



# North Lincolnshire Complex Care Market Position Statement Transforming Complex Care

**2014**

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# Complex Care Market Position Statement

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## **Executive Summary**

A high level summary of this Market Position Statement is presented below as a “Market Position Statement on a page”.

How will services transform?	We will ensure that we are able to be meet the full range of needs for people locally where people can live as independently as possible					
North Lincolnshire Demographics	<p>28 children and young people have multiple and complex needs and/or behaviour that challenges.</p> <p>206 children have an identified SEN primary need of an Autistic Spectrum Disorder, a Severe Learning Difficulty or a Profound and Multiple Learning Difficulty.</p> <p>72 young adults entered into adult disability services between 2008 to 2013.</p> <p>32 young people between 2014 and 2017 are likely to require ongoing support once they have made the transition to take up support with adult services.</p> <p>43 adults are identified as displaying behaviour that challenges.</p> <p>75 adults meeting the wider definition of complex care are known to North Lincolnshire Council.</p>					
What we will achieve	People are able to access services closer to home in a community of their choice	People lead independent lives in their own homes as an integral part of the community	People are supported to move back to North Lincolnshire	People no longer require out-of-area placements		
How will we achieve this?	We create the right services, in the right places, at the right times with the right support	People have their needs met by universal, targeted and specialist services within the community via personal budgets.	Providers deliver specialist services to people with Complex Care needs through Community Support for You.	Providers offer a range of bespoke solutions providing a seamless transition for young people into adulthood across the full spectrum of needs.	We identify specific training needs and deliver training to develop skills within the external provider market.	
Service providers operating in North Lincolnshire	Develop innovative solutions and offer wrap around support and accommodation to people choosing to move closer to home and in a less restrictive environment with choice and control.	Deliver support to people who without preventative support may go on to develop complex care needs.	Support people to live independently and as active members of the local community and offer services and activities from within the Community Well-being hubs	Deliver an increased volume of support into supported living arrangements and support people with Personal Assistants paid for through people's personal budgets	Deliver a range of flexible provision for people with needs of a very specialist nature.	
As a result, people who use services say	<p>I engage in a range of meaningful activities in the community and through my advocate I now have the right support to access them.</p> <p>I am supported with social and life skills, I now cook, manage my budget, have new friends and use the bus to access training and support to increase my independence.</p> <p>I access advice and information and have been helped to recruit and now employ a personal assistant who understands when I might display challenging behaviour, how I might need support and to help me to manage my support package and finances.</p> <p>I regularly go on a short break which helps me and my family have a full life where my family carers keep well physically and emotionally.</p> <p>I access support as and when I need it in response to a personal crisis I am experiencing, support is provided in the least restrictive way. On the rare occasions I might need residential care it is for a short period at a very high specialist level.</p>					

# 1 - A sense of direction

## Influencing the Local Market

**North Lincolnshire Council and North Lincolnshire Clinical Commissioning Group wish to stimulate a diverse market for care, support and housing offering people a real choice of provision locally. This may come from existing providers, other local businesses, providers who do not currently deliver services locally and/or from new business start-ups.**

Considerable change is underway in health and social care services. The current financial climate creates a significant challenge to all those who are involved in commissioning, providing or using health and social care services. We have an ageing population and more younger people surviving into adulthood with complex conditions. The Care Act 2014 will place far more emphasis upon prevention as a way of assisting people to live as independent a life as is possible for them given their needs and circumstances.

Local Authorities and Clinical Commissioning Groups have committed at a national level to a programme of change to transform health and care services for this vulnerable population.

This Market Position Statement is a key local action to fulfil our commitment to this transformation. We are committed to commissioning and developing a market of services that are personalised, safe and high quality. Local services and solutions should safeguard people's dignity and rights while working within a model of least restrictive practice.

Our aim is to provide care and support for the people of North Lincolnshire in their homes and in their communities. This means organisations working together differently and working closely with our local community. To deliver real change for local people, North Lincolnshire Council, North Lincolnshire Clinical Commissioning Group and partner organisations have committed to a Single Organisational Model. This model will support long term change with services designed around levels of need within an integrated way of working.

We see this Complex Care Market Position Statement as an important part of the process to initiate a new dialogue with providers and businesses in the area, where we have:

- Services developed that people need and want
- Safe children and vulnerable adults, supported families and carers, transformed lives
- Vulnerable people receiving the right service at the right time in the right place with the right support.
- Improved health and well being outcomes
- Reduced health inequalities
- Integrated services built around individual needs not organisational boundaries

## Ensuring Quality Services

We want to work with service providers who support the principles described in '[Ensuring Quality Services](#)', a document available from the Local Government Association website.

This document provides a set of 14 Core Principles that should be present across all education, health and social care services to support the commissioning and delivery of high quality and safe services which meet the needs of children, young people, adults and older people with learning disabilities and / or autism who display or are at risk of displaying behaviour that challenges, together with the needs of their families across all life stages.

Application of the core principles should result in reductions in:

- The prevalence and incidence of behaviour that challenges
- The number of individuals placed in restrictive settings

We encourage the core principles to be adopted by all providers working with people of all ages. We envision a culture where services across education, health, social care and housing work in partnership to deliver the kind of consistent and holistic support that meets people's needs.

## 2 - Introduction and purpose

### What is a Market Position Statement?

This Market Position Statement is designed to contain information and analysis of benefit to providers of support and other services in North Lincolnshire. It shares key intelligence and a sense of direction in order to support potential and existing providers to:

- Make proactive business and investment decisions
- Respond to opportunities around supporting people with complex care needs
- Help providers use resources effectively with targeted initiatives.

This Market Position Statement is evidence based, produced through collaboration between North Lincolnshire Council, North Lincolnshire Clinical Commissioning Group and provider agencies.

It is intended to help identify what the future demand for care and support for people with complex needs and to act as a starting point for discussions between commissioners and those who provide services.

By making this information available to the market place, it is envisaged that providers will use this information to support people to achieve positive outcomes in their lives in their communities of choice.

### Definition and scope

We want to bring about real change and opportunities for people with complex needs in North Lincolnshire. We want to commission and develop a range of services and solutions that improve the lives of children, young people, adults and older people with learning disabilities and / or autism who display or are at risk of displaying behaviour that challenges. The box below describes the scope of this Market Position Statement and our local definition of complex care needs.

*“Young people, adults and older people with a learning disability and/or autism who display or are at risk of displaying behaviour that challenges.”*

**People meeting this part of the definition are referred throughout this Market Position Statement as ‘people with complex care needs’**

*And*

*People who without receiving proactive prevention, via the identification of additional risk factors for development of behaviour that challenges, would go on to be included in the above.*

*This includes people:*

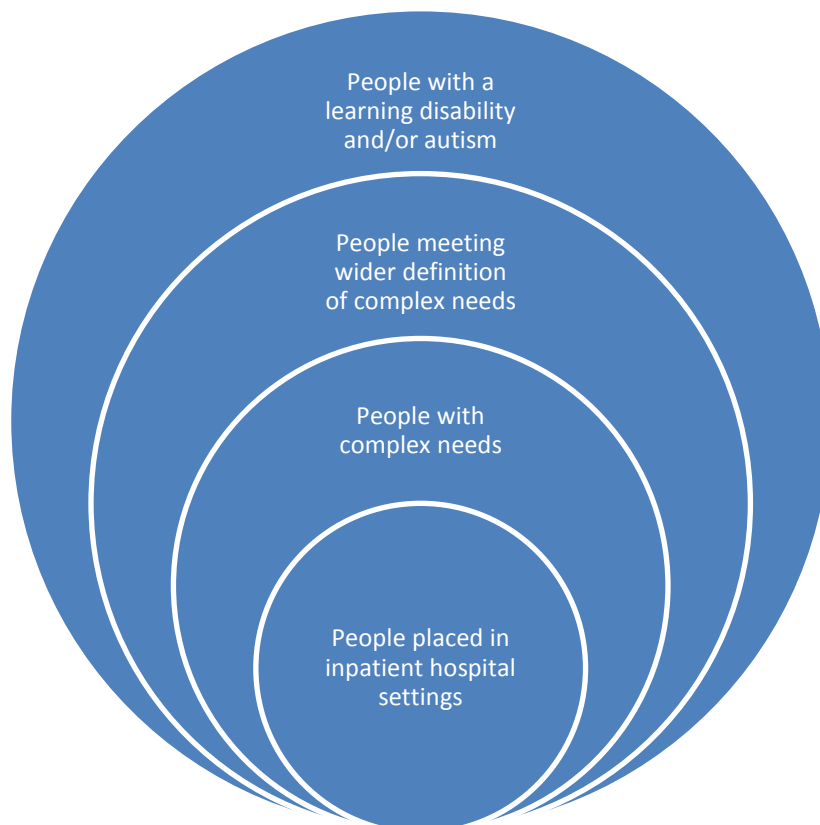
- *With rare genetic syndromes associated with behaviour that challenges*
- *With significant communication impairments*
- *Who are exposed to high rates of environmental adversity*
- *Who have additional mental health, physical health or sensory needs*

**People meeting this part of the definition are referred throughout this Market Position Statement as ‘people meeting the wider definition of complex care’.**

Appendix 1 provides additional definitions to the terms challenging behaviour, risk factors, learning disability and autism.



**This diagram provides a visual presentation of the above definition and scope.**




The content of this Market Position Statement relates to all children, young people and adults who could meet any part of the above definition. Our intention is to develop a market which is proactive, dynamic and responsive across the continuum of need. Services should wrap around individuals, at the earliest possible time in a way that improves health and well being outcomes now and in the future.

## **Who is this document for?**

This document is aimed at health, support, social care, housing and other providers wishing to operate in North Lincolnshire. It represents the start of a dialogue, between the Commissioners (North Lincolnshire Council and North Lincolnshire Clinical Commissioning Group), people who use services both Council funded and those who fund their own care, carers, providers and others about the vision for the future of local health and social care markets.

We would like to talk to existing or potential service providers. If you are considering developing opportunities in North Lincolnshire, please contact:

 [CommissioningProcurementContracts@northlincs.gov.uk](mailto:CommissioningProcurementContracts@northlincs.gov.uk)

### 3 - Key Messages

#### North Lincolnshire Learning Disabilities Profile - Improving Health and Lives

When compared with the England average, in North Lincolnshire we have:

- ★ A low number of adults with a learning disability known to the Council.
- ★ A low number of children with autistic spectrum conditions known to schools.
- ★ A significantly higher number of children with a learning difficulty or moderate learning difficulty known to schools.

**46** people in North Lincolnshire aged 18-64 with a learning disability and are predicted to display challenging behaviour. This figure is likely to remain static from 2012 to 2020 (PANSI website).

**75** adults meeting the wider definition of complex care are known to North Lincolnshire Council.

**43** adults are identified as displaying behaviour that challenges.

**28** children and young people have complex needs.

A small number of adults with complex care needs are not currently having their needs met locally and/or in community settings.

**72** young adults entered into adult disability services between 2008 to 2013.

**32** young people between 2014 and 2017 are likely to require ongoing support once they have made the transition to take up support with adult services.

**206** children have an identified SEN primary need of an Autistic Spectrum Disorder, a Severe Learning Difficulty or a Profound and Multiple Learning Difficulty.

The full report for the 2013 Learning Disability profile for North Lincolnshire is available on the [Improving Health and Lives Website](#).

#### To meet people's needs and improve outcomes, we want to ensure:

- People have access to the advice and information when they need it most to enable them to make informed decisions about the support and housing options available.
- Wherever possible, people are able to live in **ordinary housing** in their community of choice. To do this decisions will need to be made on the basis of what is best for each individual, it is likely that supporting people in their home will be the right decision.
- People have access to meaningful **employment, education, voluntary work** and other **day opportunities**.
- Services meet the needs of our customers, we recognise that services cannot succeed without the contribution made by **family carers**, the needs of family carers should always be considered and their needs assessed.
- The local market supports people at any point in time with support available **24 hours per day seven days per week**. This will be achieved with **flexible delivery** times based on need and agreed outcomes, support will need to be **quick acting and responsive**, managing emergencies in the **community**.

- Support focuses on meeting people’s needs and enhancing their **quality of life** in a sustained way that reduces the likelihood of behaviour that challenges occurring in the future. Support should **adapt** to peoples changing level of need, **stepping up and down** the level of support provided in response to a crisis or more gradual change in a person’s support requirements over time.
- Support is provided to address **broader needs** identified, we understand why and how people display behaviour that challenges, including physical health and mental health, communication and sensory difficulties, relationships and social inclusion.
- The transformation we expect to see in the marketplace will serve to benefit people who have a personal budget, people who contribute to their support packages and also people who self-fund their support. Everyone including people who fund their own care will experience the same **increased choice** to meet their needs.

**Market opportunities**

We want to create the **right services, in the right places, at the right times with the right support**. As a result there will be fewer placement breakdowns and out-of-area placements, people who require longer-term support will be in control of their lives, and live as an integral part of their local community.

We want to ensure that we are able to meet the full range of needs for people locally where people can live as independently as possible. Where appropriate people with complex care needs will have their needs met by universal, targeted and specialist services within the community.

To transform local services and ensure local provision is delivered in a sustainable way, we want to work with organisations that meet **targeted** and **specialist** needs, alongside developing **universal** services to provide people with a range of solutions now and in the future. For people who use services this means enhancing their wellbeing and ensuring **“I can access services in my local area that...”**



**Market opportunities**

We want to support people who wish to live in their community whilst ensuring the delivery of quality, cost effective services for those individuals in area, their families and carers.

# 4 – The Local and National Context

## Local Context

### Health and Wellbeing Board

The Health and Wellbeing Board is a statutory committee of the Council where key leaders across health and social care are working together with a joint focus to improve services for the whole community so individuals and communities are able to live healthier lives and experience positive outcomes. Our vision is that *“North Lincolnshire is a healthy place to live where everyone enjoys improved wellbeing and where inequalities are significantly reduced”*

The Board has responsibility to prepare and publish two key shared documents which provide an assessment of local needs and outline a plan for how we will address need:

- **Joint Strategic Need Assessment (JSNA)** – the JSNA brings together information on the health, wellbeing and care needs of the people of North Lincolnshire. It includes information on current and future need and assets, the quality and accessibility of services, evidence of what works and includes the views and perspectives of people living and working in North Lincolnshire. The JSNA provides key intelligence to support commissioning and should also be useful for providers in shaping their business.
- **Joint Health and Wellbeing Strategy (JHWS)** – the JHWS sets out how local agencies will work together to make sure services meet the health and wellbeing needs of people in North Lincolnshire.

Taking account of the JSNA, we have identified six local strategic priority outcomes across the life stages which will inform commissioning, planning and local partnership activity:

<p><b>Safeguard and protect</b> People feel safe and are safe in their home and protected in their community</p>	<p><b>Close the Gaps</b> Inequalities are reduced across all life stages and all communities</p>	<p><b>Raise Aspirations</b> People are empowered to make positive choices to help them to be the best they can be.</p>
<p><b>Prevention of Early Deaths</b> Early detection, prevention and behaviour change linked to the big killers are addressed.</p>	<p><b>Enhance Mental Wellbeing</b> Good mental health and emotional wellbeing enable people to fulfil their potential.</p>	<p><b>Support Independent Living</b> People are supported and enabled to live independently to improve quality of life.</p>

Tackling the wider determinants that affect health and wellbeing is a responsibility for everyone, all partners and the local community should understand how they contribute and work together to improve outcomes. As a partnership, the Health and Wellbeing Board have adopted eight core values whereby the people of North Lincolnshire:

Have the right to live and work in a safe and friendly environment	Should have equality of life chances and life expectancy	Should be empowered and have the opportunity to discover their strengths and achieve their potential	Should have a quality of life and be able to contribute positively
Should be empowered to make their own choices and be independent	Are unique and each person has the right to have their individual needs met	Are different and their circumstances, background and culture should be recognised, respected and valued	Have the right to be involved in plans, interventions and services that affect them

## Single Organisational Model

Our collective ambition in North Lincolnshire is to transform services to provide sustainable integrated care – **integrated working for better outcomes**. Locally we want to work together to ensure:

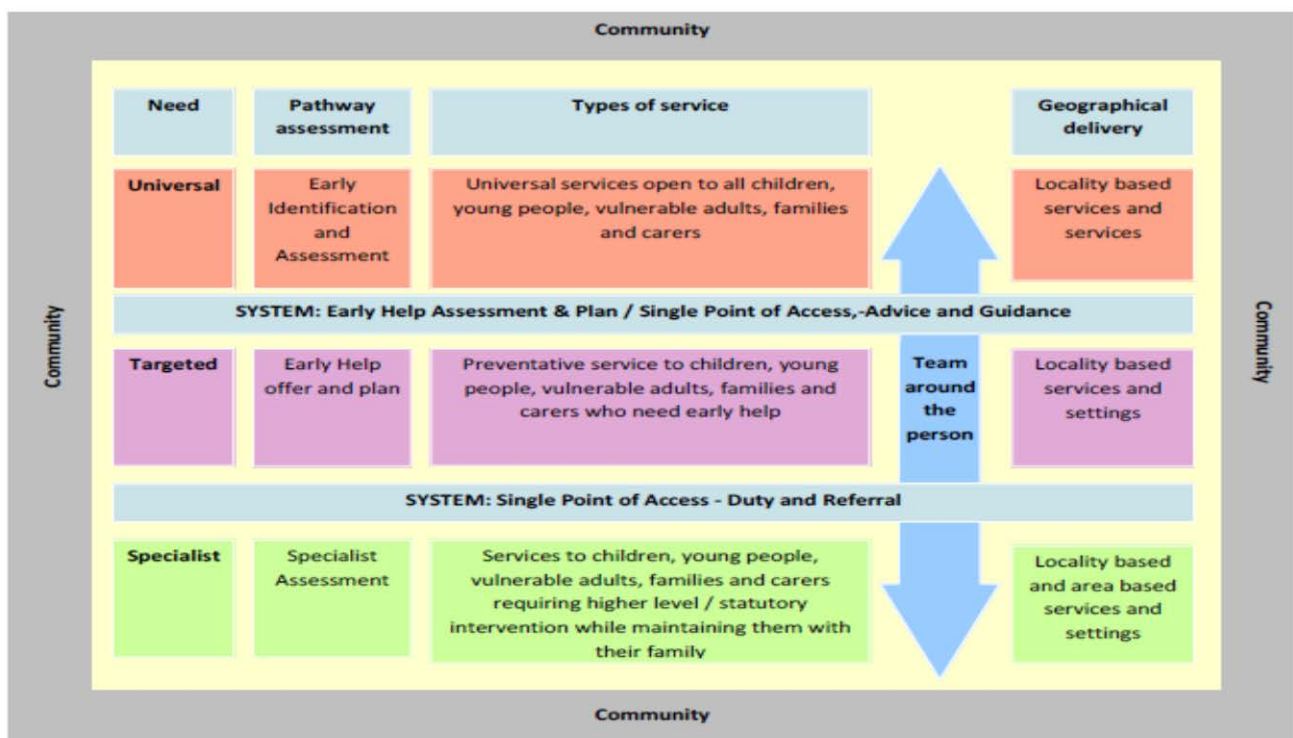
- that approaches and services are person centred and designed around the needs of the individual or family rather than an organisation
- needs are identified early and support is delivered at the earliest point
- services are targeted to meet assessed need and implemented locally
- we actively collaborate and engage with service users in assessment, decision making and planning
- that individual, child and family plans are outcome focussed

The Health and Wellbeing Board has established a Single Organisational Model which provides the basis on which services can be organised and designed on levels of need thus enabling integration.

The model underpins our key commitments of supporting choice and maintaining independence through an asset based approach. We focus on wellbeing, providing access to early advice and interventions to create a more resilient population.

We will work to ensure people with complex needs and families are as independent as possible only intervening where necessary with people receiving the **right service at the right time in the right place with the right support**.

## Single Organisational Model



Through effective integrated working, service design and commissioning we expect to see the following outcomes in North Lincolnshire:

- improved health and wellbeing outcomes and reduced inequalities
- care and support are more effectively delivered and co-ordinated at the earliest point
- co-ordinated solutions designed with the person to meet assessed needs
- better value for money and reduction in costs
- our local population are empowered by building on their strengths and resilience
- supported choice, maintained independence and intervention at the earliest points

- a maximisation of resources
- children, young people, vulnerable adults, families and carers are **safe** and **supported** and have **transformed** lives

### ***Market opportunities***

We would like to work with service providers committed to the outcomes above where we work together to deliver on the vision for wellbeing. We welcome service providers working together to develop innovative support solutions across all levels of need.

<http://www.northlincolnshireccg.nhs.uk/your-health/personal-health-budgets/>

## **Personal Health Budgets**

A personal health budget is an amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS team. The NHS vision for personal health budgets is to enable people with long term conditions and disabilities to have greater choice, flexibility and control over the health care and support they receive.

At the centre of the personal health budget is a person's individual care plan, which sets out how the budget will be spent to enable people to be healthy and safe.

Locally there are a number of ways in which a personal health budget can be managed:

- Notional budget, where no money changes hands, people find out how much money is available and talk to their local NHS team about the different ways to spend that to meet needs. They will then arrange the agreed care and support.
- Real budget held by a third party, a different organisation or trust holds the money for you and helps decide what support is needed. The organisation then buys the care and support chosen.
- Direct payment for healthcare, where people get the cash to buy the care and support.

More information is available on the [North Lincolnshire Clinical Commissioning Group website.](#)

## National Context

In addition to the national programme for change described in the Winterbourne Concordat, the following national drivers have influenced this Market Position Statement and will continue to shape the development of local services.

### Care Act 2014

[The Care Act 2014](#) - The Act reforms the law relating to care and support for adults and the law relating to support for carers, makes provision about safeguarding adults from abuse or neglect and makes provision about care standards. The Act introduces numerous changes including putting personal budgets on a legal footing and placing a duty on partners to provide preventive services to support people's health and wellbeing.

The legislation also introduces a national minimum eligibility threshold, Council-funded social care and a limit on the amount people will have to pay towards their own care costs. Other key aspects of the Act include:

- A duty on partners to consider the physical, mental and emotional wellbeing of individuals in need of care;
- New powers for the chief inspector of social care to hold poor-performing providers to account;
- A requirement for Councils to offer deferred payment schemes so that individuals do not have to sell their homes to pay for residential care in their lifetime;
- New rights for carers including the right to an assessment of their needs and the right to get support if they meet eligibility criteria;
- A responsibility for local authorities to promote diversity and quality in provision of services, promoting the efficient and effective operation of a market in services for meeting care and support needs, ensuring people have a variety of providers and of high quality services to choose from.

This Market Position Statement and the [Adult Services Market Position Statement](#) published on the Council website form part of our local approach to develop a vibrant, responsive market of service providers. The Market Position Statement should be read alongside the JSNA and the [Local Account](#) which sets out what the council and its partners have done or plan to do to continuously improve local services.

### Children and Families Act 2014

#### [Children and Families Act 2014](#)

The Act introduces major changes to support for children and young people with Special Educational Needs and Disabilities (SEND). From September 2014 Education, Health and Care (EHC) plans will begin to replace SEND Statements. The Councils Special Educational Needs team will ensure children and young people will have a single 'EHC' plan for meeting their education, health and social care needs, which can run from birth to age 25 if it needs to.

The Council is required to publish a 'local offer' setting out what support is available to families with children who have Special Educational Needs or disabilities. The local offer will also explain how families can request personal budgets, make complaints and access universal, targeted or specialist level services.

The requirements of the two Acts above will be delivered locally with a focus on integration to support improved outcomes.



## Personal Health Budgets

From April 2014, everyone who receives NHS continuing health care funding will be able to request a [Personal Health Budget](#) rather than receiving commissioned services. The aim is to enable people with long term conditions and disabilities to have greater choice, flexibility and control over the health care and support they receive.

From October 2014. Clinical commissioning groups (CCGs) will also be able to offer personal health budgets to others that they feel may benefit from the additional flexibility and control.

## National Confidential Inquiry into Premature Deaths of People with Learning Disabilities

The national Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD) identified the following issues that may support providers in developing their business:

- When considering the health and social care needs of the people with learning disabilities, it was apparent that they were a very vulnerable group.
- Significantly more (17%) were underweight than the general population (2%), even after excluding those who had lost weight in their final illness.
- Two-thirds lacked independent mobility, half had problems with vision, a quarter had problems with hearing, over a fifth (21%) had problems with both vision and hearing, 30% had limited verbal communication, and 22% did not communicate verbally at all.
- Almost all (97%) had one or more long-term or treatable health condition, including 43% with epilepsy (31% had had a seizure in the previous 5 years), 39% with cardiovascular disease, 22% with hypertension, 14% with dementia and 13% with osteoporosis.
- Of people known to be on GP learning disability registers, 71% had received an annual health check in the year before death, but 12% had never had an annual health check. More than a third were reported as having difficulty in communicating their pain, but a pain assessment tool such as DisDAT3 had been used with only 4 people.
- Engagement in the bowel cancer screening programme was problematic.



## 5 – Understanding demand and needs

This section provides information relating to all people meeting the specific and the wider definition of complex care. i.e. people with a learning disability and/or autism who display or are at risk of displaying behaviour that challenges and people who without receiving proactive prevention would go on to display behaviour that challenges.

This Market Position Statement uses the following descriptions to support understanding of the data presented - '**people with Complex Care Needs**' and '**people meeting the wider definition of Complex Care**'.

Demand information within this section is presented in two complementary parts:

- Demographic Demand – Where the numbers or percentages of people meeting a particular circumstance are provided, including incidence and prevalence data.
- Need Demand– Where the needs of a particular group of people is described.

### Demographic Demand

#### Projecting Adult Needs and Service Information (PANSI)

The number of people in North Lincolnshire aged 18-64 with a learning disability, predicted to display challenging behaviour are shown on the [PANSI](#) website.

The prevalence rate for people with a learning disability displaying challenging behaviour is 0.045% of the population aged 5 and over. This prevalence rate has been applied to ONS population projections to give estimated numbers up to the year 2020.

The figures show that the total population of people with a learning disability predicted to display challenging behaviour remains at a constant 46 from 2012 to 2020, it can therefore be deduced that this is a mainly static group of people.

The figure of 46 people is an estimate based on the population of North Lincolnshire, for this reason the figure will not exactly match any figures presented in this Market Position Statement that are a count of the actual number of people known to services.

Whilst there may be a difference between the predicted and actual number of people, there is a clear message for service providers that this group of people have a long-term need for support and services that can respond to changing levels of need. For the small number of people receiving forensic services in North Lincolnshire, mental health provision includes specialist step down units.

### Children and Young People

- 818 children and young people have a statement of Special Educational Needs
- 589 have a statement of Band 3<sup>1</sup> level and above.
- 206 children with SEND, have an identified SEN primary need of an Autistic Spectrum Disorder (ASD), a Severe Learning Difficulty (SLD) or a Profound and Multiple Learning Difficulty (PMLD).

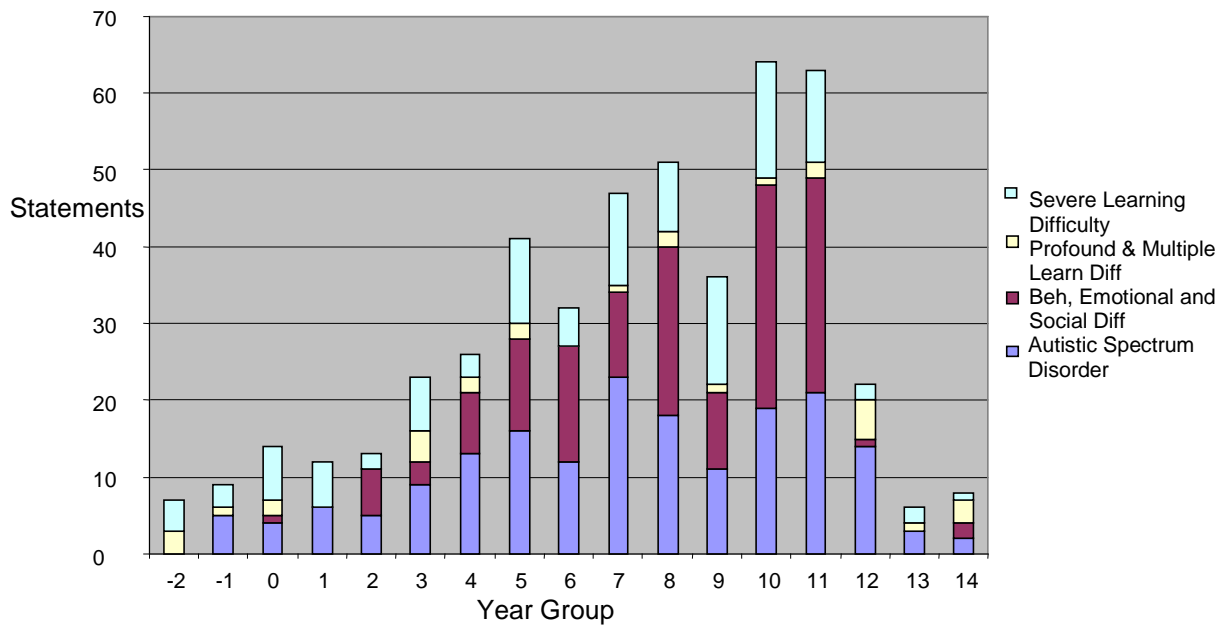
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<sup>1</sup> Band 3 is a locally defined level of need where Band 1 is intensive, 2 is High, 3 is Medium, 4 is Low and 5 is Minimal

- 17 children and young people out of the 206, have a Behavioural, Emotional and Social Difficulty in addition to the primary need described above.

Summary data, based on all identified special educational needs, is shown below.

Children with Statement of Special Educational Needs - as at April 2014



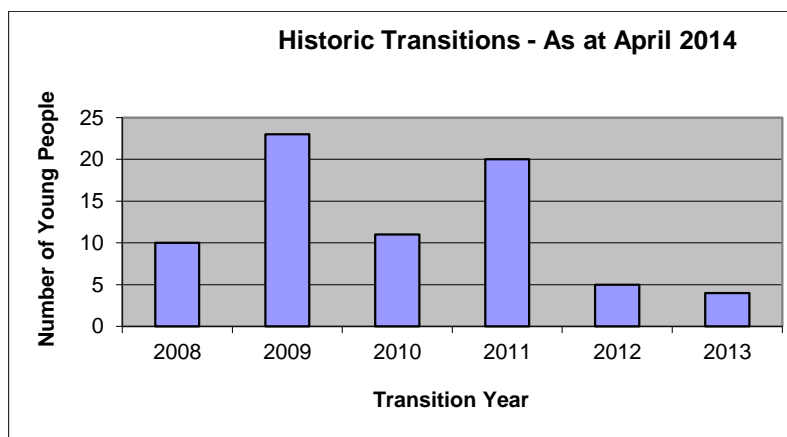
There are currently 36 children and young people with Statements placed in independent schools or non-maintained special schools. A further 9 children are supported in special schools outside of this area.

From this group, 28 children and young people are Band 3<sup>1</sup> and above and are therefore included in the definition of children and young people with complex needs and/or behaviour that could challenge.

### Transition Data – 2008 to 2013

72 young adults have entered Adult Disability Services between the period of 2008 to 2013. Some young adults transferred to Adult Services whereas others entered adulthood as their levels of individual need became greater.

The total spend for this group of people is £1,303,509. The average spend is £18,104 per annum per person or £348 per week. The numbers of young people in transition between services has varied considerably with a substantial peak most recently in 2011 and has continued to fall.

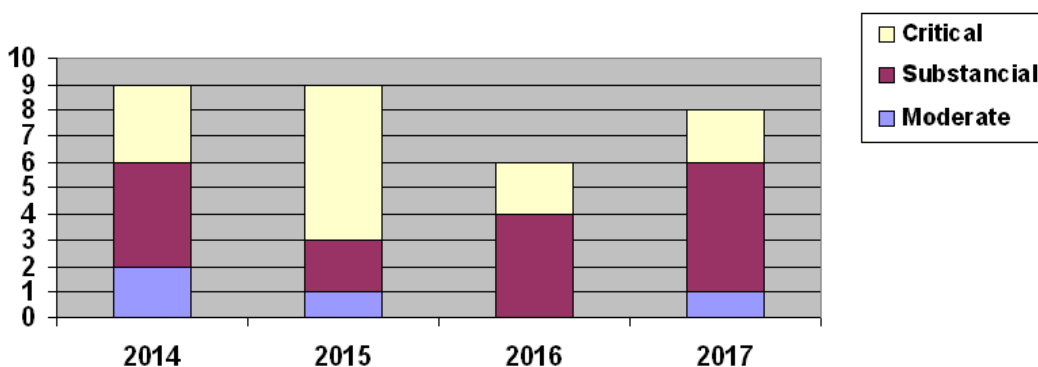


The vast majority of people have transitioned across directly from Children’s Services provision through the agreed pathways between Adults and Children’s Services. The number of young people predicted to make this transition is subject to fluctuation.

### Prediction – 2014 to 2017

There are 32 young people who are likely to require ongoing support making the transition to adult services over the next 4 years as shown below. Further work is planned to take place to reduce the age at which an adult services assessment will be undertaken from the current age of seventeen and a half. The impact for service providers is that the number of people requiring support as an adult is likely to be predicted more accurately.

Prediction of next four years transition - As at April 2014



From April 2015, a new national minimum threshold for eligibility will be specified under the Care Act 2014. This will set a guarantee of the minimum needs which local authorities must meet. The proposed minimum threshold for 2015/16 has been set at a level described as 'substantial'.

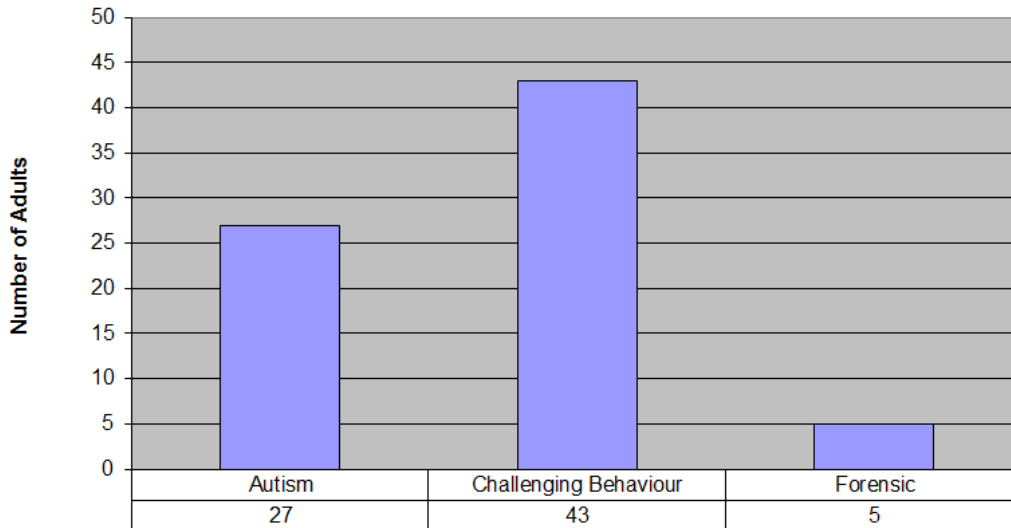
The new duty to assess in the Care Act 2014 is likely to result in an increased number of adult social care assessments being undertaken locally, this could also increase the number of people taking up universal or preventative support services as part of the early help offer. Where it appears that an adult may have the need for care and support, the Council must assess those needs to determine what those needs are.

### Adult Services

The number of Adults meeting the wider definition of complex care that are known to the Council in North Lincolnshire is shown below<sup>2</sup>:

<sup>2</sup> For people above with an Autism diagnosis, if the primary need is a learning disability then additional diagnosis of specific disorders such as autistic spectrum disorder are only considered when a specific autistic model of care is indicated to be beneficial. There are a number of people un-diagnosed with substantial autistic traits. There could therefore be more people with an autistic spectrum disorder than stated in the above figures.

### Adults with Complex Care Needs



The needs of the 75 people above are currently met through a range of internal and external service provision.

## Need Demand

### People Living Outside North Lincolnshire or in Hospital

There are currently a small number of people with complex care needs for whom it has not been possible to meet their needs locally in a community setting, as such people are currently residing either in a number of out of area settings or in local independent specialist provision.

A number of people with complex needs have expressed a desire to move into a community setting in North Lincolnshire. To make this possible, the support available locally will need to be increased to match the demand of people with complex care needs.

Our ambition is to develop the market and enable people to live close to home so that in the future people do not need to live away from their local area.

#### **Market opportunities**

We want to work with providers to offer wrap around support and accommodation to people choosing to move closer to home and in less restrictive environments.

For people meeting the wider definition of complex care, reviews are currently being undertaken to understand the needs of people and their families. This information will be used to inform the planning and commissioning of future services and care pathways. We will refine this information in order to further develop our market shaping strategies supporting work with providers and in outlining local commissioning intentions.

#### **Market opportunities**

We want to work with providers to offer support to people who without this support may go on to develop complex care needs.

## North Lincolnshire Learning Disability Housing Need Survey 2011

In August 2011, a survey was undertaken with the 374 adults who were registered with a learning disability with Adult Services. The survey results are available on the [North Lincolnshire Council Website](#), a summary of findings relating to need is as follows:

- There is a continued increase in the percentage of people with learning disabilities being supported to live in their own homes and a decrease in the percentage living with parents or other family members.
- An additional 31 people are planning to move from family homes or residential settings into their own housing over the next 5 years (from 2011). Staff working with young people in transition report that an additional 17 young people may also be looking for supported housing over the same period.
- These figures together equate to an average of 10 additional people each year planning to move into supported housing in North Lincolnshire over the next 5 years.
- The survey showed the following percentages of people living in localities; 17% Barton, 20% Brigg 6% Isle of Axholme, 17% Scunthorpe North, 34% Scunthorpe South and 6% Out of area.

We will work to ensure that people can access good advice and information on housing and support options.

### **Market opportunities**

We want to work with landlords and service providers to support more people who wish to move into their own homes as part of the community. We are looking for providers to approach us with innovative solutions including offering wrap around support available 24/7 with flexible delivery to enable people to live independently and as active members of the local community.

## What do people with Learning Disabilities and their carers say?

An externally facilitated event, 'All Means All' was held in July 2013 with people meeting the wider definition of complex care and their families and carers to understand their needs. The information below provides a summary of the common themes regarding what is and is not working well for people. The "I Statements" represent themes aggregated from the views of numerous people which are phrased as though they are the view of a single service user or family member.

**1 - I am supported to be independent for as long as I can, I am helped by being able to access services like the Leisure Centre and being able to choose where I live and what support I need to remain independent.**

### **Market opportunities**

"I need better support for preventing me going into a crisis, I need support for me to get involved with meaningful activities and to help me understand using a personal budget."

**2 - I understand how my care and support works and what my entitlements and responsibilities are, my Health Action Plans are keeping me safe and well. I do not want to have to move from home to get the supported that I need.**

### **Market opportunities**

"I need to be able to live in a rented property in my local community with all the support I need to live there safely. I need access to good advice and information on housing and support options."

**3 - I am happy with the quality of my care and support, I have support from good staff who know me and who like things that I like. There are different teams working together who talk to each other and me about my care and support.**

***Market opportunities***

“I want to live in a rural area and would like to have more opportunities to go out and about doing activities and also going on a short break. My friends in Scunthorpe would like to do the same”

**4 - I know that the person giving me care and support will treat me with dignity and respect, the support staff know me as an individual, this helps my family get the same messages about my support.**

***Market opportunities***

“I use the advocacy service when I need to in order to get my views heard. I want this to make sure I have my support from the same people each week to meet my needs.”

**5 - I am in control of my care and support, but when something happens in my life to upset me I don't want to go back to hospital.**

***Market opportunities***

“I need to be able to avoid going to hospital by having a preventative and crisis service available when I need it”.

## 6 - The picture of the current state of supply

This section describes a number of services provided locally for people with complex care needs and for people meeting the wider definition of complex care. Service provision has been listed against the three levels of need within the Single Organisational Model. The information identifies potential development opportunities for providers to respond to local need.

The opportunities highlighted below show a move away from traditional models of support and residential care to community solutions offering flexible support to people who are part of the community.

### Universal Services

Universal	Early Identification and Assessment	Universal services open to all children, young people, vulnerable adults, families and carers	Locality based services and services
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Universal services are those services that are available to the whole population in North Lincolnshire, services include Council managed services such as leisure centres, libraries and museums as well as wider provision such as GPs, dentists, community policing and community centres. People with complex care needs and people meeting the wider definition of complex care will benefit in the same way that the wider community benefit from using these services. People with complex care needs may need targeted, universal or specialist support to access universal services.

### Universal - Housing through Home Choice Lincs

People in need of social housing are able to access housing from a Housing Association by applying through the web based Home Choice Lincs system. The majority of Housing Associations operating in the area use the scheme to advertise vacant dwellings.

The Home Choice Lincs system is available to social landlords wishing to advertise accommodation in North Lincolnshire. People who use services and are seeking a tenancy are encouraged as part of their review to register with the Home Choice Lincs website. As a result we have a number of people with complex needs living within tenancies as part of the community. We expect this market to grow as people choose to live in ordinary properties.

**Universal - Community Well-Being Hubs** - North Lincolnshire Council has established four Community Well-being Hubs, these are in Scunthorpe, Barton, Brigg and Epworth. The Hubs will provide a model of delivery based on an 'early help' approach, offering universal services to the majority whilst targeting resources to those who are most vulnerable in the communities. Targeted and specialist will also be available within the Hubs.

### **Market opportunities**

We want to begin dialogue with service providers who want to offer services and activities from within the Community Well-being hubs.

### Targeted

Targeted	Early Help offer and plan	Preventative service to children, young people, vulnerable adults, families and carers who need early help	Locality based services and settings
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## Targeted – Housing Related Support

Following a recent review, a number of Housing Related Support services operate in North Lincolnshire to enable people to maintain their accommodation. A range of fit for purpose accommodation-based and community solutions are currently in place. There is no intention to commission additional capacity for Housing Related Support service imminently. Any tender opportunities will be advertised on [YORTender or Contracts Finder](#)

## Targeted – Advocacy Services

An existing external contract to deliver a Generic and Independent Mental Capacity Advocacy Service for Adults will be reviewed in 2014/15.

### ***Market opportunities***

We want to involve people who use services, carers and service providers in designing future advocacy services for vulnerable adults. Following review any tender opportunities will be advertised on [YORTender or Contracts Finder](#)

## Targeted – Personal Assistants

Personal Assistants enable people with complex care needs and people meeting the wider definition of complex care to remain independent and able to live in their own home. Personal Assistants should have specialist knowledge of individuals specific needs and an understanding of when they might display challenging behaviour, and how people might need support.

The development of individualised specialist packages of support to enable people to move safely into community settings could include specialist PAs or targeted medication management, this will be decided on a case by case basis in consultation with service users and their carers.

## Targeted – Physical Health Support

Children, young people, adults and older people with learning disabilities and / or autism are at increased risk of experiencing physical health difficulties. Physical health support should be available from NHS contracted through the door support, with advocacy provided to support people navigating between services.

## Targeted - Supported Living for Adults

Supported living is the provision of support (floating or through the door) to people living in their own homes within the community to enable them to live as independently as possible and to maintain their tenancies. There are currently a number of different supported living models in place in North Lincolnshire:

- Supported housing - There are currently 60 places for people with learning disabilities in supported housing provided by Housing Associations. There is some additional provision from private providers.
- Supported lodgings – A small number of people lodge with other people, who also provide some support.
- Mainstream housing – People with learning disabilities are also supported to live in mainstream housing, rented from social or private landlords, or owned by themselves or their families.

We want to enable people to live full and enriched lives within their local community, to experience a broad range of relationships and build support networks. We now have a tenancy model, with 24/7 support packages, that is fit to meet a range of emerging complex needs. A successful bid to develop 8



properties in Scunthorpe was secured by North Lincolnshire Council to work with North Lincolnshire Homes. This scheme will assist in meeting the high demand of people with learning disabilities who want to live more independently in Scunthorpe and therefore improve their health and well being by being able to make their own choices. The properties will be prioritised for people with complex needs to support them to remain in North Lincolnshire rather than being placed out of area. The demand for this type of property is evidenced through the number of people registered as expressing an interest through the Home Choice Lincs system.

**Market opportunities**

We would like to work with landlords and service providers to increase capacity for supported living arrangements with wrap around support provision, the provision of Personal Assistants paid for through people’s personal budgets and through Community Support for You options.

**Specialist**

Specialist	Specialist Assessment	Services to children, young people, vulnerable adults, families and carers  requiring higher level / statutory intervention while maintaining them in their home and community	Locality based and area based services and settings
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**Specialist - Support at Home Community Support for You**

[Community Support for You](#) is the arrangement we have to provide homecare through external providers to make support more personalised and outcome focused, therefore giving people more say over who supports them and how they want to be supported. To support people to live in their own homes or in supportive living settings, we want to further develop the range of specialist home support providers working with people with complex needs.

**Market opportunities**

We want to work with providers to deliver specialist services to people with Complex Care needs through Community Support for You. Providers wishing to deliver Community Support services in North Lincolnshire should register on the [YORTender](#) website, selecting the Health and Social Care Services category. Opportunities to join the arrangement are advertised on a bi-monthly basis. Existing Community Support for You providers should consider expanding their service offer to include supporting people with complex needs.

**Specialist – Independent Living Arrangements as part of an Extra Care Scheme**

There is a proposal for a new purpose built Extra Care Housing Scheme to be developed in Scunthorpe. It is planned that 8 units of accommodation will be designed to meet the requirements of people with complex needs and people in transition. We have identified a need to explore the potential needs of people who want to live in rural areas.

**Specialist – Case Management**

NHS North Lincolnshire CCG commissions a case management service that works in partnership with specialist inpatient service providers to ensure timely transition of people back to community provision

## **Specialist - Step Down Assessment Properties**

A number of properties to enable people to live locally are being developed across North Lincolnshire to serve as step down assessment properties and supporting individuals to be reassessed in a safe environment upon returning to North Lincolnshire (if needed) before moving to a longer-term tenancy or alternative housing model.

### ***Market opportunities***

We want to work with providers to build capacity for specialist community based wrap around support to ensure there is a range of flexible provision for people with needs of a very specialist nature. This could include expanding Community Support for You.

## **Specialist - Step Down and Assessment and Treatment Units**

Currently the Community Learning Disability Team has no direct access to Step Down facilities and Assessment and Treatment units within the North Lincolnshire area. We are working with our partners to develop effective and appropriate pathways for supporting people with complex needs including those with dual diagnosis.

## **Specialist – Residential Care for Adults**

There is already an extensive provision of residential homes for older people where learning disability is a secondary need. People with a learning disability also tell us that they want to live in their own home rather than in residential settings.

### ***Market opportunities***

We have an over capacity of care homes for people with less complex needs who require long-term support. We want to enable people to lead independent lives in their own homes as part of the community.

## **Specialist – Residential and Nursing Care for Adults**

There are eleven specialist learning disability nursing homes registered to provide services for people with challenging behaviour, older adults, physical disabilities and young adults with autism. At present there is one provider tailored to meet the needs of people with autism.

### ***Market opportunities***

The opportunity for existing service providers is to diversify from a residential model to develop community provision or to offer nursing provision at the very high specialist level of need working within principles of the least restrictive practice. It should however be noted that the trend remains for people to choose to live in their own home.

## **Specialist - Crisis and Emergency Response for Adults**

The collective ambition of the Health and Wellbeing Board and expressed in the local Better Care Fund plan is that over the coming years, more services will be delivered in the community at the lowest possible point of support and intervention. There will be a shift of resources from high-cost reactive services to lower cost preventative services. This will ensure there is a reduction in A&E attendances and in avoidable emergency admissions.

For people meeting the wider definition of complex care, there are a number of risk factors that should be used to predict which people are most likely to develop behaviour that challenges at an early stage

and in later life. The early detection of risk factors and systematic assessments of behaviour is the key to prevention of behaviour difficulties, the basis of early intervention and avoidance of people experiencing a crisis.

Service providers delivering care and support should be familiar with the positive behaviour support model and risk factors identified in [‘Ensuring Quality Services’](#).

## **Specialist – Support to Move Back to North Lincolnshire**

There is one independent registered hospital providing care, treatment and rehabilitation for people with complex care needs in North Lincolnshire and there are a small number of specialist care providers in the area.

The Care Act 2014 sets of guidelines for continuity of care for people wishing to move between local authorities areas within England. It is recognised that people with care and support needs are often reluctant to move home despite wanting too, due to worries over their care arrangements.

### ***Market opportunities***

There is a strong indication that people from North Lincolnshire who currently live outside the area want to return. The opportunity for service providers is to consider how the services they offer meet the needs of people who are from North Lincolnshire. We want to have dialogue with specialist providers to better understand the needs of people who use their services now and in the future.

## **Specialist – Advocacy Services**

People without family or friends who are involved in support planning are likely to require additional support to express their views. The provision of independent advocacy is central to safeguarding vulnerable people across all ages and needs to be tailored to people’s individual need.

In 2014/15 we are reviewing our targeted and specialist advocacy services for vulnerable adults, consideration will be made to increase capacity to enable existing providers to undertake out of area advocacy work.

### ***Market opportunities***

We want to involve people who use services, carers and service providers in designing future advocacy services for vulnerable adults. Following review any tender opportunities will be advertised on [YORTender or Contracts Finder](#)

## **Specialist - The Local Education Offer**

An independent review of educational SEND provision is being undertaken in the light of the Children and Families Act 2014. SEND reforms in this review will consider pre-school, school age, post-16 and post-19 education provision in North Lincolnshire. At the complex/specialist level of need, educational, health and care provision should dovetail together to meet these needs under the new education, health and care provision for children and young people aged 0 to 25.

In relation to preventing unnecessary placements out of area, the Council and Clinical Commissioning Group collaborate to enable local packages of care to be developed and delivered for young people entering adulthood, therefore preventing unnecessary out of area placements.

The North Lincolnshire CCG has also invested in additional capacity in the Commissioning Support Units Continuing Health Care team to provide input into transitional planning. As of June 2014, all the planned resources are now in place.

## Specialist - A fee-based foster care scheme

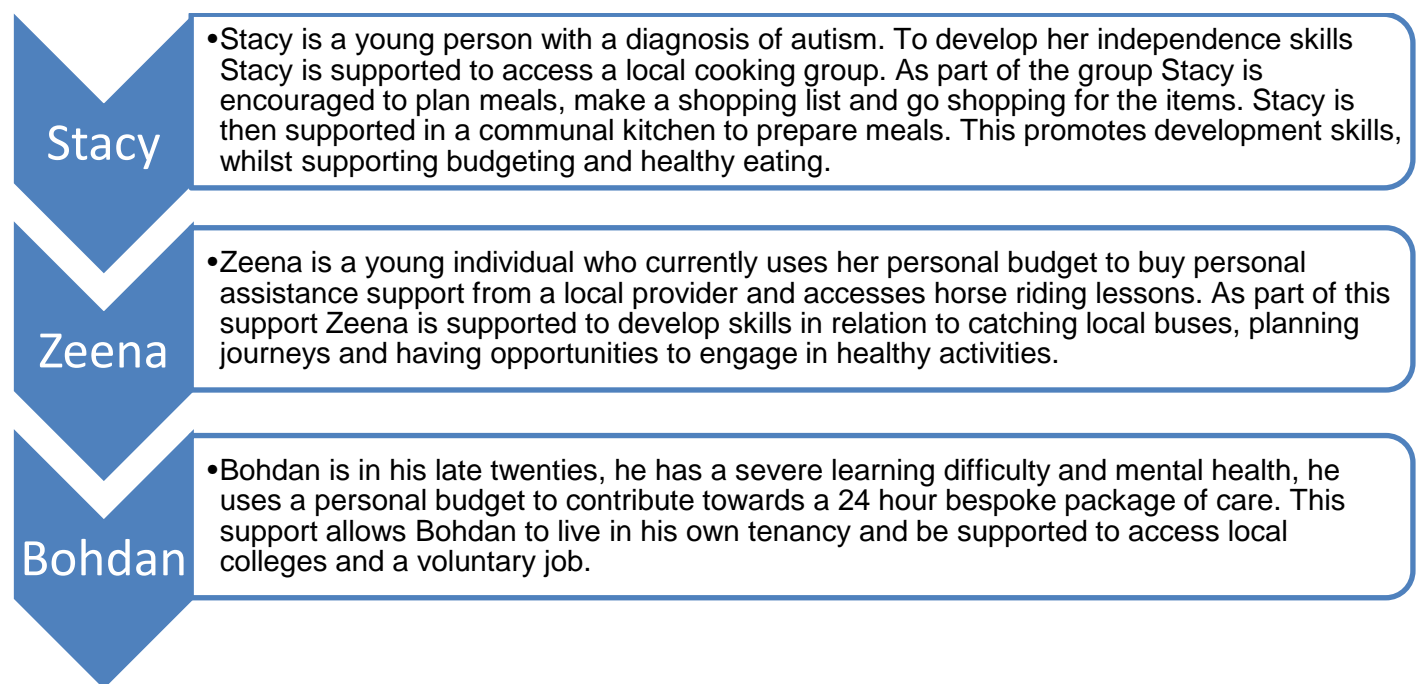
A fee-based foster care scheme is being developed that will include enhanced payments for Foster Carers who provide short breaks and also short / long term placements for children and young people who have complex needs / challenging behaviours.

### Universal / Targeted / Specialist

## Bespoke Solutions

People across the full spectrum of needs have been choosing a range of solutions rather than using traditional services, with the emphasis being on achieving individual outcomes through a range of community-based activities and solutions.

The following accounts describe how some people are spending their personal budgets, people's names have been changed to maintain confidentiality:



### **Market opportunities**

We want to encourage service providers to offer a range of bespoke solutions in line with the case studies above, providing a seamless transition for young people into adulthood. A range of bespoke solutions with the use of Personal Assistant that are focused on individual need will be required, including to help people develop social skills such as making friends in the community and with life skills such as cooking, managing budgets, maintaining friendships and catching a bus.

## Workforce

A range of professionals with complementary skills working together in an integrated multi-disciplinary and multi-agency team approach will deliver our vision for holistic support outlined in this document. This section sets out some of the principles for workforce development to which support providers to meeting outcomes for people with complex needs.

We want universal provision to be delivered by staff that are competent and confident with meeting service users with more complex needs and create environments suitable for people with complex care needs that enables people to participate in their communities.

Children, young people, adults and older people with learning disabilities and / or autism need a workforce that have a focus on preserving and maintaining dignity and providing safe high quality services. Those who are providing educational, health or social services as well as housing services should demonstrate they are managing their workforce to achieve this by:

- Involving children, young people, adults and older people with learning disabilities and / or autism and their family and carers in the recruitment process and within training sessions
- Providing accredited training to keep up to date with best practice and maintain professional development
- Supporting staff to value and competently use the best practice approaches to communication with each individual they support
- Ensuring staff have a good understanding of the symptoms/signs of co-morbid conditions (for example, Mental Health and ADHD) which can be associated with behaviours that challenge
- Ensuring all staff receive regular supervision, appraisal and support
- Developing staff to understand applicable legislation relating to safeguarding and protecting vulnerable groups, including the Safeguarding Vulnerable Groups Act 2006. Staff should be aware of their roles and responsibilities and know how to report concerns.
- Ensuring staff are trained in safeguarding to a level that is applicable to their role and the environment in which they work, staff they should understand the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)
- Actively encouraging innovation and creativity, focusing on putting people with complex care needs at the centre.
- Ensuring services are solution and outcome focussed giving people choice and control.
- Ensuring staff value and understand how to provide safe high quality services and are skilled in providing personalised support.
- Providing well-trained and supported staff, deployed in the right places at the right times with the right management. Staff should be supported to receive accredited training in Positive Behavioural Support which is refreshed at least annually.

In order to meet peoples outcomes, providers should develop their workforce to meet the above principles and to use the knowledge of people who use services to complement their own workforce, to undertake mystery shopping exercises and provide critical challenge to existing processes.

The Health and Social Care Workforce Development Team would like to begin dialogue with providers to understand the level of skill within the external provider market in order to identify specific training needs and develop joint solutions.

## 7 - Case Study

The following case study relates to a person who has returned to North Lincolnshire and is keen to share their story, their name has been changed to maintain confidentiality. Their experiences are based on the principles of social work ethos, enablement and prevention. This example is one of many where people are exercising choice, increasing independence and being part of a community.

### **Sylvia**

Sylvia is a young individual who was placed at an out of area college. Sylvia has a diagnosis of cerebral palsy and as such has both physical and learning disability needs.

In order to provide a holistic assessment of Sylvia's situation and an assessment of need, Social Workers from both the physical disability and learning disability teams were asked to support Sylvia back into the local area. Prior to becoming involved with Sylvia a number of discussions had taken place about the most suitable model of care to support and provide an enabling environment.

Due to the complex nature and vulnerability presented by Sylvia's needs, it quickly became apparent, that community living/supported living accommodation would not provide a safe and sustainable placement, with further work needing to be undertaken. Local providers were contacted and it became further apparent that Sylvia would require a place, which could continue to support with development of life planning skills, whilst balancing associated risks.

In line with the social care model and enablement a local residential provider was identified who could offer accommodation in an apartment environment on a short-term basis with higher levels of support and supervision that could enable Sylvia to transition into a lower dependency supported living environment. Sylvia now uses a personal budget to purchase her care and support and is living independently in the local area.

The outcome for Sylvia not only promoted choice and control, but also allowed carers to act as partners in decision-making processes with all professionals involved.

### ***Market opportunities***

We welcome working with service providers who can develop innovative solutions with people making use of Personal Budget or Personal Health Budget. More information, case studies and the Personal Health Budget Toolkit is available on the [NHS England](#) website.

## 8 - The current level of resourcing

This section describes the level of resourcing available through Adult Services and Health. Care should be taken to note which particular group of people are included in the figures that follow. Service providers should also note that some areas of current funding may be allocated to long-term contractual arrangements and thus may not currently be available to reinvest.

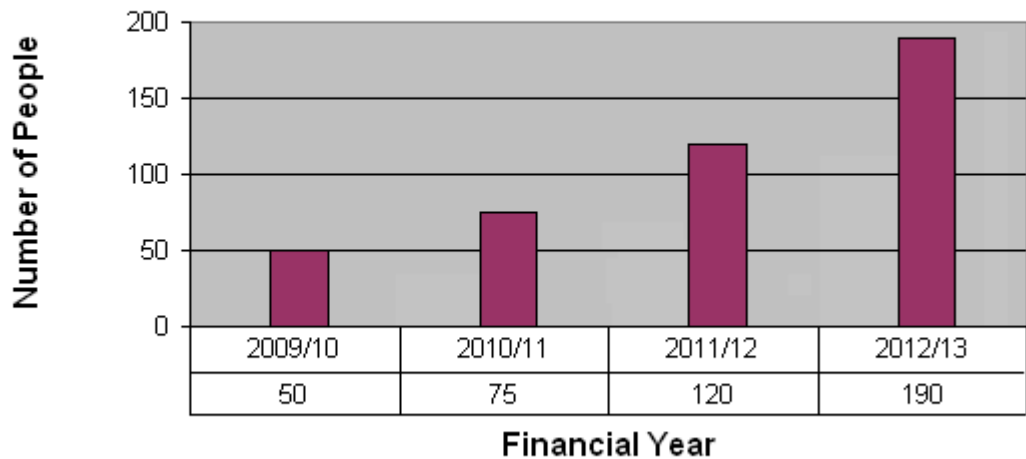
### Adult Services

#### Learning Disability - Personal Budgets

This section gives providers an insight into the number of people and high level budget values for people with a learning disability who are aware of their budget and are using it to make individual choices to achieve their personal outcomes. Some people receive this money as a direct payment, others might chose to ask a provider or other third party including family members to manage their budget on their behalf the graphs below include all forms of payment.

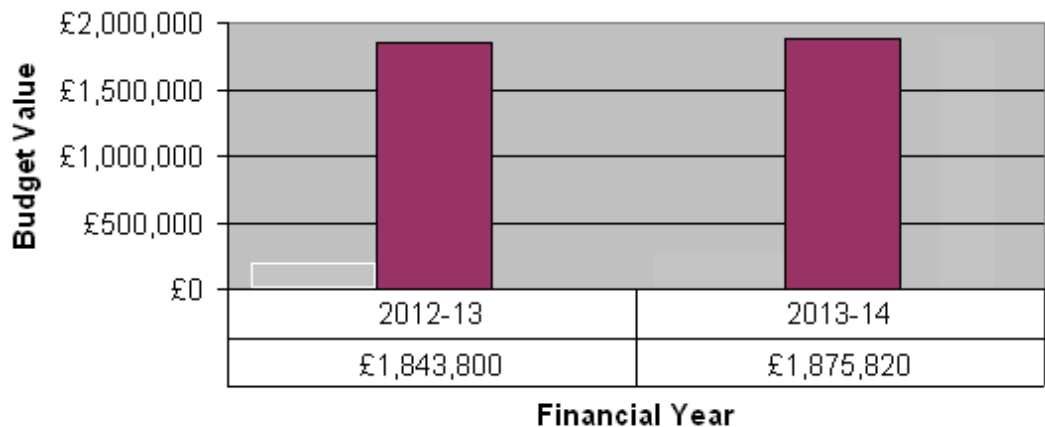
The figures in this section relate to a wider group of people than the wider definition of complex care, however the figures will still indicate to providers the size of the potential market.

Number of people aware of their budget



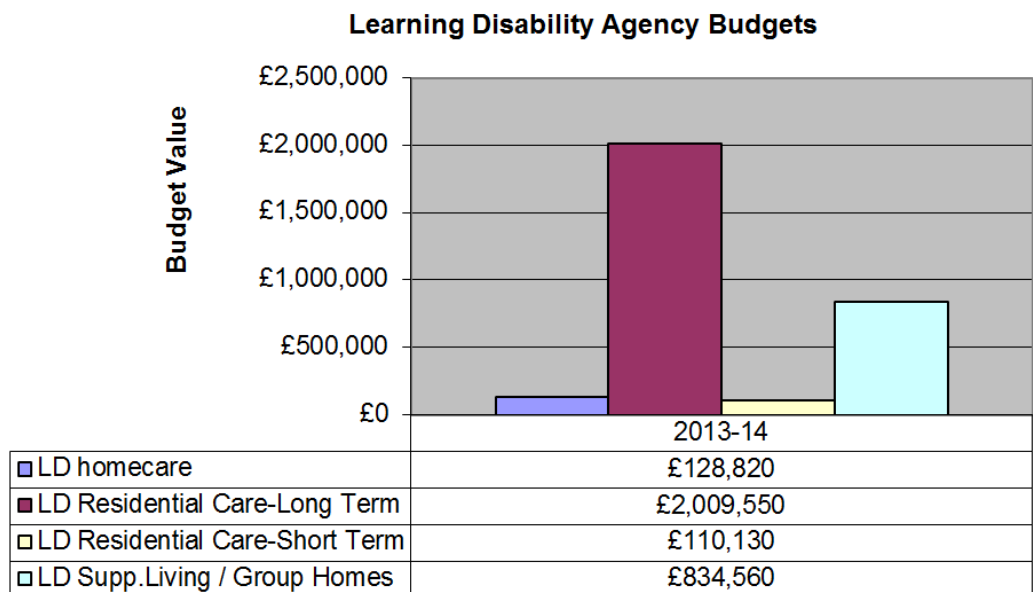


### High level value of the total budget



Whilst there has been an increase to date in both the number of people and the total budget value, the long term trend will be for people to access services through an early help offer including support to access universal services. It is unlikely that this increase in budget to continue on its current trajectory as more people will take advantage of the early help offer, accessing universal services and taking up lower cost community solutions.

The Adult Social Care Learning Disabilities Agency budget for the financial year 2013 to 2014 is shown below:



The long term trend will be to reduce the long and short-term spend on residential care, with people sourcing community solutions.

The range of targeted and specialist community solutions a person or their family might choose as an alternative to living in residential care could include:

- accessing activities offered in the Community Hubs
- employing a Personal Assistant to provide a range of support such as; enabling people to undertake meaningful activities, understand peoples support need, help manage peoples support package, manage their finances and help people purchase home support through a Community Support for You provider.



- short breaks for carers
- wrap around support that enables a person to live in their own home including purchasing home support or with support recruiting and employing a Personal Assistant.

### **Market opportunities**

We want to work with providers to enable people to live in the **community** with the least restrictive support, to enable people to live their lives **independently** with choice and control. The opportunity for service providers is to develop **innovative support solutions** that people with a personal budget will want to choose as alternatives to living in residential care.

Service providers should note there are an increasing number of people who want to spend their budget making decisions and choosing innovative support solutions in the community. We want to work with providers who can offer **flexible support solutions**.

North Lincolnshire is one of 17 trailblazer sites piloting the use of direct payments for people in care homes. During 2014-15 it is envisaged that there could potentially be people with complex care needs using this method of payment to purchase elements of support within a care home. This will lead to improved choice for people who use services and innovative services offered by providers.

## **Health**

In 2013-14 the North Lincolnshire Clinical Commissioning Group (CCG) supported people with complex care needs and people meeting the wider definition of complex care as follows:

- £558,229 was spent with RDASH on contracted specialist learning disability services delivered by the Community Team for Learning Disability within the community in North Lincolnshire. These services will include people with Complex Care needs and people meeting the wider definition of Complex Care. For people with Complex Care needs who choose to move back to North Lincolnshire, it is the budget currently spent on this contract that would support the move back to North Lincolnshire.
- £767,172 was spent on individual packages of care for people with Complex Care needs living outside North Lincolnshire in hospital settings or similar. For people with complex care needs who choose to move back to North Lincolnshire, the current spend supporting people out of area could be diverted to support those same people in North Lincolnshire.

The CCG has the expectation that the overall spend above would not increase over the coming years. The intention is to offer higher quality safe services that promote independence choice and control in North Lincolnshire.

## 9 - Key commissioning intentions

This section outlines key commissioning intentions that describe the future commissioning for people with complex care needs and for people meeting the wider definition of complex care.

These intentions are grouped under two broad headings:

- How future services will be commissioned including local arrangements
- Our approach for delivering local services.

### How future services are commissioned

- **Local community provision**, we will prioritise providing flexible 24/7 care and support to the people of North Lincolnshire, in their homes and communities with services that support the right people at the right time in the right place with the right support. A primary focus is to support people to live in less restrictive environments to find local solutions within communities of their choice. We want to avoid people with complex care needs having to access out of area services or living in long term residential or nursing settings. Specialist services should actively support people to access targeted and universal services.
- **Providing prevention and early intervention support**, we recognise people not currently displaying behaviour that challenges may still be at risk if adequate support is not in place. We want to support those people who meet the wider definition of complex care, so that they avoid developing Complex Care needs. We will continue to provide quality Housing Related Support services.
- **A whole life course approach**, services are commissioned according to a whole life course approach at all levels, where services focus on each age group work closely, well in advance of a transition to support individuals and families. At all ages, education, health and social care services work in partnership to ensure support is holistic and consistent meeting people's needs and outcomes.
- **Ensuring quality services**, all new service specifications reflect core principles outlined in 'Ensuring Quality Services'. Services should be of high quality, safe and meet needs of people across all life stages.
- **Contract monitoring**, will involve people who use services, their carers and Experts by Experience. Contracts will be monitored to ensure services are safe and of high quality and support people to achieve their individual outcomes.
- **Provide value for taxpayers money**, we will challenge high cost placements and understand and manage Continuing Health Care (CHC) risks. An integrated assessment and support plan will be in place for each vulnerable adult in receipt of CHC funding known to the local authority. Moving away from block contracts, services will be paid according to outcome based payments, payments based on services actually delivered, or payment from a service users personal budget along with their own contribution.
- **Outcome-based commissioning**, services will be defined and paid for on the basis of a set of agreed outcomes. This shifts the basis on which services are purchased and resources allocated. Services will be specified in terms of the outcomes experienced by service users to be met. Commissioning will no longer focus on activities and processes but on results and the impact on people's lives.

- **CCG Commissioning Intentions**, the CCG will continue to work with the local authority to complete actions relating to the Winterbourne View report as set out in the Concordat and accompanying guidance. The CCG has completed reviews on all patients in out of area placements and return plans are being developed for all those for whom this is clinically appropriate.

NHS North Lincolnshire CCG envisages that the future health economy and market would see a shift away from inpatient based services to a range of individually designed community based packages of care that are tailored to meet their needs. This can be illustrated by our aspirations for those individuals currently out of area.

NHS North Lincolnshire CCG will ensure that sufficient levels of the professional support are available to develop, support and sustain good practice in community based services for people with complex health needs and behaviour that challenges.

NHS North Lincolnshire CCG will ensure access to specialist psychiatric assessment and treatment on a short-term basis, as part of an integrated pathway of care for the individual that supports people to return to or continue to live in their community of choice.

NHS North Lincolnshire will ensure fair access to generic health (including mental health) services for people with learning disabilities whose behaviour presents a challenge to services to achieve parity of esteem.

## Approach for delivering local services

- **Provide person-centred support and services using Positive Behaviour Support (PBS)**, PBS means delivering support that takes into account a person's broader needs that relate to why and how they might display behaviour that challenges. Services should be provided by organisations that have a set of strategies that safely support people when they display instances of challenging behaviour as well as proactively minimising any identified personal risk factors..
- **Active support models enhancing quality of life**, people who use services routinely participate in personalised, meaningful activities for the majority of their time. Services are provided in environments that are suited to people's needs and enhance quality of life
- **Communication, physical health, mental health and additional needs**, services provided should have effective systems to ensure the communication, physical and mental health needs of individuals are actively supported.
- **Acceptable physical environments**, services should be provided in environments with an adequate space, aesthetic appearance, low level of noise and in a good state of repair. Providers should be able to provide recent and quantifiable examples of adaptations being made to the physical environment to reduce the likelihood of challenging behaviour.
- **Provision for family carers**, services should support family members to be parents, siblings and relatives, leading a full family life. Family carers should be able to access training and support programmes.
- **Safeguarding and advocacy**, services should be delivered by providers who can clearly and transparently identify safeguarding responsibilities across the organisation. Policies and procedures should supporting whistle blowing to prevent abuse or inappropriate behaviour. There should be sufficient access to independent advocacy across all life stages especially for those whose situations are at increased risk.

## **Commissioning Strategy for Carers 2014 - 2017 - Priorities for Change**

There has been a strong engagement with carers locally in setting the direction for future local commissioning and service development, the following priorities are included in the Commissioning Strategy for carers:

- Establish a one-stop-shop for carers, available 24hrs. One phone number, which has a number of Case Leaders specifically, trained in different caring situations to support carers through the whole of their caring journey.
- Develop a comprehensive, flexible menu of services to support carers in their caring role.
- Develop the Carer Break Service to enable carers to have a break from their caring role and improve their health and wellbeing.
- Provide training for all staff who may support carers in accessing personalised and integrated service so that they are aware of the full menu of options available for carers.
- Develop a carer led training programme for paid staff who work with carers across health and social care services to ensure they treat carers as expert care partners.

This section provides a summary of key market development opportunities for providers working in North Lincolnshire. The following opportunities are written as "I Statements" and present a service user view of the types of services and services they would like to receive in the community.

### **Community activities**

I would like more opportunities to engage in community and other meaningful activities. I would like businesses to develop a wider range of activities in North Lincolnshire, and have the right support to access them. My support could be through Personal Assistant through befriending, sometimes I might use a Community Well-being Hub where I might need specialist support.

### **Social and life skills training**

I sometimes have difficulty with social and life skills such as cooking, managing budgets, maintaining friendships, arranging a trip, catching a bus and so on. I would like to access training and support that will help me to develop my skills and increase my independence.

### **Building friendships and relationships**

I would like the same opportunities to make friends, socialise and have relationships as other people in my community. I would like to be able to access befriending and other friendships schemes which will enable me to have company rather than paid support.

### **Employment, education, voluntary work and training**

As well as receiving training and support to help me live in my own home, I would like to have opportunities to access meaningful employment, education or voluntary work. This might be in a supported environment or with support from trained people.

### **Back office services**

If I choose to have a personal budget or am funding my own support, I may wish to employ a personal assistant to help me to manage my support package and finances. I may need help with recruiting and employing a personal assistant.

### **Information and advice**

I want to be independent and live in ordinary housing in the community I choose. To do this I will need information and guidance in relation to my housing and support options, this might include help

understanding my personal budget as well as any signposting or support for my family or other informal carers. I would like to know what options are available locally.

### **Carers**

My family sometimes need training and support programmes that help them to support me effectively. They want to have a full family life where they keep well physically and emotionally. Access to short breaks and a range of other support services helps them.

My family carer is better able to help me with the support and respect they receive by paid staff and with access to the 24 hour one-stop-shop for carers.

### **Advocacy services**

Sometimes I need additional support to express my views about my care/support or to be involved in commissioning . Advocacy helps me feel safe and listened to so I would like to be able to access advocacy services from someone I know when I need to.

### **Personal support**

Sometimes I need personal support to enable me to gain and keep my independence as I would like to live in my own home. I would like to have support from a Personal Assistant with specialist knowledge of my needs and an understanding of when I might display challenging behaviour, and how I might need support. My family might manage my personal budget for me and purchase home support from a specialist Community Support for You provider.

### **Specialist services**

To be independent I need to access to specialist services which includes appropriate housing and personal support. I would like to live in supported accommodation or in a rented property where support is flexible and wraps around my needs. I would like support to be available 24/7 with flexible delivery times to meet my needs. My support should be delivered in the least restrictive way, while being quick acting and responsive to any emergencies or crisis that I might have. Services should help me to keep well and support be to step down from specialist services to different solutions which build my resilience. On the rare time I might need residential or nursing care this will be at a very high specialist level, in the least restrictive environment. My support will help me move back into my own home if possible.

### **Where I live**

I would like the same opportunities whether I live in a village, market town or in Scunthorpe. I would like to live in my own home where I receive support through the door and can get out and about to enjoy activities. I would like to stay in my own home with speciality community provision if my needs escalate instead of moving out or area or into residential or nursing care. I would like a choice of the type of home I live in and the area, I would like to feel safe and be part of the community.

### **Adulthood**

As I move into adulthood, I would like a seamless transition with the services I receive. I would like services to be high quality and safe. My family would also like to feel supported. I would like services to work together and with me to meet my needs.

The following tendering opportunities will be advertised on the [YORTender](#) website:

### **Community Support for You**

Providers wishing to deliver Community Support services in North Lincolnshire should register on the [YORTender](#) website, selecting the Health and Social Care Services category. Opportunities to join the

arrangement are advertised on a bi-monthly basis. Existing Community Support for You providers should consider expanding their service offer to include supporting people with complex needs.

Other upcoming development opportunities will be discussed throughout the year at the Cross Sector Provider Partnership.

## 10 - How will we help to facilitate the market?

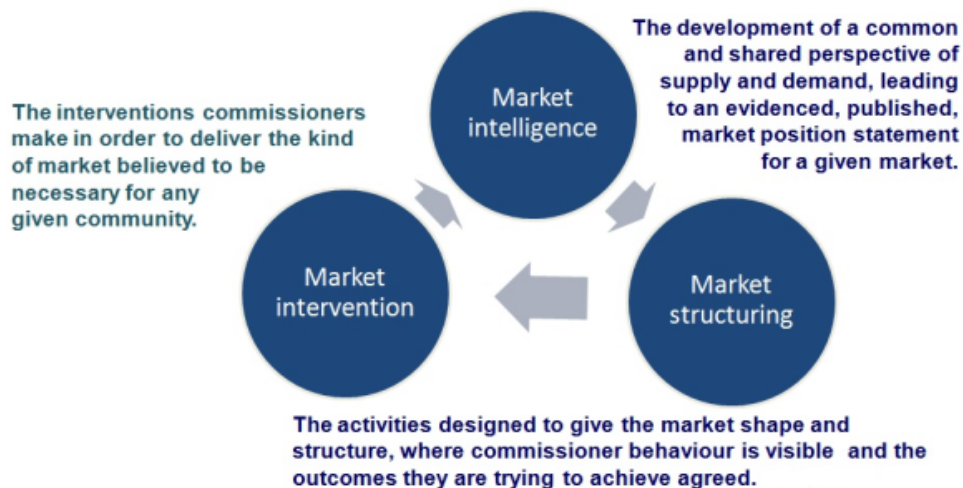
In North Lincolnshire we are committed to a model of co-production. The needs and priorities for people with complex care needs are identified by people who use services, carers and service providers and commissioners working together to translate aspirations into timely and quality services, which meet people's needs.

As part of our market shaping approach, we have a clear commitment to provider development and partnerships. We have an active and dynamic Cross Sector Provider Partnership where commissioners and providers meet on a quarterly basis to share information on direction of travel new expectations and potential changes to resources needed locally. Partnership meetings facilitate opportunities to support and engage with local providers, on a range of housing, leisure, care service provision and, work, training opportunities and to develop local services to provide short breaks for disabled people and young children.

People who use services and carers are involved in all stages of commissioning from planning through to decision making. We work together with people who use services in a range of ways including through working with stakeholder engagement groups, Citizen Partnerships, Experts by Experience, Expert Patients as well as through targeted consultation and engagement to inform commissioning. North Lincolnshire has adopted an Experience Led Commissioning approach to understand the experiences of service users, carers and staff, the approach support the development of person-centred services through co-design with a view to continuous improvement and innovation.

In order to ensure that *“there is diverse, appropriate and affordable provision available to meet needs and deliver effective outcomes both now and in the future“*, North Lincolnshire Council and the CCG are working closely together to understand and develop the local market. Locally we are working within the Institute of Public Care market facilitation framework to transform the local market as illustrated below<sup>3</sup>.

### Three dimensions of facilitating the social care market (IPC):



This Market Position sets out our vision for the market, one which is made up of local providers that deliver a range of innovative activities and solutions. The Market Position Statement is the start of a new dialogue with providers as well as stimulating different conversations with people who use services and their carers.

<sup>3</sup> See Developing Care Markets for Quality and Choice Programme. What is Market Facilitation? Department of Health / Institute of Public Care (2012)



Our approach to market shaping is based on promoting integrated working and joint commissioning with agencies working together to deliver outcomes for local people. Appendix 2 lists a range of support available to service providers including the key partnerships active in North Lincolnshire.

Following publication of this Market Position Statement we will move through the dimensions set out above to deliver our vision. Further information will be communicated through the Cross Sector Provider Partnership and other stakeholder groups and partnerships. **To continue our commitment shaping the local market we invite conversations with providers.**

**On publication of this Market Position Statement we will produce a development plan that clearly sets out how we will support the transformation of the market for people with complex needs.**



# **Appendix 1**

This appendix provides a further explanation from the 'Ensuring Quality Services' document to a number of terms that are referred to in the definition for complex care.

## **Behaviour that challenges**

As set out in Challenging Behaviour: A Unified Approach (Royal College of Psychiatrists, et al, 2007, p.14) challenging behaviour is behaviour "of such an intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion".

## **Risk factors**

Not all children, young people, adults and older people who have learning disabilities and / or autism will display behaviour that challenges. A variety of factors are likely to contribute towards the development, maintenance and escalation of behaviour that challenges, these include (but are not limited to): biological and genetic factors, physical health difficulties, communication difficulties, mental health difficulties, neurological difficulties and quality of support

## **What is Learning Disability?**

A learning disability includes the presence of a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence). A reduced ability to cope independently (impaired social functioning) that started before adulthood, with a lasting effect on development

## **What is Autism?**

Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them.

It is a spectrum condition, which means that, while all people with autism share certain difficulties, their condition will affect them in different ways. Some people with autism are able to live relatively independent lives but others may have accompanying learning disabilities and need a lifetime of specialist support. People with autism may also experience over- or under-sensitivity to sounds, touch, tastes, smells, light or colours.

## Appendix 2

Key partnerships:

- **The Health and Wellbeing Board (HWB)** - is a statutory committee of the Council where key leaders from the Health and Social Care system work together to improve the health and well being of the local population and reduce health inequalities. The Board is responsible for the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
- **Integrated Commissioning Partnership** - the purpose of the Integrated Commissioning Partnership is to develop existing joint commissioning arrangements (where they remain fit for purpose) and identify further opportunities for joint commissioning, where they will deliver added value. The work plan of the Integrated Commissioning Board is directly influenced by the Health and Well Being Board priorities.
- **North Lincolnshire Integrated Working Partnership** - identifies changes to the workforce and to identify opportunities for integration, where it will deliver added value. The work plan of the Integrated Working Partnership is directly influenced by and influences the Health and Well Being Board priorities.
- **The Adults Partnership** - is a stakeholder reference group which brings together representative partners from adult workforce sectors. It focuses on the collaborative work of agencies to ensure improved outcomes and reduce inequalities for vulnerable adults, their families and carers. The partnership includes representatives from care home and home care service providers.
- **North Lincolnshire Learning Disability Partnership Board** - is a multi agency group of people who meet to decide what needs to happen to make the lives of people with a learning disability better. It includes people with a learning disability their carers and advocates and other professionals.
- **Carers Advisory Partnership** - is an influencing body concerned with improving the lives of unpaid carers in North Lincolnshire. The group has the ability to influence decisions that will be made about developing and improving services for carers.
- **The Cross Sector Provider Partnership** - is a positive forum for providers to share, expertise, development, learning, innovation, information and best practice to understand and respond to the emerging customer market. A thriving Cross Sector Provider Partnership is now well established in North Lincolnshire. The Partnership, which is chaired by a local provider, is a positive forum to share ideas and information. Further information can be found on the [North Lincolnshire Council website](#).
- **[Local Safeguarding Children Board \(LSCB\)](#)** – this statutory board was set up in April 2006 to comply with the Children Act 2004 and replaced the Area Child Protection Committee. Its purpose is to coordinate and monitor what is done by agencies who work together to safeguard children, protect them from harm and promote their welfare. The LSCB has agreed the priorities to; reduce the harm from exploitation of children and young people, provide Early Help to children and young people and to support effective parenting capacity.

Early help is providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Effective early help relies upon local agencies working together as required in Section 10 of the Children Act 2004. The principles that underpin the Early Help Offer for families in North Lincolnshire are listed in [Chapter 1 of the LSCB Policy and Procedures](#)

- **The [North Lincolnshire Safeguarding Adults Board](#)** has been set up to monitor and steer Safeguarding Adults in North Lincolnshire, the Board will become a statutory duty in April 2015.

The vision of North Lincolnshire's Safeguarding Adult Board is that vulnerable adults are safe, in order to achieve this the board will:

- Develop a culture that does not tolerate abuse
  - Raise awareness about abuse
  - Prevent abuse from happening wherever possible
  - Where abuse does happen, support and safeguard the rights of people who are harmed.
- **Health and Social Care Workforce Development Team** – provide support for providers of social care at the targeted and specialist level of need. The team aims to be a collaborative forum to create a confident, competent, empowered and diverse workforce. The team will share best practice, information, training and workforce planning and development across the local region.
  - **Community safety partnerships** - are made up of representatives from the 'responsible authorities', which are the:
    - Police
    - Local authorities
    - Fire and rescue authorities
    - Probation service
    - Health

The responsible authorities work together to protect local communities from crime and to help people feel safer from issues such as antisocial behaviour, drug or alcohol misuse and reoffending.

- **North Lincolnshire Council Economic Development Team** - actively supports businesses and their development by providing free and confidential services and a wealth of information, advice and signposting. The team work extensively with local businesses and investors to act as a single point of contact to simplify the process of business support by liaising with other Council departments on behalf of clients

## Acknowledgements

The following publications and documentation has been referred to throughout this Market Position Statement:

### **North Lincolnshire Council and NHS North Lincolnshire, September 2012**

*North Lincolnshire Complex Care Project*

[Word Document]

### **Department of Health**

*Developing Care Markets for Quality and Choice Programme - What is Market Facilitation?*, September 2012

[[http://ipc.brookes.ac.uk/services/documents/DCMQC\\_What\\_is\\_Market\\_Facilitation.pdf](http://ipc.brookes.ac.uk/services/documents/DCMQC_What_is_Market_Facilitation.pdf)]

### **Local Government Association**

*Ensuring quality services*, February 2014

[<http://www.local.gov.uk/documents/10180/12137/L14-105+Ensuring+quality+services/085fff56-ef5c-4883-b1a1-d6810caa925f>]

### **Department of Health**

*Services For People with Learning Disabilities and Challenging Behaviour or Mental Health Needs*, October 2007

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### **University of Bristol**

*Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD)*, March 2013

[<http://www.bris.ac.uk/cipold/reports/finalreportexecsum.pdf>]

### **The Institute of Public care**

*Developing a Market Position Statement for Adult Social Care - A TOOLKIT FOR COMMISSIONERS*, February 2011

[[http://ipc.brookes.ac.uk/publications/pdf/Toolkit\\_for\\_Developing\\_MPS.pdf](http://ipc.brookes.ac.uk/publications/pdf/Toolkit_for_Developing_MPS.pdf)]

### **Acts of Parliament**

*Children and Families Act 2014*, 13th March 2014

[[http://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga\\_20140006\\_en.pdf](http://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf)]

### **Acts of Parliament**

*The Care Act 2014*, May 2014

[<http://services.parliament.uk/bills/2013-14/care.html>]

**Public Health England**

*Learning Disabilities Profile 2013 - North Lincolnshire, 2012-13*

[\[http://www.improvinghealthandlives.org.uk/profiles/index.php?pdf=E06000013\]](http://www.improvinghealthandlives.org.uk/profiles/index.php?pdf=E06000013)

**Institute of Public care**

*Projecting Adult Needs and Service Information (PANSI)*

[\[http://www.pansi.org.uk/\]](http://www.pansi.org.uk/)

**North Lincolnshire**

Learning Disability Housing Need Survey, March 2012

[\[https://www.google.co.uk/url?q=http://www.northlincs.gov.uk/EasySiteWeb/GatewayLink.aspx%3Fallid%3D7097&sa=U&ei=DhN\\_U8bfFKWb1AWxlYEI&ved=0CCsQFjAA&sig2=YR\\_RzeqEPO9oEX7Mlv9kow&usq=AFQjCNGJBWXz5vEkIPRPW75QWIWjMpE1yg\]](https://www.google.co.uk/url?q=http://www.northlincs.gov.uk/EasySiteWeb/GatewayLink.aspx%3Fallid%3D7097&sa=U&ei=DhN_U8bfFKWb1AWxlYEI&ved=0CCsQFjAA&sig2=YR_RzeqEPO9oEX7Mlv9kow&usq=AFQjCNGJBWXz5vEkIPRPW75QWIWjMpE1yg)