DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES ALLIANCE

1. Introduction

This is a response on behalf of the registered charity Heritage Care that supports older people, people with learning disabilities and people with mental health needs. We are currently working in 16 local authority areas, delivering 25,218 hours of support each week to 539 individuals with learning disabilities. 275 individuals are supported in supported living, 67 via domiciliary care packages, 164 through short breaks services and 33 are supported in residential care. Our aim is to provide personalised support with an individualised package is developed with each person and their family.

Heritage Care believes that every individual can live in their own home supported by their own support team. We have extensive experience of achieving this with individuals with a wide range of needs, including people who were previously detained on Mental Health Act Orders in secure accommodation. Two case studies (Robert and John) were profiled in the publication produced by the Association for Supported Living- 'There is an Alternative', a copy of which is attached. These demonstrate the effectiveness of a model of support that enables individuals to have a better life, whilst also significantly reducing costs to commissioners. Using positive behavioural support we focus on working with individuals to identify the outcomes they wish to achieve, then create a support package that places them at the centre, making all the key decisions in relation to how they live their life and how they are supported.

2. What examples do you have of commissioners and providers working well together to create local services for people who challenge?

We have many examples of where effective partnership working has led to very good outcomes for individuals whose behavior presents challenges including the following:

2.1 Croydon

Rather than going through a traditional tendering process Croydon sent out anonymised information about the individual to be supported to providers on their framework for supported living and invited them to submit case studies of individuals that they had supported with similar needs. Providers that expressed an interest were then given the opportunity to describe how they would set up a support package for the individual to meet their identified outcomes. The commissioners did not prescribe how this should be doing, allowing providers to be creative in how this would happen. They recognised that developing a support package for someone

whose behaviour presents challenges takes time so did not expect rigid timescales to be set in relation to this. They involved the individual and their family at every stage of the process, including the drawing up of information about the individual, deciding which organisations to meet with then having the final say in which provider should be chosen.

2.2 Derby City

When moving individuals from the NHS campus Derby set up a project team and gathered as much information as possible about the needs and wishes of the individuals to be supported. Each individual had a PCP, and with the permission of the individuals, this information was shared with potential providers. Providers were then invited to submit details of how they would set up personalised support for each individual. A day was then held when providers were interviewed by individuals and their families. It was made clear that they wanted to meet with the staff on the ground (manager, team leader etc.) who would actually be providing the service. We also had the option of taking along individuals that we support if they were happy to talk about the support we provide. The decisions on which provider should provide the support were then made by individuals and their families, supported by care managers and commissioners.

2.3 Lincolnshire

In 2007 we were approached by a property developer who had built 5 two-bedroomed houses in a cul-de-sac in a village in Lincolnshire. We were aware that Lincs. CC had a large number of people placed in residential care out of area, or unable to move on from assessment and treatment units. We offered to assess the needs of identified individuals and co-design a support package with the prospective tenants so that their support could be customised to their exact requirements. Having been given the costings of people's placements we were able to guarantee that we would provide a better service at a reduced cost. The proximity of the properties enabled us to appoint a staff team that could be used flexibly to support the 10 individuals, increasing or decreasing support as appropriate. In addition, it meant that individuals could choose which member of staff was most appropriate to provide their individual support hours. The use of assistive technology means that we only have two staff sleeping-in rather than requiring a staff member in each property.

The property developer had not rented to people with learning disabilities or people on housing benefit before and had some concerns about this. To overcome these, Amber Housing, a subsidiary of the Heritage Care group leased the properties direct and then sub-let to tenants, enabling them to have a secure tenancy. Work was undertaken with Amber and the landlord to ensure that each property was suitable for the needs of each individual that was moving in.

The success of the project, both in terms of outcomes for people and savings for commissioners were the result of comprehensive assessments, good support

planning, involvement of individuals and families in every stage of the process including the development of personalised job descriptions, person specifications and the interviews of their support staff. Individuals were introduced to people and had the chance to meet with them, going for pub lunches etc. prior to deciding whether they wanted to move in with them. They were encouraged to make all the key decisions and remained in control of their own support package.

The project has now expanded with more individuals who live in the village being supported for a couple of hours a week, using personal budgets.

2.4 Solihull

Solihull commissioners (health and adult social care) commissioned supported living services for 5 individuals with complex needs who were currently placed in residential services out of area or in assessment and treatment services. In addition to commissioning these services they commissioned a Supported Living Outreach Team (SLOT) to work alongside us and another provider to provide specialist heath assessment and heath intervention. The SLOT team worked in partnership with us to provide comprehensive individually tailored advice and support, 24 hours a day, to maintain individuals within their own homes and in the local community and prevent hospitalisation. The team was made up of a Senior Clinical Nurse, clinical team leaders, speech and language therapists and senior support workers. The team closely liaised with other members of the multi-disciplinary team i.e. psychiatrists, psychologists, occupational therapists and social workers. Whilst the model was a good one there were barriers, some of which are detailed below.

2.5 Leicestershire

Leicestershire CC commissioners worked with us to set up a service for one individual with very complex needs who was previously living in a long-stay hospital. They accepted that he needed to live on his own, even though this has resulted in an expensive package of support. The individual is in control of his own support, choosing his own staff team. He lives in a one-bedroomed property which means that sleep-in support is not an option. It was suggested to the Council that he could be supported to move to a two-bedroomed property to reduce the support costs, however, the Council have accepted that he is very happy where he is living currently, with excellent community networks so he should be supported to remain there rather than risk a breakdown. They recognised that it is better to spend a little more on an on-going basis rather than risk having to spend a lot more in a crisis.

2.6 Norfolk

Norfolk CC recognised that individuals with complex needs will need additional support at certain times but this does not need to be built into their support package on an on-going basis. They agreed to provide a pot of money (a pool of hours) that could be used when needed for an individual. The figures would then be reconciled

on an annual basis, with the money being paid back if it hadn't been used. This meant that additional support could be provided as and when required.

2.7 West Sussex

When an assessment and treatment service was closing down and options were being considered for two individuals who had been living there for a lengthy period providers were invited to spend the day at the service meeting the two people and finding out about their likes and dislikes and how they were currently being supported. Providers could then submit details of how they would support the individuals. Having met the two people really helped us to understand how we could develop a personalised support package for them and was a much better process than just sending our pen pictures.

2.8 Wandsworth

Three individuals with very specific needs in relation to their autism who had chosen to live together were given individual budgets by their local authorities (Wandsworth and Isle of Bute). They were given total flexibility as to how their individual outcomes would be met. All three individuals are very creative with exceptional musical skills. It was agreed that their support staff needed similar talents. The three individuals do not find it easy to express their opinions verbally so they each played music to demonstrate their views on whether candidates should be selected. All three are now leading very active lives, playing music, going to concerts and performing professionally. Commissioners were not actively involved in setting this package up, but it works because they accepted that individuals and their families were in a better position to decide what would meet their needs and gave control to them, using direct payments.

3. What are the barriers to creating good local services?

The barriers include:-

3.1 Wanting services set up immediately, not recognising that it takes time to develop personalised support.

3.2 Not working together to plan a service. Some commissioners want to 'buy a service off the shelf from the marketplace'. They don't recognise that they should be working in partnership to develop this.

3.3 A lack of honesty in relation to the needs of individuals. Care managers and commissioners are often desperate to identify support options so do not always give all the information about the behaviours that an individual may exhibit.

3.4 Failure to shape the market. Commissioners expect the market to develop of its own accord to meet the needs of individuals who have their own budgets. In

many areas provider forums no longer happen so there is no dialogue with providers about local needs and what services are required to meet these.

3.5 Traditional models of care. Some commissioners are still committed to traditional models of support including residential care and medical models. They do not have the relevant knowledge about supported living and personalised options.

3.6 Tendering exercises. Tendering creates competition between providers rather than collaborative working. In addition, the process takes time which should be spent on developing the support package rather than choosing the provider. The focus should be on outcomes for people and what it would cost to support someone well, not who can provide the cheapest service.

3.7 Not involving families. Families know their relatives best and need to be involved in every aspect of choosing how their relative will be supported.

3.8 Generic commissioners and care managers. The recent cuts have resulted in a loss of expertise in commissioning specialist services. Individuals do not have an understanding of the needs of people whose behaviour presents challenges and therefore do not understand how support packages should be developed. In some areas we have to go through a call centre to get any support. In addition to a lack of skills and expertise the volume of work that is falling in a reduced number of people means that there can be a lengthy wait for assessments, reviews and requests for support.

3.9 Lack of multi-disciplinary support. The support of community teams (community nurses, psychiatrists, psychologists etc.) is vital in supporting individuals with complex needs in the community. These teams are facing cuts and are now rarely joint with Adult Social Care leading to a division in responsibilities. There is a particular lack of support from speech and language therapists and occupational therapists so individuals are not able to access much needed sensory assessments.

3.10 Non-sharing of risks. All of the risks are now firmly placed on providers. There is no recognition that it takes time to get things right for individuals and many local authority commissioners are risk averse.

3.11 No funding of preparatory work. Developing individualised support packages takes time and costs money. Individuals may be placed out of area and assessment and planning involves significant amounts of time and travel. These costs are not funded up front by commissioners.

3.12 Prescriptive support packages. Commissioners will often be very prescriptive about what needs to be provided and when. In our experience individuals' needs and wishes may change very quickly once they move into their own home. Providers need to be able to respond flexibly, changing care packages accordingly. This needs to be understood by commissioners, care managers and contract monitoring officers.

3.13 Focus on savings not good quality support. In many local authorities the sole focus seems to be on immediate savings, not good outcomes. There isn't an understanding that the cost of supporting individuals will reduce over time as individuals are supported to be in control of their lives, manage their behaviours and be less dependent on paid support.

3.14 Use of the Care Funding Calculator. CFCs are being used to identify the maximum amount of money that can be allocated to an individual, rather than as a tool to explore costs. As a consequence individuals are being allocated a pot of money that is insufficient to meet their needs.

3.15 Lack of housing. Individuals with complex needs may require a property in line with certain specifications e.g. a large garden, larger rooms, easy access from two entrances, additional rooms. The lack of joint working between commissioners and housing officers/partners means that it is often difficult to identify suitable properties. There may also be additional costs e.g. for damage that may need to be built in to the care package.

3.16 Lack of joint working with providers. The commissioning process often feels like a service is being purchased then it is over to the provider to deliver it. There is no joint working if things are not going well. A support package may not be right for an individual and other options with other providers may need to be explored. This is sometimes seen as failure by the provider rather than an acceptance that an individual may require a different type of support.

4. What are the Opportunities?

The current financial challenges are resulting in some local authorities being more open to dialogue in relation to how individuals can be supported and moving away from traditional tendering exercises. Some commissioners recognise the importance of developing packages for individuals rather than groups of people, or 'lots' as some local authorities worryingly still refer to. In moving forward commissioners must see providers as equal partners in the development of services, not just organisations that can be commissioned from. They must be prepared to try new things, bringing all the relevant parties together to agree outcomes then explore how these can be achieved in cost effective ways.

5. Examples of where commissioning is poor/providers have been asked to tender for services that are not good practice

5.1 Leicestershire

The Council has continued to re-tender services, inviting providers to bid for 'lots' on the basis of locations and number of hours to be provided. No information at all has been provided on the needs, wishes, and interests of the individuals to be supported. Individuals have not been involved in the process of selecting providers, though some carers have been offered the opportunity to take part in final interviews.

5.2 Newham

We approached Newham commissioners and requested an uplift in relation to the hourly rate of a support package for an individual that receives 24/7 support in his own tenancy. We had not been given an uplift for 8 years and the hourly rate being paid was £11.22. The CFC was completed and LBN decided that the hourly rate should be reduced to £11.12 (as team leader oversight should not be required), with the number of hours reduced from 112 hours plus a sleep-in to 64.5 hours per week. After discussion this was eventually increased to 84 hours per week with a sleep-in/relaxation period of 12 hours per day. LBN acknowledged that what they wanted was a member of staff to be available in the individual's home should they be required but only wanted to pay an 'on-call' rate for this.

The individual being supported has very complex needs and has been successfully supported in his own home for 10 years by the same staff team. They have succeeded in reducing the support he needs and supporting him to be part of his local community. His home and his support team have enabled him to achieve the stability in his life that had been lacking. We are not able to provide his support package within the cash envelope identified by the CFC so will have to give notice. It is very unlikely that any other provider will be able to provide the service at a cheaper rate so it seems likely that the individual will end up being admitted to residential care, against his wishes.

LBN moved another individual from one of our residential homes to a Castlebeck assessment and treatment service two years ago, without involving us or his family in a best interest meeting. This was meant to be for a short period of assessment but he has remained there to date, despite the fact that he was previously living a full life in his local community.

London Boroughs

A number of London boroughs are in discussion with us about use of our residential homes for individuals who will be returning to the area as a result of the Winterbourne proposals. We are disappointed that their focus has been on

residential provision rather than supported living, believing that this is the only model of support that is appropriate for individuals with complex needs.

Short Breaks Services

We provide residential short breaks services in Newham and Lincolnshire. We have been concerned over the past 12 months about the number of individuals who move into our service in Newham on an emergency basis because of poor planning and/or as an alternative to a short period of assessment and treatment. Individuals are not only stuck in out-of-area residential placements and assessment and treatment services, they are also often just left in short breaks services for long periods.

6. Conclusion

Heritage Care has 20 years' experience of working with commissioners on the development of local, person-centred services for individuals whose behaviour presents challenges. If you require any further information on any of the above projects we would be happy to provide this.

Alison Thompson

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Heritage Care