department, to clean up the streets, wasteland, canals, etc.
- Swansea Action Team (SWAT) works in partnership with the Council's Environment Department to recycle old furniture. The Bailing Plant, which recycles household items in partnership with a local employer.
- Victoria Park Kiosk and Catering Services works in partnership with Mental Health Services. This project has a kiosk in Brynmill providing snacks and takeaway meals to members of the public. It also provides a buffet service to Council services or other organisations on request.
- Ground Force and Ground Maintenance provides a service to the public as well Social Services doing maintenance work and makeovers. The service also has a nursery in Fforestfach that provides bedding plants, hanging baskets, garden furniture and is open to the public.

- The Bike Scheme works in partnership with the Environment Department and it renovates old bikes, which are then sold or donated.
- Work placements with a Job Coach in a variety of businesses including offices, catering, cleaning, retail/food, animal centres, nurseries, schools and cafes. These are seen as a stepping-stone to employment or voluntary work.

### **Education, Skills development and Constructive Occupation**

If people are not ready for the world of work or work experience then it may be skills development, adult education or constructive occupation are required.

#### **Local Day Services**

West Cross and Glandwr Local Day Service and Social Development Service 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 and they support:

- Further Education courses or to develop daily living skills
- Leisure, fitness and cultural opportunities within Swansea
- Workshops, groups, clubs and activities
- Skills' training to increase independence such as travel training, shopping, cooking meals, housekeeping
- Community work such as litter picking, garden projects

**Connect** is based in the Marina and runs workshops and social activities with the aim of tackling social exclusion. The service is provided on a sessional basis and is aimed at people who are already quite independent.

#### **Special Needs' Day Services**

For young people who have a very severe learning disability and the world of work and adult education seems impossible, then we have the Special Needs' Services. They 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 and maintain life skills in a positive and stimulating environment are offered. Parkway Special Needs' Day Service is for people who require the support of health professionals in order to manage the complexity of their health needs.

#### **Whitethorn's Intensive Day Service**

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.

#### **Woodlands Day Service**

Community Lives Consortium provides an intensive day service for people whose behaviour challenges and who need a much quieter and protected environment.

**New Horizons at Swansea Vale Resource Centre** 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

### Flexible Support Service

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 young person taking more responsibility of their day-to-day lives and decisions and greater involvement in their local communities.

The support available includes:

- **Support towards greater independence** for individuals who are planning to move to independent living by providing training, advice and guidance on household bills, living skills, budgeting and welfare benefits. The service is available to support at any time of the day or night where emergencies arise for people living on their own.
- **Emergency short-term support** where there is no appropriate alternative service available.
- **Social Clubs** during the day and evening offering people a chance to meet others and join in social and community activities. There are currently social clubs on each day of the week.
- The **Signpost Service** provides a drop in service at St Phillips Community Centre on a Monday and Wednesday for individuals seeking information on social, educational and leisure groups and activities in Swansea.

### 'Having a Break'

A short break (respite) offers time out from the normal routine offering an opportunity to support and sustain the caring relationship.

Day services and services to support people to remain at home are part of this support to carers, as are the social clubs both of which are detailed above.

From time to time, carers and those they care for may need a longer time apart and there is a range of services to give a break from this usual routine to allow everyone to recharge their batteries:

### Using a Direct Payment

Some people use a direct payment to pay for breaks, which can be decided and organised by themselves. Direct payments can be given in lieu of a service that someone has been assessed as needing and where the direct payment will achieve the outcomes that have been identified

### Shared Lives

A flexible and responsive service provided in a homely environment for overnight stays or sessional periods during the day.

### Residential Respite Services

For people whose needs are best met in a residential care setting, we have the following provision based in the local community:

- Alexandra Road, Gorseinon



- Ty Cila, Killay, - provides breaks for people who have more complex needs and who need an adapted environment and more specialist support
- Cadle Respite Service, Swansea – Community Lives Consortium provide this residential service for adults whose behaviour challenges and where a more protected environment is needed.

### **'Voice, choice and control'**

#### **'Your Voice' Advocacy Service**

We commission 'Your Voice' to provide independent advocacy for people with a learning disability to support their voice with the assessment and care management process. We are working to develop a new Independent Professional Advocacy service in Swansea and arrangements will evolve as this work progresses.

#### **Swansea People First**

We commission Swansea People First to support co-productive commissioning arrangements.

### **5.3 Current operation and costs**

Each service has been looked at in terms of the outcomes they are trying to achieve, performance, cost and capacity. This initial work will be utilised and built on as we progress work when looking at option for change.

## Chapter 6

# How well are current services (across the four tiers) delivering these outcomes?

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Commissioning and Service provision have moved to an increasingly outcome focused way of working and systems and processes are being developed to support this. Some of our contracts are outcome focused and performance is measured against the delivery of outcomes (particularly in Supporting People). The new Supported Living Framework sets out clear expectations of an outcome focused, co-productive approach and performance will be measured against outcomes at an individual and strategic level. However, this is not currently routine it is therefore difficult currently to be certain about how well current services are delivering outcomes when outcomes are neither expressly specified nor measured across the piece.

We therefore asked people who access services, family carers, providers and commissioners how well current arrangements were delivering outcomes for people with a learning disability:

### Strengths

#### 1. Range of services

**Diverse range of support**  
**Support for people to live at home**  
**Offers chance to socialise**

#### 2. Quality of services

**Responsive service/ listened/gave information**  
**Services are enjoyed by people**  
**Support skills development**  
**Within the community**  
**Consistent/reliable**  
**Sharing staff across services**  
**Standards**  
**Buildings used as common resource**  
**Location of services**  
**Stability of services**  
**Day services - continuity/reliability/familiarity/inclusion**  
**Respite**

### Weaknesses

#### 1. Services

**Services too spread about**  
**Changes/shortages in staff**  
**Residential care is usually institutional**  
**Lack of compatibility in supported living**  
**Staffing levels too low**  
**Not enough provision for young people**  
**Lack of choice**  
**Too much dependence on volunteers**  
**Buildings need repair**  
**Less individual opportunities**  
**Respite – not enough**  
**Lack of opportunities**  
**Lack of sustainability**  
**Lack of autism services**

Staff are always positive  
Seasons in the city service good at supporting people to integrate into the community through skills development

3. Staff

**Good staff**

**Knowledge/skills/experience**

**Know each other well**

**Common purpose**

**Friendly, kind/caring**

4. Planning/assessment

**Are asked what area you would like to live in**

**Good planning/transition**

**Management of health needs**

**Social worker support – approachable, knowledgeable, contactable**

5. Contracting/monitoring

**Monitoring of services**

6. Carers centre

**Impartial**

**They do it because they want to**

7. Families

**Supportive**

8. Human swap shop events

**Lack of access to work opportunities**

**Inaccessible**

**Services can be too noisy and sometimes people talk behind our backs**

2. Information

**Don't know what is out there**

**Lack of communication – not knowing what is happening**

3. Funding

**Funding not stable**

**Short term projects – lose expertise**

**Complexity of funding**

**Not enough funding but critical and substantial needs are met**

4. Planning/remodelling

**Lack of planning**

**Lack of empathy**

**Too many changes**

**Imposed change**

**Not enough peer involvement/co-production**

**Lack of honesty from management**

**Process led**

**Adults services disjointed- no continuity/case management  
Fragmented services**

5. Health

**Lack of knowledge within primary care of the needs of people with a learning disability**

**Not enough health therapists**

6. Assessment and Care management

**Lack of social workers**

**Pressures- increased workload (Deprivation of Liberty work)**

7. Pressure on families

**Isolation**

**Families feel obligated**

The 'Nothing About Us Without Group' met in September 2016 and designed a questionnaire, aimed at people who accessed services, to ask them how well they thought current services were delivering the outcomes that they had co-produced for Swansea. The questions they asked were as follows:

1. *Do your staff know you well?*
2. *Do you feel that your staff listen to you?*
3. *Do your staff support to understand things so you can make your own choices?*
4. *Are you happy with where you live and who you live with?*
5. *Can you try new things if you want?*
6. *Did you have a say in what staff support you?*
7. *Do your staff help you to understand about your health and how to look after yourself?*
8. *Is there anything about your support you're not happy with?*

The Nothing About Us Without Group met in November 2016, following the results of the questionnaire to analyse them. They prioritised two key areas for further work and development with provider services to support improved delivery of the co-produced outcomes. These two areas were:

- *Do your staff support to understand things so you can make your own choices?*
- *Did you have a say in what staff support you?*

A workshop held by the Nothing About Us Without Group in January 2017 and was attended by approximately 60-70 people looked at these two areas and worked on 'what good would look like' if providers supported people in this way. We will use this information to support changes within practice to better deliver the outcomes people want in their life in a way that they want.

We are also using this information to co-produce the tendering process for the new Supported Living Framework for people with a learning disability. The Nothing About Us Without Group have designed the questions, model answers and will be involved in the selection process for providers to come onto the framework.

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#### Issues for Commissioning

- **We need to re-write contracts to be outcome focused**
- **We need to work with internal services to ensure consistency of an outcomes approach**
- **We need to develop a co-productive outcome measurement/performance approach**
- **The work we have undertaken in co-producing elements of the Supported Living Framework tender needs to be expanded across services and this could form the basis of an outcomes measurement/performance approach.**

- The issues that have been raised by people who access services and their carers need to be included in this work.

## Chapter 7

# What do we spend?

### 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 Dpt'l Costs	Income from Joint Arrangements with other LA's	Gross Exp.	Net Exp.
Assessment and Care Management	1,042	0	115	0	1,157	1,154
Nursing Care	0	20	0	0	20	16
Residential Care	1,248	1,999	716	-20	3,943	986
Supported and other accommodation	0	6,213	554	-2	6,765	6,748
Direct Payments	0	134	15	0	149	149
Home Care	244	0	31	0	275	271
Day Care	2,839	1,097	1,055	-28	4,963	4,711
Equipment and Adaptations	0	0	0	0	0	0
Meals	0	0	0	0	0	0
Other services	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 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, as tenancy based options afford people greater citizenship. 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, service member led options.

We need to deliver a reduction on spend through the Commissioning Review process and although the outcomes focussed assessment 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 savings alongside the prevention agenda. We also need to reduce our reliance on high cost residential placements and favour the development of supported living as a more cost effective alternative for people with high level needs.

The Learning Disability budget in Adult Social Care is held by two Principle Officers; one relates to internal learning disability service provision and the other is a commissioning budget focused on Assessment and Care Management and externally commissioned services. The Direct Payments Budget is held by another Principle Officer in Adult Services.

In total, Swansea spent 21% of the net total adult social care spend in Swansea on the adult Learning Disability population in 2015/16. This compares with a Welsh average of 31% across Wales. The reasons for this lower spend could be related to our support options being balanced in favour of community support rather than residential care and our high usage of internal day services which have a relatively low unit cost.

Swansea also has a relatively low number of high cost packages of care (greater than £1500 per week) 2011-12 was 17 in Residential Care and 5 in Supported Living. This appears to have increased in 2016 to 12 Residential Care and 35 Supported Living.

We are a low user of residential care and a high user of supported living models and successfully access housing benefit to cover accommodation costs. We want to continue with this approach.

Most of our day provision is internally provided and the unit cost of these services is relatively low. External day provision tends to be specialist or part of a supported living/residential care package.

### **Budgets (2015/16)**

#### **Assessment and Care Management**

£822,900 (CST)

£242,900 (Transition Team)

#### **Accommodation**

£2.5ml residential options (both internal and external provision)

£8ml supported living (external provision)  
£86k shared lives (external provision)

### **Domiciliary Support**

£270,700k (external)  
£80k Gwalia Doorways

### **Respite**

£400k and part of £ 787k Ty Cila (mostly internal, some external)

### **Day Opportunities/support**

£3ml (internal provision)  
£43k Swansea Valley Local Day Service (commissioned from Neath, Port Talbot)

### **Direct Payments**

£372,858 (actual budget £35,000)

### **Other:**

£25k Swansea People First (external)  
£13k Your Voice Advocacy (external)

This does not include transport provision, which cost £1.5ml across Adult Services.

### **Alder Assessment of Opportunities**

An Assessment of Opportunity undertaken by Alder in 2013 reached the following conclusions, which are still relevant today:

- Commissioning and professional practice needs to develop to better enable people to progress and maximise independence
- The local market for support lacks the necessary range of suitable/affordable support options and day activities leading to an over reliance on in-house day opportunities (albeit low cost) and service led support
- We need to better engage carers and their peer support groups to develop a partnership between professional and informal carers
- Make better use of Assistive Technology to promote independence and lower support costs

The Progression Pathway recommended by Alder is consistent with the future model of Social Services in Swansea.

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### **Issues for commissioning from spend information**

- **Remodel supported living to ensure a sustainable approach to supporting people in tenancy based rather than non-tenancy based options**
- **Continue the re-modelling of internal day time support to focus prevention, early intervention and community based opportunities and whether the external market can be developed cost effectively**

- **Consider day provision within supported living settings and how this can be delivered more cost effectively**
- **Consider assistive technology to increase choice and control and lessen dependence on formal services across the piece and lower support costs**
- **The operating model for assessment and care management needs to focus on outcomes, progression and move on and the workforce need to be supported to deliver this**
- **High cost packages of care need to be reviewed to ensure the outcomes are being delivered with the correct levels of support**
- **Clarity over Continuing Health Care arrangements**
- **Support peer and carer led initiatives around safety, socialisation and service delivery**



# Chapter 8

## Commissioning Arrangements

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### Arrangements and Governance

We have developed new co-productive commissioning arrangements and ensured clear governance arrangements both within the LA, Western Bay and with key partners. This new Strategic Commissioning Group will oversee and manage the development and implementation of the Commissioning Action Plan that will be developed to deliver the strategic outcomes for people with a learning disability. The group will also consider priority areas of work and agree timescales and approaches.

We are currently piloting a 'People' approach to the commissioning of services to people with a learning disability to support a more joined up approach within the Local Authority.

We aim to commission and deliver services on the basis of outcomes, co-production and social value. This will entail working collaboratively with local citizens and services to maximise value for money, promote wellbeing and encourage prevention.

We will do this by:

- Recognising people as assets
- Building on people's strengths
- Fostering mutual; and reciprocal relationships
- Strengthening peer support networks
- Breaking down barriers
- Facilitating rather than delivering
- Developing insight
- Planning effectively, and
- Improving delivery

### Supporting Structures

**The 'Nothing about us without us' Group** is a 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.

**The Co-production Group is** 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.

**The Provider Forum** is a group for all commissioned providers meet monthly to work collaboratively to deliver the commissioning strategy.

## **The National Inspection of Care and Support for People with Learning Disabilities**

This inspection sets out a number of recommendations for Local Authorities and Health Boards in relation to the commissioning of services for people with a learning disability.

### **Understanding need**

In essence local authorities and health boards should together ensure that they produce commissioning plans and should each ensure that they talk and listen to people with learning disabilities and their family carers.

### **Providing effective care and support**

Local authorities should review their quality assurance arrangements for care and support planning with individuals

Local authorities and health boards should share best practice across their boundaries

Local authorities and health boards should ensure that the lines of accountability and responsibility in relation to adult safeguarding are clear and understood

Health boards should consider how to strengthen the valuable health liaison work currently underway in primary and secondary care

Health boards should work with local authorities to ensure that people are offered equipment that meets their needs in a timely way

Policy makers should consider the Continuing Health Care process and its application for people with learning disabilities, to determine if any improvements to the process can be made.

### **Leading in partnership with people**

Health boards and local authorities should ensure that their communication systems help staff on the front line to feel connected with the vision for care and support services.

Clear guidance should be in place about the duty of care of health boards when placing people with learning disabilities out of county or receiving an individual from another area

# Chapter 9

## What needs to change?

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### 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. 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 2014 has prompted a new paradigm within social care and Swansea has drafted a new model of support for people with care and support needs in response. 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. 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. 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.

### Manage reducing resources

The financial resources we have available are reducing year on year and we need to achieve savings over the next two years. We can deliver improved 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.

Making better use of the resources we currently spend will be addressed through co-productive approaches to re-modelling services and approaches. An example of this is the work that has already begun to re-model our approach to Supported Living in Swansea.

## Shifting resources

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.

## Working across the People Directorate

We will continue to work with colleagues across the People Directorate (Social Services, Poverty and Prevention, Education and Housing) to ensure we are working together effectively to meet the needs of children, younger adults and older people with a learning disability. The following strategic priorities and gaps have been identified through this approach:

### Child Disability Family Support Commissioning Review Recommendations

- Developing a specification for play and leisure opportunities for children and young people with disabilities. This will look at all current commissioning arrangements in this area across Poverty and Prevention and Child and Family
- Developing a specification for a new Parent/Carer Engagement Forum to improve engagement, participation and involvement of parent carers working across the directorate with Child & Family, Poverty & Prevention and Education. This would involve pooling resources and jointly commissioning a new parent forum that encompasses the service currently provided.
- Enhance domiciliary care provision as current demand is not being met by current supply. Private providers have increased but we also need to enhance internal provision.

### Family Support Interventions for Children and Young People with Disabilities

- Through the Family Support Commissioning Review we have identified a gap in generic family support for children with a disability.
- Education has identified an issue with educational psychologists being detracted from their role to fulfil business support functions. Currently there is one Family Liaison worker to support families through the statementing process in positive and supportive ways to avoid escalation. The need is for Family Liaison Workers who would link with Child and Family to support the child to attend school so that this alleviates pressure on the family and avoids potential family breakdown. The service outcome would be support for parents and stronger links between Education, Child & Family and Poverty and Prevention. This may involve developing a specification for tender and/or possible internal resources for Children with Additional Needs Service (CANS) for 2018/19. Funding for this will be a challenge and we will need to explore Invest to Save bid opportunities

### Young Carers

- The strategic lead for young carers has moved from Adult Services to Child and Family Services and discussions have taken place about having a more joined up approach across Adult Services, Child and Family and Poverty and Prevention when commissioning support for young carers.
- Relook at Young Carers current commissioning arrangements and align with the strategic approach and pool budgets from across the directorate.

- Looking at how the young carer's voice is reflected in commissioning. Intermediate Care Fund money has been granted for a Western Bay post.
- Understand the relationship between Young Carers and the commissioning arrangements with the Carers Centre.

### **School based Counselling (10 – 18 year olds)**

- Current school based contract comes to an end in October 2017. This is a statutory education service which will be reviewed jointly with a review to re-procure for a start date of 1<sup>st</sup> September 2018.

### **Families First**

- Current Family Support arrangements commissioned through Welsh Government Families First expire on 31<sup>st</sup> March 2018.
- We will need to re-look at procurement arrangements for 2018/19 to ensure compliance with new Welsh Government Guidance which will be published in the Autumn
- Any proposed commissioning arrangements through Families First will be reviewed by the commissioning group to ensure alignment to the Family Support Continuum.

### **Overnight Respite**

- Review current arrangements and undertake a procurement exercise to recommission overnight short breaks, both residential and fostering provision and go to market with new provision starting in 2018/19.

### **Education**

- Need to improve Service Level Agreements and contract arrangements for specialist schools and equipment
- Need to build trust and confidence between parents, Local Authority and Schools
- Address capacity in specialist educational provision
- There is local reporting of an increase in the number of children being diagnosed with Autistic Spectrum Disorder and mainstream schools are finding it difficult to manage with the level of demand despite additional resources being made available.
- Additional Learning Need's will remain in place up to age 25 and this requires a close relationship between social services and education

**The Western Bay Population Assessment** sets out the following priorities:

- Effective management of transition
- Better redistribution of respite resources across the region
- Look at the potential of assistive technology within supported living

## What do people who access services, their carers and staff tell us about how we can change?

### Information

- Strategic review of need and planning a positive response
- Have a register of people coming through

### Re-shape services

- Develop accommodation surrounded by community services
- To expand current services to make more space for new people
- Potential for private businesses – but may end up with lower quality
- Support more people into work
- Develop social enterprise
- Use volunteers
- Joining up services
- Increase community presence

### Working together better

- Have generic teams
- Co-production - building new relationships with professionals based on trust and respect
- Transition
- Work with other services in the community to support prevention

### Other

- Direct payments and shared support
- Pay good rates for Personal Assistants
- Access to employment
- Creative thinking
- Make it person centred
- Being able to challenge political decisions
- Access to advocacy

### Priorities for action

People with care and support needs, their carers and staff who work in services told us:

- Meaningful/accurate individual assessment
- Planning for the future
- Quality services and staff
- Co-production
- Commissioning Review
- Manage expectations
- Supporting move on from traditional services
- Community ties – family/friends/hobbies
- Information
- Resources – funding and staff
- Prevention
- Better links to children's services

- Better links to education
- Communication

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### Implications for Commissioning

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- Co-produce and Implement the Social Work Practice Framework
- Continue to develop the 'People' approach to commissioning to develop better links to Children's Services, Education and Poverty and Prevention
- Delivering a strategic approach to individual outcomes for adults with a learning disability and how we specify and measure performance
- Supporting services to meet the prevention and progression agenda through co-productive approaches
- 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 and progression and move on will enable us to meet the needs of more people. We will continue to progress the 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 and looking at geographical clusters and collaborative commissioning arrangements
- 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
- Improve information for and communication to people who access services, their carers and staff within assessment and care management and services so the vision and direction is well understood
- Increasing the use of direct payments and pooled arrangements
- Respite – consider how the resources currently dedicated to respite provision can be better understood and spent, especially high cost, specialist provision.
- Safeguarding – using the resources we have to ensure we support people to stay safe across the range of provision
- Understanding the needs of family carers in order to provide better support that meets their care and support needs
- Residential Care – needs reviewing to assess whether current provision delivers individual outcomes effectively
- Develop the external market for day opportunities
- Increase direct payments
- Consider older people with a learning disability accessing mainstream support for older people if their primary needs relate to age

- High cost packages of care need reviewing to ensure progression is being delivered, outcomes are being met and that packages of support are commensurate with need
- Are we identifying people who should be receiving Continuing Health Care, especially those individuals who require high levels of staffing?
- Review Clinical Team arrangements in our externally commissioned service
- Specialist provision for people with challenging behaviour needs reviewing to ensure it is cost effective, can meet future demand and works well alongside the continuum of provision.