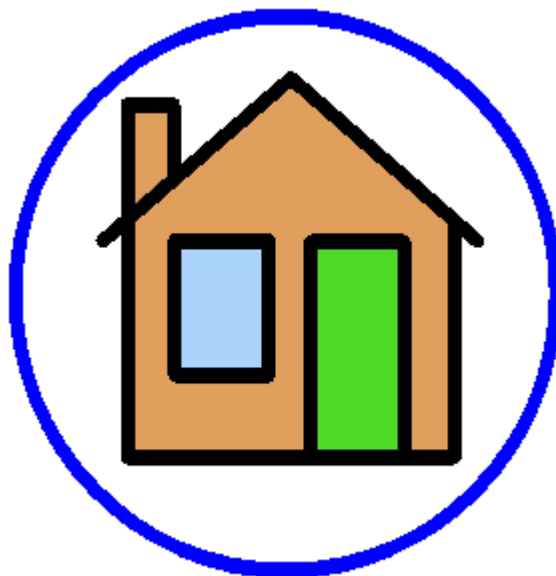


Learning Disability Commissioning Strategy 2013- 2018



September 2013

This report is produced in two versions. The full report and an easy read version.

Project team and contributors in alphabetical order:

Alan Butterworth, Joan French, Lin Hawtin, John Henry, Alwyn Jones
Stephen Jones, Learning Disability Planning Partnership members, Tracy
McLintock,
Jane Moore, Jo Taylor,

In addition a random selection of learning disability service providers,
members of the Community Learning Disability Community Team,

Contact: Community Services Directorate
Social Services for Adults
County Hall
Mold
Flintshire
CH7 6NN

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Introduction

This document is about the services that we provide to people with a learning disability in Flintshire and sets out how we want to see them developed for the future.

Our Strategy to Transform Social Services for Adults in Flintshire which started in 2011 reinforces the need for fundamental changes if we are to deliver on people's expectations, respond to changing needs and improve efficiency in relation to accommodation and support for people with Learning Disabilities. People have told us that they want to be more independent, wanting more choice and control over their lives with access to a range of housing options, which includes ordinary community living.

Our vision is primarily based on the views of people with a learning disability, their families and service providers who currently support people in Flintshire.

Our vision is that people with a Learning Disability have a range of different types of accommodation available to them and that through individualised support planning, people are enabled to be as independent as possible with 'just enough support' to promote their wellbeing and ensure they are safe.

To achieve this vision we will:

- 1. Plan better with people and their families.**
- 2. Ensure accessible and appropriate information is available and is timely.**
- 3. Have a range of accommodation options that are outcome focused and promote 'move on' to independence.**
- 4. Promote a choice of short breaks**
- 5. Increase the range of support options available.**

This strategy provides our plan on how we intend to work with people, their families and other partners over the next 5 years to meet those aspirations, and changes with improved efficiency.

Section 1 – Purpose, legislation and National Guidance

1.1. There is a raft of statutory drivers, legislation and policy that has been taken into account during the development of this strategy and its future implementation, as listed in Appendix 1.

However, the key Welsh Government policy documents that have shaped this strategy include (for details see appendix 1):

- Welsh Mental Handicap Strategy (1983) revised 1994
- Statement on Policy and Practice for Adults with a Learning Disability (2007)
- Practice guidance on developing a commissioning strategy for people with a Learning Disability (2011).
- More general practice guidance Fulfilled Lives, Supportive Communities Commissioning Framework Guidance and Good Practice 2010
- Autistic Spectrum Disorders Strategic Action Plan for Wales (2008)

The key messages from these documents and reinforced by what people have told us locally is that this strategy should give people more independence, choice and control over their lives, with access to a range of personalised services.

Section 2. What do we know?

2.1 The type of places where people live now

Some Headlines as at the end of February 2012:

- People with Learning Disabilities who meet the eligibility criteria for services make up approximately 0.32% (483) of the population in Flintshire
- 48% (214) of people are aged 40 or over
- 45% (202) of people live with their relatives (a parent or sibling)
- 38% (123) of people are living with someone else (excludes hospital and relatives)
- There is a range of different provision from Adult placement, Single Occupancy, Shared supported housing etc, with the majority (40%) living in some form of shared provision.
- For 2012/2013 the total annual spend on in- house supported living for **54** people will be **£4,452,091** and we will spend **£2,847,679** on contracts with the independent sector for **52** people. Choosing to commission supported living services from our in- house provider is costing us more.

The diagram below shows you the different places people live in Flintshire

Where People live:

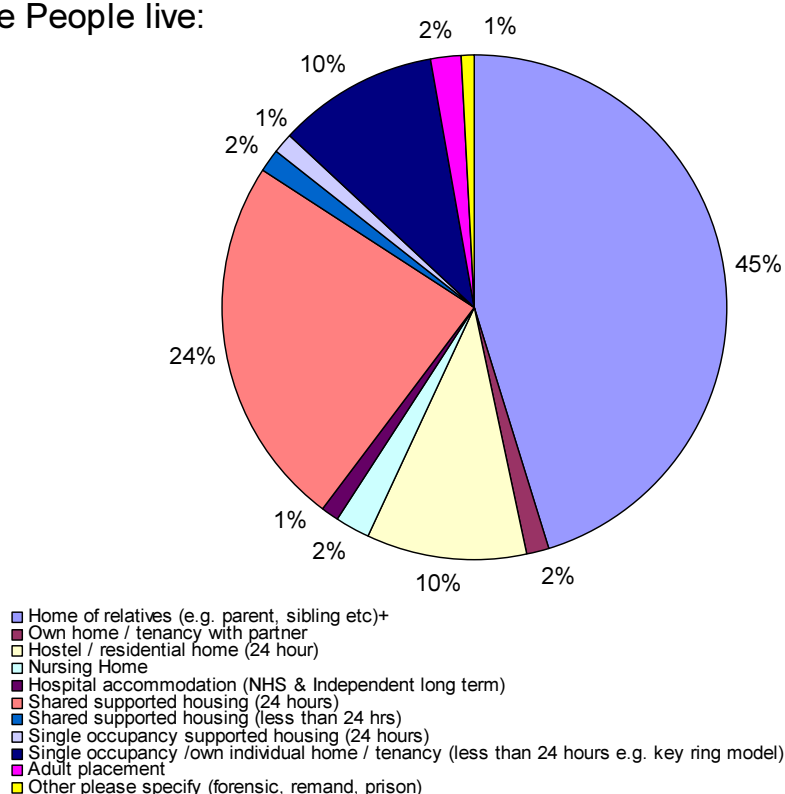


Table: Where People Live (Source: PARIS Records and Finance Team as of 30 January 2012 (does not include people undergoing contact overview assessment or where closed))

| Where People live | How many? | % of total |
|--|--------------------------------------|------------|
| Total | 447 | 100% |
| Home of relatives (e.g. parent, sibling etc) | 202 | 45.2% |
| Own home / tenancy with partner | 7 | 1.6% |
| Hostel / residential home (24 hour) | 46 | 10.3% |
| Nursing Home | 9 | 2% |
| Hospital accommodation (NHS & Independent long term) | 5 | 1.1% |
| Shared supported housing (24 hours) | 107 | 23.9% |
| Shared supported housing (less than 24 hrs) | 7 | 1.6% |
| Single occupancy supported housing (24 hours) | 6 | 1.3% |
| Single occupancy /own individual home / tenancy (less than 24 hours e.g. key ring model) | 45 | 10.1% |
| Adult placement | 9 | 2% |
| Other please specify (forensic, remand, prison) | 4 (based on remainder non allocated) | |

Table: The profile of our key providers of accommodation and support.
(Source: Independent and Supported Living Spreadsheet 7/08/2012)

| Provider | Number of Addresses | Number of people | Voids |
|--------------------------------|----------------------------|-------------------------|--------------|
| Health | 5 | 15 | |
| Independent | 19 | 52 | 3 |
| In-House (Supported Living) | 23 | 54 | 5 |
| Citizen Directed Support Model | 1 | 3 | |
| TOTAL | | 122 | 8 |

The provider profile table shows that there is roughly an equal split between In-house and the independent sector in the provision of supported living.

Table: The number of people in Residential/ nursing care (Source: PARIS)

| | Number receiving residential care during the year | Number receiving nursing care during the year | Total number of people receiving nursing/ residential care services during the year |
|---------|--|--|--|
| 2009/10 | 42 | 4 | 45 |
| 2010/11 | 43 | 3 | 44 |
| 2011/12 | 41 | 2 | 43 |

Table: Care home placements in relation to other North Wales Local Authorities (Source: All Wales 2011/2012 and Data submitted to Hub August 2012)

| Local Authority | Number | Approx number of people known to services | % of LD living in a care home |
|------------------------|---------------|--|--------------------------------------|
| Anglesey | 90 | 275 | 33% |
| Gwynedd | 36 | 520 | 7% |
| Conwy | 90 | 442 | 20% |
| Denbighshire | 60 | 359 | 17% |
| Flintshire | 43 | 483 | 9% |
| Wrexham | 49 | 520 | 9% |

We compare favourably with the rest of North Wales Local Authorities on numbers of people with Learning Disabilities in Care Homes, sharing the lowest percentage with Wrexham. There are a number of people with specialist needs who currently reside outside of Flintshire due to the complexity of their needs. It is anticipated that as a result of the Regional approach to commissioning specialist services some of these individuals may be supported to “ move on “ in the future and step down into less complex care settings closer to home

2.2 How much do we spend?

2.2.1 According to records from our Financial Assessment and Charging Team as of February 2013, there were **47** people with a Learning Disability living in a residential or nursing home, at a total cost per week of £64,085, which is approximately **£3,332,441** per annum. Only 13 people are living in Flintshire residential homes.

2.2.2 For 2012/2013 the total annual spend on in- house supported living for **54** people will be **£4,452,091** and we will spend **£2,847,679** on contracts with the independent sector for **52** people.

2.2.3 Choosing to commission supported living services from our in – house provider is costing us more and this is apparent from further interrogation of costs for all types of services (for methodology see Appendix 2).

The table below shows the equivalent cost of all services at the current highest external rate (note this does not factor in level of need).

It is challenging to support a unit cost for in-house supported living services supporting people with varying levels of need (low to High) which exceeds the regional norm unit cost for those people with complex/ challenging needs, which we define as high cost low volume.

Additionally it is important to reflect current voids within in-house services and associated cost implications for the service which reached £60,331.92 for the year 2011 – 2012 This is a significant increase on the position for the previous 2 years (for details see section 6.3) and in the context of the current economic climate that Local Authorities face.

| Type of Provider/ Support | Rate per hour |
|---|------------------------------------|
| Independent (Supported Living) | £13.50 |
| In- house (Supported Living) | £21.31/£22.38 |
| CDS Scheme | £11.50 |
| Direct Payment | £10.22 |
| Adult Placement | If £60 max a day/ 12 = £5 |
| Key Ring | If £12.26 a day / 12 hours = £1.02 |
| Regional Norm Residential / Nursing agreed for High Cost Low Volume | £18 |

In the light of this information it is our view which is reflected in our vision that we retain a viable but gradually reducing in house service in the future. We aim to shift the balance of provision by 30% in the next 5 years

The future role and model for in-house services is described in section 8.

2.3 What do we know about the choice and quality of where people live now?

The majority of people live in or around the 5 main population centres, Buckley, Holywell, Mold, Flint and Deeside.

2.3.1 Hostel, Residential and Nursing Homes

43 people with Learning Disabilities live in a Residential or Nursing home. Currently, we contract with 3 small residential homes located in Flintshire. Both Flintshire Social Services for Adults Contract Monitoring team and CSSIW have indicated that those providers who exist in Flintshire are of a good standard, demonstrating creativity in the way that they meet the needs of the people who live there.

2.3.2 Supported Living

We commission supported living, which provides comprehensive support services based on the person's assessed needs. This ranges from "24 hour support" where support workers are based in the person's own home, to 'floating support' (less than 24 hours) in which support workers provide peripatetic support as agreed in the individual's service delivery plan. People supported are almost without exception tenants of their own home/ or bedroom in a multi- tenanted property.

Our own Supported Living service can support 59 people across 23 properties owned by a number of housing providers. Annually as part of Quality Check the Supported Living Service finds out what people think about the service they get. See Appendix 3 for the Easy Read findings Report. We also contract with 7 independent sector providers who are able to support 68 people across 25 properties provided by a number of housing providers.

2.3.3 Adult Placement

Adult Placement Schemes provide a family placement for people who wish to live in a family environment. Adult Placement Carers receive an allowance from us to help them care for the person who lives with them in their family home. Our Adult Placements / Shared Lives Schemes currently stand at **9**, with 4 placements being managed by PSS (with a management cost of £100 per person per week) and a further 5 being independent.

2.3.4 Short Breaks

Our Short Term Care Service provides respite care to over **75** adults with learning disabilities who live with their family carers in Flintshire. There are three small registered homes (each can accommodate 3 people over night) that people can book pre-planned visits to. These are Hafod, Orchard Way and Woodlee. Most people stay overnight with visits lengths varying from one to 14 nights. A small number of people visit during the day during their residential college holidays.

Additionally we have access to an adapted static caravan on the North Wales coast that people can book to stay in with their friends or families.

A Quality Network Review was undertaken on our short break services in 2008 where people gave their views. The main requests reflections were the need for :

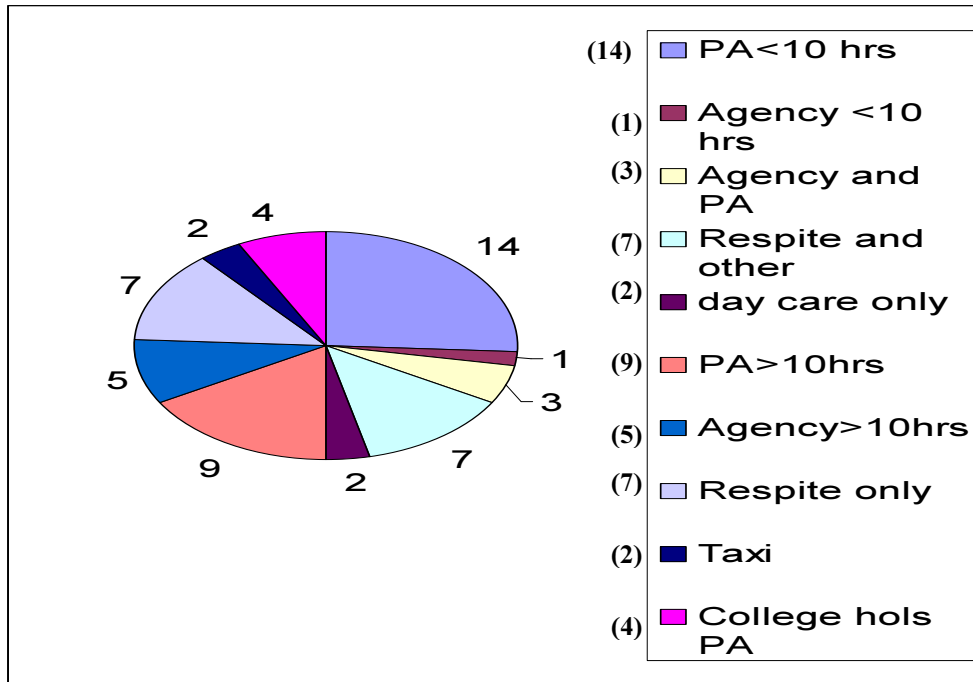
- Short term care in an emergency.
- More choices and options for planned short term care.
- Everyone who uses short term care to have an accessible person - centred plan that is outcome focused.

2.3.5 Personalisation

2.3.5.1 Direct Payments

Direct payments enable people to have access to cash to procure their own services instead of the local authority providing or commissioning services to meet their assessed needs. This can be as part of or instead of their overall package of support. Direct payments provide people with the flexibility to find 'off the peg' solutions and to have greater control over their lives. A financial benefit to the service is the visibility of resources with people only spending what they need and any remainder returning to the service

As of August 2012 there were **55** people with a learning disability accessing a direct payment. For the majority of service users however a direct payment featured as only part of their whole package of support. Only 14 people were buying in excess of 10 hours support a week either by directly employing a Personal Assistant or from an agency. The pie chart below shows how direct payments are currently used (in a week). Where PA means Personal Assistant, > means more than and < means less than.



Our target for the next 5 years will be a 50% increase in the number of people accessing a direct payment /CDS as a substantial part of their care package (10 hours or more)

2.3.5.2 Citizen Directed Support (CDS)

Frequently in Flintshire our approach to new developments is to use pilot projects, and CDS was one such project. Our definition of Citizen Directed Support is “social care support which service users choose, organise and control to meet their assessed and agreed needs in a way that suits them, using resources available to them to achieve what is important to them”. In essence it is an approach to support provision that begins with the person and not the service, providing people with the opportunity to exercise more choice and control over their lives. The aim of the pilot which ran from July 2008 to the end of March 2011 was to identify key learning points which would support our future development of CDS at a local level¹. On a national level there is to be consultation on the Citizen Directed Support and Control Paper (CDSC) with primary legislation and subsequent regulation being in place. It is envisaged that for 2015 /2016 there will be the introduction of a new CDSC arrangement. Currently **16** people with Learning Disabilities use CDS and 3 are in progress. See Box 1

Increasing take up of direct payments / CDS features in the Social Services and Wellbeing (Wales) Bill. We want to see Direct Payments/ CDS as the default position and featuring as the main part of a person’s care packages. We will be targeting our Transition Team, which has identified the

¹ FCC Citizen Directed Support Pilot Evaluation Report Summary Jan 2012

personalization agenda as a priority. Our plan is to ensure that CDS is considered as an option for all young people who are assessed as needing day time support. From the accommodation list there are 4 young people in 2013 requiring this level of support. If all 4 received CDS in conjunction with telecare as opposed to accessing in-house Supported Living the projected savings over 3 years could be around £734,025.24. Looking ahead the total savings for the 10 young people coming through transition over the next 3 years assessed as needing 'shared accommodation with some daytime support' could be £1,284,546 if the solution was CDS as opposed to In-house Supported Living. See appendix 4 for workings.

Box 1- Supported Living – CDS Model

Three gentlemen choose to share a property owned by First Choice Housing Association.

With support each undertook a Self Assessment of their care needs. The results of these assessments have been used to determine their indicative budgets and to develop their own Support Plans detailing how the budget will be used to meet their assessed care needs as part of Flintshire's Citizen Directed Support Scheme (CDS).

This is a collaborative approach to the provision of social care support involving the person at the centre of the process and the involvement of other key people.

Each person is the budget holder and commissioner of their own care package. This enables them to manage their decisions and their services in a far more creative way and shifts the balance of power away from the professionals or providers into the hands of the individual.

The individuals have been helped by their parents and grandparents in the Support Planning and support provider commissioning process.

We provided guidance and mentoring in the selection of a suitable service provider. It was the responsibility of the Clients and Agents to select a suitable service provider to provide the "Core" support for the bungalow.

The Housing Association stipulated that a service level agreement between themselves and the selected service provider be put in place to cover the housing management function. The model is new to Flintshire and it is expected that the selected Service Provider be a flexible partner alongside the Clients, Agents and Flintshire County Council in the development, implementation and monitoring of the CDS scheme.

We have a statutory responsibility to monitor the arranged package of care. The involved Social Worker chaired an initial service review after 6 weeks for each client. This moves to an annual review dependant on the stability of the service provided. The Client, Agents or Service Provider is able to request a review meeting at any time if problems arise.

Individual CDS budgets including Individual Service Fund, time sheets and non person support will be monitored by the families, in conjunction with Social Services, and will be reviewed at the service review meeting. The individual, Agents and a Social Worker will be present at the meeting.

The monitoring of the Service Provider will be measured by whether or not the individuals have achieved the outcomes they have been working towards as identified in their support plans.

2.3.6 Independent Living Fund

The Independent Living Fund (ILF) is a discretionary scheme, financed by the Government, to help fund care packages for people with severe disabilities living in the community, rather than residential care. ILF funding has always been a top up to Local Authority funding and is now closed to new applicants. People already getting ILF funding will continue to get it until 2015. The Government has not committed to funding the ILF in its current form after that date. The Government plans to consult on how people who currently get ILF funding should be supported in future. Any subsequent changes to ILF will have a significant impact on future Council budgets.

Currently there are **61** people with a Learning Disability receiving ILF funding amounting to £1,369,000 per year (includes client contributions). Funding is used primarily to promote peoples independence within their local communities and is used to purchase support for personal care, daily living activities, social support, respite care, and support to attend daytime activities etc.

2.3.7 Key Ring Model

Key Ring is a network of people with their own tenancies over a defined geographical area, usually supported via Supporting People funding. A support worker lives in the centre of the network in their own tenancy which is rent free and based on the individual's assessed needs provides a level of support to each tenant either on a one to one or on a group basis to promote community links and inclusion. Currently **36** people with Learning Disabilities known to our services are supported in this way.

2.3.8 Transition Team

During 2012 our new transition team became operational. The Transition team is a joint team between Children and Adult Services, situated in one place with common line management. This means that a person's journey from children's to adult services will be smoother with the introduction of a young persons' single transition plan which includes 'where they live' as a key focus. A priority for the team is to progress the personalisation agenda promoting both Direct Payments and Citizen Directed Support.

2.3.9 Telecare

Telecare equipment is a range of sensors and detectors which supports independence. In 2011/2012 there were **44** people with Learning Disabilities using telecare as part of their package of support. Most people have at least

three pieces of telecare equipment installed. In the main the type of equipment installed is care sensors on doors (internal and external) and epilepsy bed sensors. Telecare can promote independence and can help to reduce the worry for individuals, carers and families. See Box 4. As a support option that promotes independence it is in our view currently under utilised. A robust approach is needed to introduce telecare across supported living and support realising the impressive savings that can be made which have been evidenced in other councils. In Lincolnshire switching waking nights to sleep-ins across 15 houses (accommodating 59 people) delivered £243,000 savings over a 19 month period.

All new supported living placements will have a comprehensive telecare assessment and it is our aim to increase the use of telecare equipment generally within Learning Disability services by 10% year on year

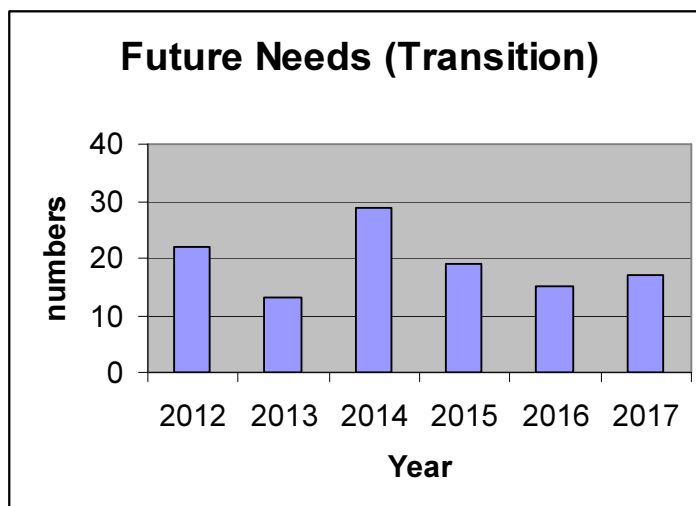
Section 3: What we know now about the current and future population

3.1 People living with relatives

Of the **202** who live with their families, over **60** peoples carers are older people (aged 55 and more). We are also aware that some carers are caring for more than one person. Supporting these families to plan for the future will be essential to ensure the best outcomes for people with learning disabilities and their families.

3.2 Young Adults with Learning Disabilities

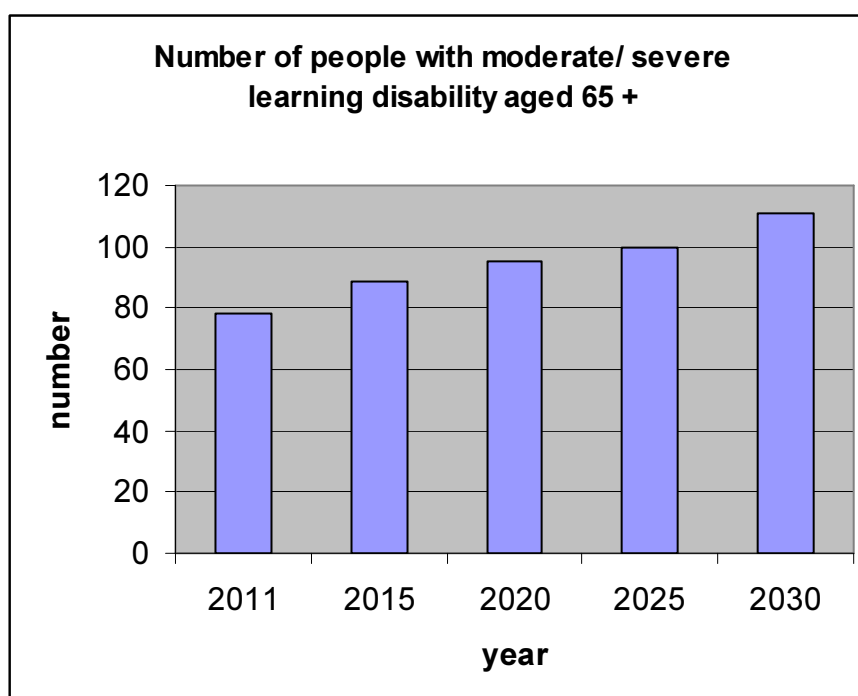
More young people with profound multiple needs are surviving into adulthood; this is shown in the increasing numbers coming through transition from children to adult services. There are approximately **150** young people with learning disabilities coming through transition over the next 5 years. We know that as of April 2012 there were **115** young people who met Fair Access to Care criteria for our services amongst this group. The remaining young people have a range of needs that may or may not require our services in the future. Within this cohort there are substantial numbers of young people with complex health needs, which will have an impact on the type of care they will need such as PEG feeding (percutaneous endoscopic gastrostomy).



3.3 Older People with Learning Disabilities

Advances in medical and social care have increased life expectancy for people with learning disabilities and as a result we are expecting that the future number who will develop age related frailties and illnesses such as dementia will increase.

The number of people in Flintshire with a moderate to severe learning disability aged 65 and over is predicted to increase by 14 % from 2011 to 2015 and by 42% from 2011 to 2030.² We know that currently there are 12 people with a diagnosis of dementia and a further 12 people being assessed for dementia. There are 24 people aged 50 or over still at home with their family. We also know that there are 70 people known to our service with Downs Syndrome and with this diagnosis comes a higher incidence of early onset dementia.



² Daffodil Cymru website projecting future social care needs.

3.4 People living outside Flintshire

There are currently 16 people in high cost out of county placements as we cannot meet their needs within our current community living model. Our aim is to give these people the opportunity to move closer to Flintshire so that they can be closer to family and friends should that be their wish. This will require thorough planning with people, their families and services to create a range of accommodation and support that would meet their needs locally.

3.5 Autistic Spectrum Disorders

We know that there are over 70 people on the autistic spectrum. Recent research has found that there is no quality of care, or lifestyle outcome advantages of group living for this client group apart from within smaller settings³.

Over the next three years we have 4 young people coming through transition assessed as needing a specialist ASD accommodation solution.

3.6 Black and Minority Ethnic Communities (BME)

From the number of people with Learning disabilities known to our services and recorded on our PARIS business system we know that almost all are from a mainly white background which is in line with the Flintshire Profile.

3.7 Welsh Language

We know from the Census 2011 that 13% of the Flintshire population speak welsh. We also know that currently no one known to our services with a Learning disability receive a service in welsh. The More Than Just Words Strategic Framework which outlines the Welsh Governments intention to prioritise welsh language services for people who are vulnerable is clear that services should be 'actively offered' in Welsh.

Section 4: The views of stakeholders

The views of the following stakeholders have shaped our strategy (see appendix 3 for their views)

- Learning Disability Planning Group
- Young People in transition
- Accommodation and Support providers
- Social Workers
- Commissioners and the Contract Monitoring Team

Section 5: The Issues

We know from what people have told us that if we are to achieve our vision of having a range of different types of accommodation available and that through

³ Diagnostic grouping among adults with intellectual disabilities and autistic spectrum disorders in staffed housing – Journal of Applied Research in Intellectual Disabilities Nov 2011.

individualised support planning, people are enabled to be as independent as possible with 'just enough support', we need to:

- 1. Plan better with people and their families.**
- 2. Ensure accessible and appropriate information is available and is timely.**
- 3. Have a range of accommodation options that are outcome focused and promote 'move on' to independence.**
- 4. Promote a choice of short breaks**
- 5. Increase the range of support options available.**

The issues and challenges that we need to deal with in relation to each of the 5 things we need to do are discussed in sections 5.1 to 5.5.

5.1 Plan better with people and their families.

- Person centred planning has to be robust so that we can with confidence aggregate data from plans. This will help us develop a picture of outcomes people want and the type of accommodation, breaks and support that would help them to achieve these. We recognise that this is dependent on having good advocacy in place and have recently identified a new Advocacy provider to support this goal.
- Focussing on 'move on' pathways is important to people and we need to get better at this. It requires careful and robust pre-planning which is particularly vital for people with dementia. Move on pathways will need to be in place before the point at which a persons illness means that they will struggle to settle in new accommodation.
- There are **60** people who are living with older carers aged over 55. We need to work with families to forward plan and identify accommodation options and support needs for their future. We need to capitalise on new Flintshire developments such as Extra Care schemes which can be a real option for people and their families.

5.2 Ensure accessible and appropriate information is available and is timely.

- Our range of accessible information about available services has to be offered regularly so that people are fully aware of all the choices they have. This should also include people having access to their individual care plan which is in a format that is most accessible to them.

5.3 Have a range of accommodation options that are outcome focused and promote 'move on' to independence.

- We need to roll out to all providers our new outcome – focused approach to contracting and monitoring. This work should 'dovetail' with

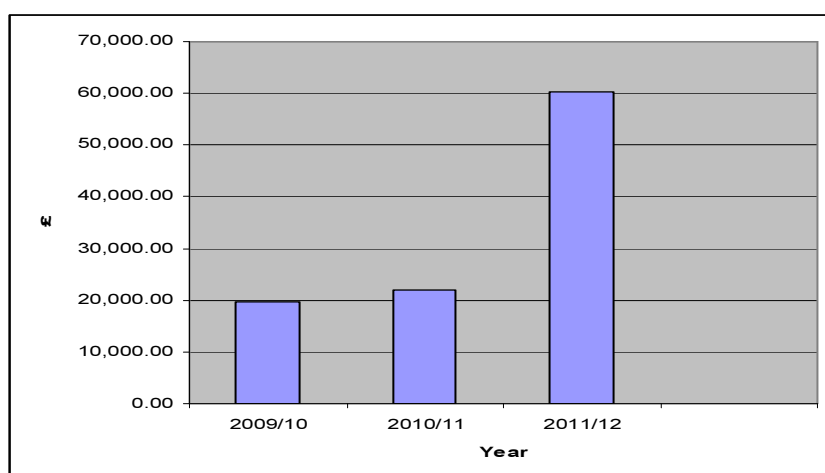
regional work while and ensure that the positive progress we are making in Flintshire is maintained.

- A Service Setting Review was undertaken on a sample of Shared Supported Living Homes (low, medium and high level need). The key message coming from the review is that we need to 'right size' all Shared Living Homes, a term that means we need to ensure that every individual is getting the right level of support that promotes independence and 'move on'. It seems from our initial review that some people are getting too much support; this is not only a barrier to independence but a needless cost. If the right sizing exercise is undertaken on all our in-house supported living schemes there could be a projected saving of between £110k and £156k per year on direct care costs.

Our Target for the next 5 years is for 10 % of people currently in supported living settings to "move on" to greater independence and have less dependency on formal care providers

- Person centred planning for a person with challenging behaviour is difficult. There are **47** people known to our services with a challenging behaviour profile with 16 living outside of Flintshire because we can't meet their needs. There are active plans in place to bring these people back to Flintshire.
- We have 12 vacant tenant places across the 127 tenant rooms available (9.5%), spread between in house and independent sector provider properties. Some of these vacancies have existed for over a year owing to difficulties in matching new tenants to the existing tenants, and during the last year the vacancies reached 16 at one point. The cost implications to our service reached £60,331.92 for the year 2011 – 2012, which is a large increase on the previous 2 years (see graph below). This model of service is clearly not meeting people's accommodation and support needs in all cases, and we need to ensure that future provision better meets needs and overcomes these problems.

Graph to show cost of Voids to the Service 2009/2010 – 2011/12



Source: Accountancy August 2012

- Whilst many people experience good outcomes, there are some fundamental inequalities for some people with Learning Disabilities. Most people with learning disabilities who live in residential care or supported accommodation do not have choice over where and with whom they live and this is most likely to be the case for people with more complex needs and challenging behaviour. A number of people have also expressed a wish to move, for a snapshot of some of the reasons given see Box 1 below (taken from a fortnightly spreadsheet (August 2012) presented to the Accommodation panel)

Box 2 – ‘Reasons for Moving’

Note the table below excludes the 8 people in transition. The total number on the list in need of accommodation was 24 (excludes the 8). The age range was 20 to 61 years with an average age of 42.

| Number | Reason |
|--------|---|
| 2 | Wanting to live alone |
| 1 | Incompatibility with co-tenants |
| 4 | Carers/ Families expressed a wish for person to ‘move on’ |
| 1 | A house move with family |
| 6 | In need of suitable property e.g. adaptations, from warden to supported living, extra care |
| 1 | Homeless when off section |
| 3 | Carer Breakdown (in one case individual has also expressed wish to move) |
| 1 | repatriation |
| 4 | Want to move e.g. to live with named individuals, lonely on own and live with people of own age |
| 1 | Reason not given |

- Although we compare favourably with the rest of North Wales Local Authorities on numbers of people with Learning Disabilities in Care Homes 43 people do live in a residential/ nursing home setting. We need to work with these individuals to make community living a real option.
- Young people in transition have told us that they want to live as independently as possible. We recognise that we need to focus on 'move on' pathways and therefore need to develop options, which seek to maximise independence with 'just enough' support and are value for money such as Adult Placement Schemes and local area coordination.
- We need to develop services that can respond to our changing population namely the young people coming through transition with complex needs, older people with dementia and people with ASD.
- The development of Adult placement schemes in Flintshire has been static. It is a cost effective model that can support people of varying needs and has been successful in many parts of England. If we were able to increase the scheme provision to accommodate just 3 more people our projected saving could be as much as £545,000 over 3 years compared to our own in-house service. Regional delivery and fee levels are currently being considered. We aim to double our current Adult Placement provision over the next 5 years as a means of extending the range of options for individuals to develop independent living skills, and as a move on to being supported in their own homes
- There are extra care developments in Flintshire but currently they are not accessed by people with Learning Disabilities. We need to ensure that future schemes are open to people with Learning Disabilities and their carers.

5.4 Promote a choice of short breaks

- The issues are still the same as identified as part of a Quality Network Review of our Short Break service in 2008. People are still identifying the need for more choice and flexibility. We know that in our Short Break Service there is no waiting list and there are voids. We need to understand why as we may need to remodel our break provision service. Like other Local Authorities such as Bradford we want to be in position to offer service users a menu of short breaks from Adult placement to community placement and social and leisure breaks with emergency provision within and outside the home.

5.5 Increase the range of support options available.

- We need a better support process so that people with Learning Disabilities can benefit from the option of direct payments and CDS and to achieve more packages of support where a direct payment is a main component of care. Currently there are only 14 people buying in over 10 hours of support a week .
- The evaluation of our CDS pilot flagged our current social work/ care management processes as a barrier to its spread. The teams have identified capacity as a concern because CDS as a support option requires a longer period of input. The transition team made reference to the fact that there is no longer a CDS officer to support their work. Work continues in developing and testing the Resource Allocation System through ongoing data collection and evaluation.
- We know that people who choose to use Direct Payments to purchase their care through a domiciliary care agency are generally being charged more than the agreed direct payment rate. We need to consider how this is overcome in future so that there is greater consistency across rates.
- We need to manage the end of the Independent Living Fund in 2015 as 61 people with Learning Disabilities access the fund which equates to a significant £1,369,000 per year (including their contributions). Our plan will hinge on how the Welsh Government intends to proceed and to date there is no indication although there is the promise of a formal consultation process.

Section 6: What we will do differently / or more of

6.1 Plan better with people and their families.

- Care Management team will undertake more robust person- centred planning that creatively explores solutions, drawing up options for appraisal for accommodation, breaks and support. More shared responsibility and understanding between people, their families and the service. An approach that reaches beyond the boundaries of what Learning Disability services can offer, looking to other service areas and out to voluntary sector and wider community provision. Our mission is that people get 'just enough' support, where they neither have too much or too little (both of which can be equally bad).
- Better contingency planning between in house provider and Social Work teams so as a service we are more responsive to provide breaks in times of emergencies. Linking with development work underway to have a generic model of break provision in Flintshire that can be responsive in an emergency

- Work with people and their families to develop a shared understanding of independence. At reviews we will look for ways to ensure ‘just enough support’ and also ask the question ‘is there another way of doing this’. We will promote and capitalise on our commissioned Advocacy service.

6.2 Ensure accessible and appropriate information is available and is timely.

- Social Workers will ensure that all Information about all available services will be timely provided. People will have access to their individual care plan which is in a format which is most accessible to them, for example easy read etc.
- We will ensure that people understand the information offered and will provide/ or facilitate via advocacy or family members assistance to help them to make informed decisions and choices.

6.3 Have a range of accommodation options that are outcome focused and promote ‘move on’ to independence.

- A paper on developing alternatives to just paid support “All together Now”⁴ made the bold statement that over-support is a barrier to community participation and can be harmful to the quality of people’s lives. We want more accommodation and support options that help people reach their goal of living independence. Options that are robustly planned, with clear pathways and coordinated with all involved e.g. people, their families, care managers and providers. Options that focus on ‘moving people on’ to independence where support can be ‘stepped up and stepped down’ when the need arises, this flexibility in support means that ‘moving on’ becomes a viable option for those people with high level needs such as our 47 people with a challenging behaviour profile. ‘Moving on’ could mean living in the same place with reducing support or moving somewhere else with reducing support as was the case for M in Box 2.

To explain what we mean by ‘move on’ with ‘just enough’ support and what we want to see happening for more people in Flintshire see Box 2.

Box 3 – ‘Moving on to independence’

- M a 52 yr old man with Learning Disabilities has lived at home with his elderly parents all his life.
- M, his parents and Care Manager agreed that the best outcome for M would be to move out, in recognition that his parents will not always be

⁴ Cooper O and Warren S (2011) All Together Now. Birkenhead: Paradigm.

in a position to support him.

- A project was identified that offered the needed 24hr supported living.
- M moves into the project in **September 2008**.
- A discussion was held with M, his Social Worker and his parents. A full assessment of M's skills and abilities was carried out over a few weeks
- As a result of the assessment 1to1 hours of support were allocated to help M develop skills of independent living.
- The Skills development plans put into place had clear guidelines and profiles on how M was to be helped to achieve his goals.
- The work began in **October 2008**. The approach taken, once M carried out the identified task independently such as using the microwave or cooker, he would then move on and focus on the next. The allocated 1:1 support hours to help him are then transferred to this next skill and so on.

M was also supported to join local community based groups to build up social skills and a network of friends.

- M's achievement in mastering tasks independently means that he is ready to move on to a semi- independent living.
- In **April 2009** M moves onto semi independence, he longer needs 24 hour support and people to stay with him throughout the night.
- M continued to have support around skills development and maintaining skills learnt.
- M was supported to register with a housing association and received support with how to budget for which an appointee was identified.
- In **July 2011** M achieved his goal and moved into his own flat with support workers popping in to maintain support around his health and well being.

It took M with the support of his parents, Social Worker and Support Workers 2 years and 10 months to move on from being completely dependent on his parents to living on his own with minimal support.

- The local area coordination model aims to create a community based support option for people living residential or supported living placements'. Sometimes this will be along side individual additional support packages.

It aims to enables people to remain in their own homes for longer and avoid inappropriate residential placements'.

The local area coordination model uses some of the following strategies to achieve the desired outcome in the following way:

- By identifying and planning for current 1:1 support to be reduced over time through reablement strategies.
- By developing peoples skills and confidence, reducing the need for paid support

- By facilitating communication and the understanding of risks and planning strategies.
- Review people currently living in accommodation with high support packages to see if they are getting 'just enough' support. This is called 'right sizing' this activity will have resource implications but we know from our Sample Service Review Setting exercise that this will be worthwhile and will save money. This could potentially mean a move to more independent living at a lower cost if care packages comprised of floating support services and utilised a range of assistive technology (telecare). We need to develop and expand the range of choice ensuring that people receive 'just enough' support at an economic cost.
- We will regularly check what over-night support does and achieves – asking whether the money could be better spent when people are awake.
- We want to explore the model of Extra Care as a more independent option for people with Learning Disabilities. A model that combines housing, care and support services in a modern purpose built environment and offers a solution to retirement and for people with dementia. We know we have a number of older carers currently caring for a family member with a Learning Disability. Extra Care could be a joint housing and support solution for carer and the person with a Learning Disability.
- Establish whether existing accommodation is failing to meet the needs of tenants, as could be concluded from the number of voids. Explore what capacity there is to raise finance for re-investment so that we can get the most for our money.
- We want to continue to work with our Housing partners to ensure that people's accommodation needs are met.
- Develop the option of Adult Placement / Shared Lives schemes, a service that gives people greater choice and control and fits with our direction of travel in relation to providing more outcome focused community based services (as was shared in the Learning Disability Partnership meeting early this year). A versatile model of service that is useful for 'move on pathway', offering a break and responsive in times of emergency.

6.4 Promote a choice of short breaks

- To be in a position to offer people more choice and options to short breaks. To revisit and learn from the pilot project (now ceased) which gave people the option to vary the places they took a break. To explore

further what Adult Placement schemes could offer to increase choice and responsiveness.

6.5 Increase the range of support options available.

- To address the issue of agencies charging more than the agreed direct payment rate the Council is seeking an agreement with agencies on what would be a fair and reasonable rate. We anticipate that this will be lower than our standard agreed rate as direct payments are more planned, regular and generally for longer visits. Agencies will be invited to quote a rate for direct payments and the Council will set a ceiling at the mid-point of received rates.
- We want to increase the number of people benefiting from Telecare. We believe that Telecare can play a key part in our mission to provide 'just enough support' and can reduce intrusion into people's private lives of always having staff around. This is captured in our chosen case study where a small pendent played a key role in maintaining a personal relationship. See Box 4. Our aim would be to make the consideration of Telecare a default position at the point of transition.

Box 4: 'A little pendent that helped a couple stay independent'

A husband with diabetes cares for his wife who has a moderate learning disability. The couple lead an ordinary life thanks to a pendent. If the husband becomes unwell owing to his diabetes he can press the panic button for help. If he is unable to manage the button his wife can press it. This offers peace of mind to him as his wife is unable to operate the telephone. The pendent has enabled the husband to look after his wife, which is very important to him as this means there is minimal intrusion from paid carers in their home and relationship.

Section 7: How we will work differently.

To achieve what we want to do differently we need to work differently.

We intend to work more collaboratively with our providers to meet the needs of our changing population, the young people with complex needs, people with dementia, people with ASD, and people currently out of county and our current service users who have told us that they want to move. We know that there is a willingness amongst providers to work with us as they have told us.

We will commission services differently based around agreed outcomes and payment by results.

The 'outcomes' which we developed with Flintshire stakeholders are in line with those produced by the British Institute of Learning disabilities and the National Development Team. The BILD outcomes are increasingly becoming embedded in everything we do in Learning Disability Services. See Box 1 below.

Box 5 – 'Payment by Outcomes'

Outcome Area 1. To be able to make everyday choices about my life

Outcome Area 2. People feel respected

Outcome Area 3. People have relationships with family and friends

Outcome Area 4. People make a contribution as an active citizen

Outcome Area 5. People are Involved with the local community

Outcome Area 6. People can make themselves heard

Outcome Area 7. People feel Safe

Outcome Area 8. People feel well and know about how to stay healthy.

We will be smarter business people and look to capitalise on the recession we find ourselves in. We know there is a glut of property to rent which can only mean that developers and private landlords are more open to suggestions.

There is a strong directive for Local Authorities to work together to plan and deliver social care services. In response we have committed £30,000 to a Regional Commissioning Hub. The Hub responds to growing financial pressures facing public sector organisations for increased collaboration in commissioning and procurement activity. We will be utilising the Hub to find high quality and cost effective accommodation and support solutions for the small number of people with high level needs. The projected savings that will be made by regional commissioning is £112k per year (this excludes cost avoidance in relation to new placements).

Alongside the Hub we will continue to work collaboratively with the Health Board in relation to high cost low volume placements. The Health Board has a plan to reduce their Continuing Health Care spend and bring people back who are out of region. As we jointly fund some of these people we will be working closely with Health to ensure that together we find the 'best way' to achieve the 'best outcomes' for these people.

Section 8 - Putting the Strategy into practice.

This Strategy sets out how we want to see services develop over the next 5 years.

Our vision is that people with a learning disability have a range of different types of accommodation available to them and that through individualised support planning, people are enabled to be as independent as possible with

'just enough support' to promote their wellbeing and ensure they are safe. To deliver on this vision we have identified the actions we need to take if we are to deliver on **'what we will do differently/ or more of'** (section 7). We believe our actions are innovative and sustainable.

Actions:

- We will ensure that social workers and other professionals adopt the ethos of promoting independence and positive risk taking. We will develop a 'move on' culture with all new service users, based on an initial assessment of the persons current abilities and strengths and working towards maximising their potential to be as independent as possible and live a fulfilled life.
- We will review and refocus our in-house Supported Living Service and configure it as the 'first stop' on the 'move on' pathway for young people with disabilities coming through transition from children's services. This 'first stop' assessment provided by the in-house Supported Living Team will establish an accurate baseline of need and skills which in turn will lead to a 'right size' package to enable the individual to move on to a more individualised type of accommodation and support .This approach is consistent with the rehabilitation and recovery model in other services provided by the Authority ie Older People and Mental Health services
- Direct payments/CDS will be the default method used to enable individuals to have control and choice about how their support services are organised.
- For those existing tenants already supported within in-house Supported Living Services the 'active support' approach will be introduced in order to maximise skills for independent living and offered opportunities for 'move on' to alternative accommodation as appropriate.
- We will work in partnership with independent providers to shape and develop the external market to provide supported living options, therefore over time our reliance on in-house provision will become less. *(See Ty Ni outcomes section to box 3 in LD Strategy).*
- We will seek to promote and nurture existing social enterprises as a future viable consideration for commissioning as in accordance with Council priority.
- As part of this refocus we will review the use of Telecare and seek to use it effectively to support people to be independent and safe overnight.
- Extra care is a joint housing and support solution for carer and the person with a disability; we will ensure that the two planned schemes

include tenancies for people with disabilities. We will capitalise on the skills in the dementia part of the service.

- We want to work with housing partners to ensure tenancy agreements are flexible enough to respond to the changing needs of people with learning disabilities.
- We believe very strongly that local area co-ordination must be part of our 'move on' approach. We want people with a learning disability to be active citizens within their local community and not solely reliant upon paid workers for social contacts. Therefore we intend to commission a community development and integration service and extend this across Flintshire.
- We will also review current short break provision and explore opportunities to collaborate with neighbouring authorities on developing different models such as adult placement.

What Next?

We will be producing a Market Position Statement based on this strategy which will clearly state that our direction of travel is and will be our 'calling card' to providers which includes established social enterprises to work with us.

We will develop a Contractual Agreement with our in-house Supported Living Service to ensure that they deliver the outcomes we expect and drive forward our new 'move on' service model. This strategy will go through a robust accountability gateway which includes equality and Welsh language.

Section 9 - Conclusion

This Strategy has provided a strong rationale based on the best information we have that we need to act and do things differently if we are to:

- Give people what they want, which is more independence, choice and control over their lives with access to a range of housing options.
- Respond to our changing needs and trends
- Deal with the challenging costs of in-house Supported Living Services.
- Embrace the personalisation agenda.
- Have a Supported Living Service that is placed on a 'level playing field' with other providers (via a Service Level Agreement)

Our Council like others is facing unprecedented financial challenges and raising expectations as such we have to do 'better with less'. Our ultimate goal is therefore to provide the best possible services in terms of accommodation and support options with the money we have available.

Appendix 1 **Statutory Drivers**

Care Standards Act 2000
Carers (Recognition and Services) Act 1995
Carers Strategies (Wales) Measure 2010
Carers and Disabled Children Act 2000
Children Act 1989
Children's Act 1980
Chronically Sick and Disabled Persons Act 1970
Community Care (Direct Payments) Act 1996
Community Care (Residential Accommodation) Act 1998
Disabled Persons (Services, Consultation and Representation) Act 1986
Health Act 1999
Health and Social Care Act 2001
Health and Social Services and Social Security Adjudications Act 1983
Health Services and Public Health Act 1968
Homelessness Act 2002
Housing Act 1996
Housing Grants, Constructions and Regeneration Act 1996
Human Rights Act 1998
Local Authority and Social Services Act 1970
Mental Health (patients in the Community) Act 1995
Mental Health Act 1983
Mental Health Bill 2004
Mental Health (Wales) Measure 2010
National Health Service and Community Care Act 1990
National Health Services Act 1977
Police and Criminal Evidence Act 1984
Welsh Language Act 1993
Welsh Language (Wales) Measure 2011

Summary of Duties required

• National Assistance Act 1948

- Power to make arrangements for the provision of accommodation for persons who are aged 18 or over and who require care and attention otherwise unavailable to them.
- Power to charge for such provision
- Duty to arrange welfare services for disabled people who have been assessed as needing them.
- These will include practical assistance in the home, meals, provision or assistance in obtaining certain equipment, holidays, and transport to and from services, recreational activities.
- Power to take steps to remove to suitable premises, people who are in need of care and attention.
- Duty to protect the property of people who are in hospital or residential care.

Disabled Persons (Employment) Act 1958

- Power to make arrangements for the provision of facilities for enabling disabled persons to be employed or work under special conditions

Mental Health Act 1959

- Power to prosecute for offence under that Act with the consent of the DPP (Section still in force).

Health Services & Public Health Act 1968

- Power to arrange services to promote the welfare of older people, with the approval of the National Assembly for Wales
- Power to make grants and/or loans and/or assist voluntary organisations in respect of relevant services

Chronically Sick & Disabled Persons Act 1970

- Duty to gather information on how many disabled people live in the local authority area and plan to meet their needs.
- Duty to publish information about its services
- Duty to assess people for provision of services and to ensure that those needs are met
- Duty to make provision for the needs of disabled persons when providing public sanitary conveniences
- Duty to consider co option of chronically sick or disabled persons to local authority committees concerned with matters in which such persons have special needs
- Duty to provide information to the National Assembly for Wales as to accommodation of younger with older persons

National Health Service Act 1977

- Powers to make arrangements for the care of nursing and expectant mothers and the prevention, care and after care of people who have been ill.
- Duty to co operate with NHS bodies

Health & Social Services & Social Security Adjudications Act 1983

- Power to charge for certain services and to take steps to recover such sums

Mental Health Act 1983

- A local social services authority shall appoint sufficient approved mental health professionals (AMHP) for the purposes of discharging mental health functions.
- The functions of AMHP's include assessment for compulsory admission to hospital for assessment, or assessment and treatment, or assessment and removal to a place of safety.
- Local social services authorities may make a guardianship application in respect of a patient of over 16 years suffering from a mental disorder where it is in the interests of the patient's welfare or for the protection of others that the patient is received into guardianship. The authority granted a guardianship order can require the patient to reside at a specified place, require the patient to attend medical treatment, education, occupation or training and require access to the patient to be given to a medical practitioner or approved social worker.
- When a young person in the authority's care or a person subject to the guardianship of the authority is admitted to a hospital or nursing home the authority shall arrange for visits to be made to the patient.
- It is the duty of the Local Authority and Health to provide, in co-operation with voluntary organisations, after-care for certain categories of discharged mentally disordered patients.

Mental Health (Wales) Measure 2010

Disabled Persons (Services, Consultation and Representation) Act 1986

- Duty to assess people for the provision of certain welfare services. Right of representative to act on behalf of a disabled person in dealings with local authority.
- Duty to assess a disabled young person about to leave full time education

NHS & Community Care Act 1990

- Each authority shall prepare plans for community care services having consulted with relevant bodies
- Duty to carry out assessments of need for community care services and duty to consider whether services should be provided, with special action in the case of disabled persons and where there are health or housing needs

Carers (Recognition & Services) Act 1995

- Whilst carrying out an assessment of a person, there is a duty to assess the needs of carers if so requested.

Carers & Disabled Children Act 2000

- Rights of carers to assessment of their needs and powers to provide support direct to carers in their caring role.

Carers Strategies (Wales) Measure 2010

- Local Health Boards and Local Authorities must work together to prepare and publish an Information and Consultation Strategy.
- It will set out how they will work together to provide information to carers and include carers in the arrangements made for those they care for.

Community Care (Direct Payments) Act 1996

- Functions in connection with the making of payments to persons in respect of their securing the provision of community care services themselves

Housing Act 1996

- Duty of Social Services authority to co operate in relation to homeless people and persons threatened with homelessness

Care Standards Act 2000

- This has the effect of bringing local authority settings within the regulatory scheme. Local authorities have to meet the same standards as independent sector providers.
- The Act also imposes a duty to refer people to the Secretary of State who are considered unsuitable to work with adults. The list should be checked before an offer of employment is made.

Children's Act 1989

- To fulfil the duties to give information about and services to Children in Need (or of need of protection) as defined in the Children Act 1989 and their families as set out in "Working Together" and "Framework for Assessment of Children and Families.

Police and Criminal Evidence Act 1984

- Specific codes of practice must be adhered to when dealing with vulnerable people.
- The Local Authority has a duty to provide an appropriate adult.

Mental Health Bill (2004)

- New Mental Health legislation and a final bill produced in September 2004 will bring a range of new statutory requirements and place new duties on statutory health and social care authorities. It will increase the duties/powers of treatment and care in the community.

Section 7 Service Principles and Service Responses Guidance 2004

Statement on Policy and Practice for Adults with a Learning Disability. 2007

Welsh Language Act 1993

Equalities Act

Human Rights Act 1998

The Health, Social Care and Well Being Strategies (Wales) Regulations 2003

Codes of Practice/Nationally Agreed Standards; or Specific Codes of practice and Nationally Agreed Standards include:

Social Care Institute of Excellence guidelines

National Institute Clinical Excellence (NICE) guidelines (Health)

Care Management and Assessment HMSO fifth impression 1994

Fairer Charging policies for Home Care and Other Non-Residential Social Services 2001

Continuing Care: NHS and Local Council Responsibilities, Department of Health 2001

Guidance on Free Nursing Care in nursing Homes, 2001

Fair Access to Care Services – Guidance on Eligibility Criteria for Adult Social Care

National Minimum Standards for Adult Placement

National Minimum Standards for Care Homes for Younger Adults

Domiciliary Care Agencies (Wales) Regulation

National Minimum Standards – Domiciliary Care Standards

National Minimum Standards for Care Homes for Older People

Dual Diagnosis Good Practice Guide 2002

All Wales Strategy for the Development of Services for Mentally Handicapped People 1983

Fulfilling the Promises 1999

Learning Disability Strategy Service Principles and service Responses, Section 7 (August 2004)

Practice Guidance on developing a commissioning strategy for people with a learning disability. 2011.

ASD Strategic Action Plan for Wales 2008 and associated Guides to Housing Management 2010 & 2011

However, the key Welsh Government policy documents that have shaped this strategy include:

- Welsh Mental Handicap Strategy (1983) of which the 1994 revised guidance set a clear objective to see the *'provision of a range of accommodation so that people with learning disabilities have as much*

freedom as anyone else to choose where they live and with whom they live and a level of support which enables them to continue to live in the community’.

- Statement on Policy and Practice for Adults with a Learning Disability (2007) which included the following statement *‘All people with a Learning Disability are full citizens, equal in status and value to other citizens of the same age’*
- Practice guidance on developing a commissioning strategy for people with a Learning Disability (2011). Guidance that communicates clear messages to us as commissioners which includes taking into account the Human Rights Act 1998 and Equality Act 2010, the need for us to model future support provision around personalisation e.g. increasing use of direct payments, to work with all providers and always keep the focus of everything we do on outcomes for people.
- More general practice guidance Fulfilled Lives, Supportive Communities Commissioning Framework Guidance and Good Practice 2010 sets out our approach to develop future services e.g. the role of social enterprises, co-production, an outcomes based approach to commissioning and commissioning on a regional level.
- Autistic Spectrum Disorders Strategic Action Plan for Wales (2008), our Flintshire Local Action Plan and associated/salient guides⁵ that will influence how we will work with providers to develop more responsive services.
- ‘All Together NOW’ Cooper and Warren (2011) which has re-affirmed our thinking set out in the concept the authors have coined ‘Just enough’ support. The concept of ‘just enough’ support aims to provide the optimum level of support which will increase the chances of people making connections with other people in their communities, and ultimately their independence.

⁵ ASD – Information for practitioners who have an interest in Developing Property or Services for Housing and/ or Day Opportunities.
ASD – A Guide to Housing Management for Practitioners and People in Rented Housing.

Appendix 2 – Costings

However, we needed to investigate further to work out the unit cost for our In-house service. Owing to the complexity of the investigation we worked closely with an Accountant to devise a method that would provide us with the best idea we could get. It was agreed a triangulation approach was needed, whereby three different methods would be used to calculate estimates of the unit cost and compare results to identify if and why there are significant differences.

Approach 1)

Rota Sheets for 3 months of 2011 / 2012, review and extract more accurate estimates of Direct Care inclusive of agency input for cover.

Extract total direct costs per scheme from ledger 2011/2012

The overall average gross unit cost is **£21.31**

Approach 2)

Identify actual inputs to schemes for one month in 2012 from direct in-house scheme workers.

Identify cover agency input through review of invoices for same month for all schemes.

Annualise and cost total input by reference to 2011/12 full year data

Allocate management, admin and other direct cost relating to schemes and apportion to schemes based on activity

The overall average gross unit cost is **£22.38**

Approach 3) A benchmark with work undertaken within Older People Domiciliary Care.

Our approximate costings are as follows:

Source: Independent and Supported Living Spreadsheet 7/08/2012

| Provider | Number of Addresses | Number of people | Voids | Cost of service 2012/2013 | Approx per person per year |
|------------------------|------------------------|---|------------|--|-------------------------------|
| Betsi | 5 | 15 | | | |
| Independent | 19 | 52 | 5 | £2,847,679 | £54,763 |
| In House (SL) | 23 | 54 | 5/6 | £4,452,091 | £82,446 |
| CDS Model | 1 | 16 | | | Average £13,032.23 |
| Key Ring | 4 networks | 36 | | £161,137 for 2012 | £4,476 |
| Direct Payments | | 55⁶ in the main a part package (only 14 buying in over 10 hours a week) | | 2011/ 12 £420,392.40 | £7,643.49 |
| Adult placement | | 9 | | Calculations based on Max cost £420 per week (if £60 per day) plus additional £70 per week Total spend: £126,274 | £21,840 |
| Short Breaks | | | | Devolved annual budget | |
| | Woodlee | 3 beds | yes | £164,142 | |
| | Orchard Way | 3 beds | | £205,508 | |
| | Hafod | 3 beds | | £168,980 | |

⁶ For 54 people on Direct Payments
 Costing Number of people
 Under £200 37
 £200- £500 14
 £500- £1,000 1
 £1,000- £5,000 2
 £5,000 0

| | Cost 2011/2012 |
|-------------------------------|-----------------------|
| Residential Long Term | £3,121,778 |
| Residential Short Term | £129,357 |
| Nursing | £119,803 |

2.3.2 North Wales Commissioning Hub for High Cost Low Volume placements:

Cost - £30k

The projected savings made by regional commissioning are £112k per year (this excludes cost avoidance in relation to new placements)

Appendix 3 – The Views of Stakeholders

People with Learning Disabilities and their Families

People have repeatedly told us what they think makes a good home and a good break and this was reconfirmed with the 4 members of the Learning Disability Planning Group at a meeting on the 8th March 2012. As follows:

What makes a good home?

- Getting on with the people you live with
- Being part of a community
- Contact with family and friends
- Being independent
- Space and time alone
- Choice of where to live, what you do and when you do it, who supports you, the décor,
- Being given the chance to move
- Proper planning and time to find the right home

What makes a good break?

- Having planned and unplanned breaks
- Choice / online booking facility
- Breaks that are reliable and good value
- breaks with friends and getting on with people
- Breaks that serve as a stepping stone to independence
- Creative short breaks e.g. camping, use of individual budgets, B&B, breaks around events such as the clothes show or Rugby
- Different types of breaks – Adult Placement, staying at home, across North Wales etc.

Young People in transition

Young people have told us that they want to live independently once they are an adult which is a view echoed by their families.

At the Transition team event on 6th February 2012, an event set up to involve young people in the shaping of the transition service. In total 48 young people attended. Young people said it was important to include in their transition plan about where they will live in the future

- Young people said they need to think about
 - ✓ Who I will live with e.g. family, friends, on my own.
 - ✓ Where I will live e.g. close to family and friends.
 - ✓ Being safe at home
- The plan should say if young people need adaptations, help and support to live independently and to pay the bills.

- They thought it was important that the people who support them get on well with them.

Accommodation and support providers.

The key themes for our strategy from a random selection of Flintshire providers:

- Choice and range of accommodation and support solutions, sitting along a 'move on' pathway with a 'step up/step down' support facility.
- Providers collaborating.
- Meet the needs of people with dementia and those with challenging behaviour
- Work with private landlords and housing associations.
- Proper planning with people and families with better transitions and shared risk taking between all stakeholders.
- Ensure quality provision e.g. roll out the 'real tenancy test' and involve people with learning disabilities in checking out if people with learning disabilities are happy with where they currently live.
- Enhanced Key ring scheme for people with higher level needs.
- Increase short break provision, explore volunteer families.

Care Managers (the purchasers)

The key themes for our strategy from the purchasers:

- Effective 'step up/ step down' facilities
- Retirement provision
- Meet the needs of people with complex needs and people with autism.
- Enhanced keyring model of support.
- Extra Care Facilities and warden type accommodation
- Flexibilities in tenancy duration.
- Home ownership
- A new lease option scheme with Housing Association.
- Direct payments and Citizen Directed Support.
- Address issues of compatibility

Commissioners and Contract Monitoring Team.

The key themes for our strategy from the Commissioning team:

- Alternative Day service provision
- Outcome-focussed Day Support with flexible opening such as model in South Manchester⁷
- Explore Social enterprise model and the co production of services

⁷ hub approach with services users engaged in community based person centred activities outside of the hub but having the facility to fall back on, multi user group service, activities based on preference rather than disability.

- Work in partnership with organisations who want to develop alternative planned break models giving a broader range of choice⁸
- Adult placement services as seen in Gwynedd
- Better partnership working on a regional level, with the Market and across the Council e.g. Housing

⁸ registered for LD planned breaks in a grade 2 former guest house in the centre of LLanberis, the idea was to focus on peoples abilities and use a combination of group participation and learning, a week would try to focus on achievements ie, from learning to cook to walking up Snowdon and anything in-between depending on preference, a strong person centred focus with the management qualification in both support and outdoor pursuits, I think the idea was for people to have a planed break and achieve something measurable.

Appendix 4

Supported Living Quality Check – Easy Read July 2011

Every year the Supported Living Service has to find out what people think about the service they get at home.

There were 2 meetings. Pictures and symbols were used to help people say what they thought.

Steve Williams the Registered Manager was at the meetings so that he could answer any questions from service users.

Joan French and Mike Farrelly were at the meetings to ask what people thought about their service. Joan and Mike work for Flintshire County Council. They do not work for the Supported Living Service.

People were asked

- What is important to you about the support you get at home?
- What is good about the support you get at home?
- What could be better about the support you get at home?

What is most important to you about the support you get at home?

People said

- Doing things for myself – support to be independent
- Having my own space – my room and privacy and respect for my space and my home
- Being able to get about – to do things that are important to me like swimming, theatre, bingo and my own shopping
- Contact with other people – having visitors to my home, keeping in contact with friends and family
- Keeping healthy – support to help me do this

What is good about the support you get at home?

People said these things were good

- Support to meet people and keep in contact with people, having visitors
- Support to do things for myself – food shopping, household jobs, being as independent as possible in washing and dressing, keys to my home
- Choice about important things in life like home cooked food, what's on TV, doing my hobbies, my garden
- Most of my staff

What could be better about the support you get at home?

People said these things could be better

- Being able to change things on my plan
- To do more cooking for myself, go on a cookery course
- Living somewhere on my own, somewhere bigger
- People in my house being too loud

What the Supported Living Service will do to make things better.

- Tell everyone who works for Supported Living about the important things people said
- Check the things that are in everyone's Service Delivery Plan and Active Support Plan are what they want and need to do to be as independent as they can
- Use symbols and pictures to help communicate with people
- Remind people about the Pink Forms and how to use them to say what they think about their service
- Think about how Supported Living can support people to keep speaking out

Appendix 5 – Transition 2013- 2015 - Projected Savings - CDS v In house Supported Living solution

Note CDS average cost per annum is approx £13,032.23

In house Supported Living (based on no voids) per annum is approx £74,201

| Accommodation Need | number | Projected savings per annum if CDS solution instead of In house SL For those requiring some day time support |
|---|---------------|---|
| Year 2013 | | £244,675 |
| Fully adapted shared property / 24 hr | 2 | |
| General housing/ 24hr | 1 | |
| Shared/ some day time support | 3 | |
| Shared/ 24 hr | 1 | |
| Fully adapted / some daytime | 1 | |
| | | |
| Year 2014 | | |
| Fully adapted shared property / 24 hr/ complex health needs | 1 | £183,507 |
| Shared/ some day time support | 3 | |
| Shared/ 24 hr | 10 | |
| Shared/ 24hr/ specialist ASD | 2 | |
| | | |
| Year 2015 | | |
| Shared/ some day time support | 3 | £183,507 |
| Shared/ 24 hr | 4 | |
| Fully adapted shared property / 24 hr | 1 | |
| Shared/ 24hr/ specialist ASD | 2 | |
| | | |
| | | Total savings over 3 years = £1,284,546 if those 10 young people coming through transition (2013, 2014, 2015) assessed as needing Shared/ some daytime solution was CDS instead of inhouse SL. |