
LEARNING DISABILITY SERVICES MARKET POSITION STATEMENT 2018 – 2023

Southampton City Council & Southampton City
Clinical Commissioning Group November 2018



Southampton City
Clinical Commissioning Group



SOUTHAMPTON
CITY COUNCIL

Contents

1. Market Position Statement – Introduction	Page 4
2. Strategic Context & Vision	Page 6
3. Key Messages & Priorities	Page 13
4. Current Demographics & Forecasts of Future Needs	Page 15
5. Current Service Usage, Market Analysis & Opportunities	Page 21
a. Residential Care	
b. Supported Living	
c. Extra Care	
d. Shared Lives	
e. Respite	
f. Daytime Meaningful Activities	
g. Other Services	
6. Engagement with Stakeholders	Page 36
7. Key Resources available to our Partners	Page 39
8. How to Contact us	Page 40
Appendix 1 – Equality & Safety Impact Assessment	
Appendix 2 – Learning Disability Community Health Services	
Appendix 3 – Stakeholder Engagement Plan	



1. The Market Position Statement – Introduction

What is a Market Position Statement (MPS)?

A good quality MPS should inform a wide range of providers about the supply and demand in a local authority area, offering a clear picture of what gaps there are in the existing care market and identify what people who need care and support are saying about services. It should signal business opportunities within the local health and social care market.

It is intended to be used by providers to plan for the future by understanding the direction the local authority is taking, why it is going in that direction and the evidence used to make these decisions. The MPA should support providers to make informed business decisions including investment in capital or personnel and encouraging innovative responses to emerging needs.

Why have a MPS?

The Care Act (2014) introduced new duties for local authorities, emphasising that the core purpose of adult care and support was to help people achieve the outcomes that mattered to them in life.

The Act requires local authorities to promote the diversity, quality and sustainability of local care services, and to promote the wellbeing of individuals and carers. This duty requires that local authorities ensure a functioning sustainable market that promotes a range of services to meet individual needs, including enabling and promoting access to universal community amenities.

The Care and Support Statutory Guidance (Department of Health, 2014) emphasised the local authority role in leading and communicating a shared understanding of supply (the market) and demand (needs and aspirations) as a key part of the move towards market shaping.

One tool for fulfilling this market shaping duty is a Market Position Statement that is produced with local care and support providers, people who use services and other partners.

Who is this MPS for and what is the scope?

This MPS has been prepared and published jointly by Southampton City Council (SCC) and Southampton City Clinical Commissioning Group (CCG) as we recognise that market informing and shaping cannot be undertaken effectively unless both organisations contribute and plan together. It covers services commissioned by SCC and/or the CCG, where we identify opportunities to improve the quality and delivery of service provision. This includes reference to broad areas such as health, social care, employment, transport and housing services.

The Integrated Commissioning Unit leads commissioning in the city for a pooled budget to the value of £106 million per year. Delegated powers are set up between SCC and SCCCCG with strong governance arrangements to lead our decision making regarding the commissioning cycle.

This MPS is for providers and other stakeholders interested in finding out what business opportunities there are likely to be in the city over the next five years. It follows on from a wider MPS published in 2015 covering Housing Solutions for People with Care & Support Needs.

This MPS specifically focusses on services for adults with learning disabilities and associated needs over the next five years (2018 – 2023). In order to effectively plan for that period and forecast the need for services, it also considers the needs of young people aged 14-18 years. The MPS has strong links to our Autism Strategy (2015 – 2020), due to the high level of crossover, but does not explicitly cover Autism-only provision.

This document will be reviewed and updated annually. It will be monitored by the Integrated Commissioning Unit and overseen by the SCC and CCG's Joint Commissioning Board. The Learning Disability Partnership Board which includes representation from self advocates, carers and service providers will also have a role in informing and monitoring the MPS.



2. Strategic Context and Vision

Summary of Strategic Context & Vision including the Impact on our Commissioning Intentions and Market Requirements

Quality is central to all we do, and we want to ensure providers share this commitment with us. This is evident in the financial and staffing investment and quality focus that runs through everything we do.

The city requires good, locally based services that actively support independence and work with young people and adults with learning disabilities, to build aspirations and services that are outside of the traditionally run models of support. This reflects the National Service Model, Building the Right Support (2015).

This MPS should be read in conjunction with the following:

- Southampton City CCG Strategic Plan 2014 – 19: A healthy Southampton for all
- [The Joint Health and Wellbeing Strategy \(2017 – 2025\)](#) for Southampton
- Southampton City Council Strategy 2016 – 2020
- Autism Joint Commissioning Strategy (all ages) Southampton (2015 – 2020)
- Southampton Joint Strategic Needs Assessment
- Southampton Housing Strategy 2016 – 2025
- Market Position Statement: Housing Solutions for People with Care and Support Needs 2015 – 2018

Key Agendas

The development of four key agendas over the past five years, as well as the introduction of the Care Act 2014, have provided a platform for significant impact to what is commissioned and ultimately how we work with the market. The four key agenda items are:

1. SEND (Special Educational Needs and Disabilities)
2. A Strengths Based Approach (linked to the Care Act 2014)
3. Transforming Care (2016 – 2019)
4. Southampton City Better Care 2017 – 2019

These are outlined briefly below, and providers can find out further information regarding those plans by following the web links.

SEND (Special Educational Needs and Disabilities)

The Children and Families Act 2014 introduced significant reforms to the system for assessing and meeting the needs of children, young people and young adults aged 0-25 with Special Educational Needs and Disabilities (SEND). The Act requires health and local authority partners to work together to commission and deliver services for this group, ensuring strong integration between education, health and social care provision, where this will promote wellbeing and improve the quality of provision.

One of the notable changes within the Act is the extension of the age range to 0 – 25 years. From school year 9 (age 14) the SEND reforms require those supporting young people to focus on ordinary life outcomes in preparing them for adulthood. Support from Year 9 must be focused on the young person’s aspirations and the following outcomes:

- Higher education and/or employment – exploring different employment options, such as support for becoming self-employed and help from supported employment agencies
- Independent living – young people having choice, freedom and control over their lives, their support, and their accommodation and living arrangements, including supported living
- Participating in society – having friends and supportive relationships, and participating in and contributing to the local community
- Being as healthy as possible in adult life

The Southampton SEND Strategy 2017 – 2020 outlines our plans and priorities. We want all children and young people in Southampton to have a good start in life, so they can fulfil their potential and become successful adults engaged in their local communities. The council, Health services and other partners are committed to working jointly to ensure that children and young people with SEND, their families and carers receive the support they need, when they need it, so that they can achieve and aspire in all aspects of their lives.

A Strengths Based Approach

The Southampton system has adopted a strengths based approach using the following definition:

“A Strengths Based Approach is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person’s strengths and assets. As such, it concerns itself principally with the quality of the relationship that develops between those providing support and those being supported, as well as the elements that the person seeking support brings to the process. Working in a collaborative way promotes the opportunity for individuals to be co-producers of services and support rather than solely consumers of those services.”

The shift in practice as a result of adopting the strengths based approach is outlined below and demonstrates our aspirations and ambitions to support increased independence.

Moving from a System Characterised By...	To One Where There is...
Doing things to/for people and creating dependence	A focus on enabling people to do things for themselves, promoting independence
Seeing the individual in isolation	An emphasis on family and social networks
Highlighting what people cannot do	Attention given to what people can do
Undertaking assessments for services which offer standard solutions	An assessment conversation which provides more in-depth understanding of the person and offers tailored solutions
Arranging support managed by the council	A use of creative solutions family-first or through a range of voluntary and community sector services
A large amount of care for people with long term conditions being provided in institutional settings	A priority for providing support, when it is needed in the home, wider family network or local community

Transforming Care

Hampshire & Isle of Wight Transforming Care Partnership (TCP) has developed with NHS England and the Clinical Commissioning Groups (CCG's) and local authorities from Southampton, Hampshire, Isle of Wight and Portsmouth our SHIP (Southampton, Hampshire, Isle of Wight & Portsmouth) Transforming Care Plan 2016 – 2019. This is a three year plan and covers people with learning disabilities and/or autism through the whole life span.

The vision of the Plan is:

“To Build on a Child, Young Person’s or Adult’s unique strengths and abilities, getting it right for the person first time through ensuring there is the right care in the right place at the right time that is consistent across the SHIP TCP.”

SHIP TCP wants to prevent the ‘revolving door syndrome’ trying to fit people into a traditional solution that does not meet the person’s needs that results in regular placement breakdown and more restrictive regimes being put in place. This plan aims to build on the person’s unique strengths and abilities, not seeing them as a problem and get it right for the person first time. People with complex needs and those in crisis are often managed through reactive strategies rather than having proactive strategies agreed and in place in the event of requiring intensive support, avoiding a hospital admission.

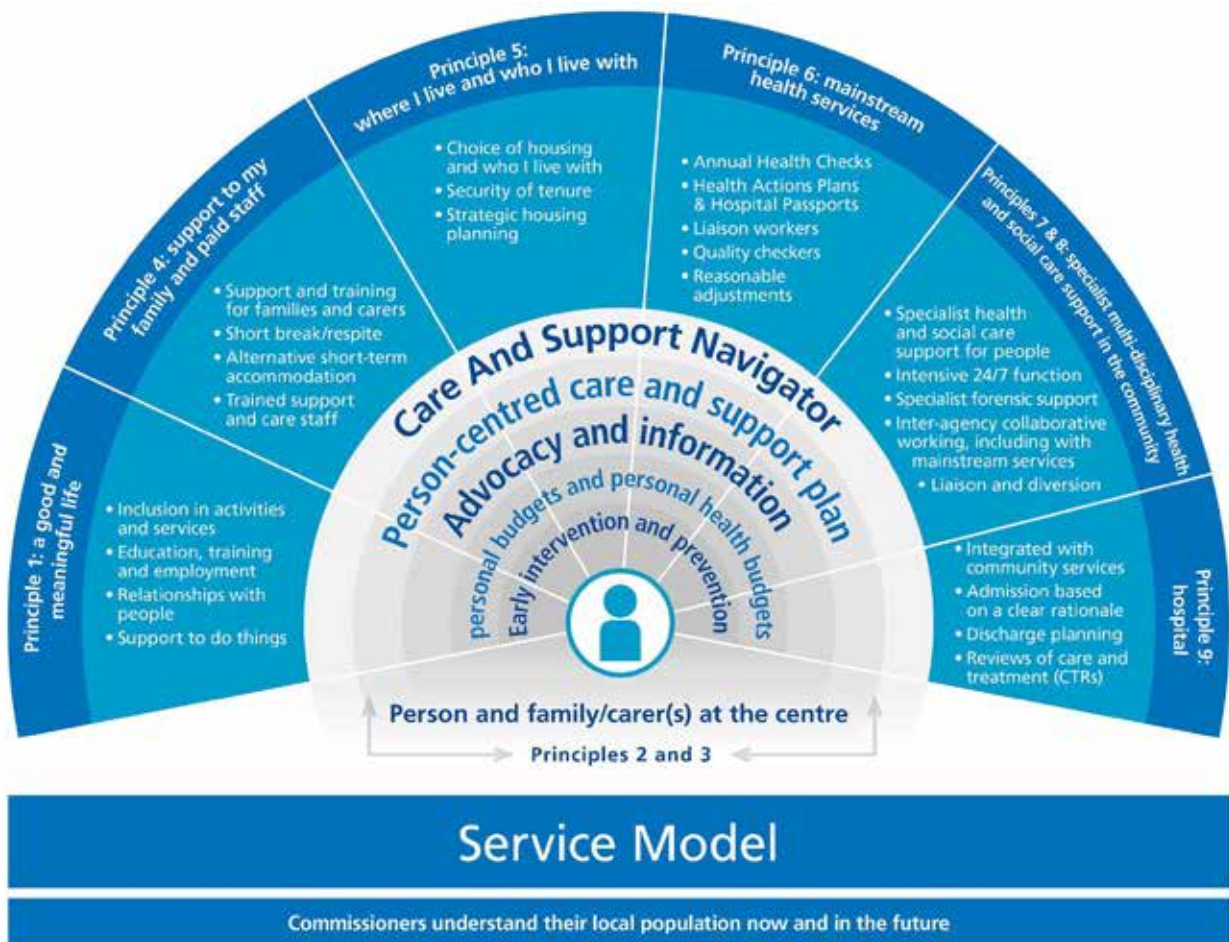
The SHIP TCP Plan identifies key areas of work required to meet the needs of Children, Young People and Adults with a learning disability and/or autism. The future model will focus on;

- Early intervention and prevention to avoid people being admitted to hospital, this includes supporting good physical health as well as mental health and having ‘learning disability friendly GP practices’
- Reducing the number of people with learning disabilities inappropriately placed within hospitals (locked rehabilitation/low and medium secure)
- Reducing the Length of Stay for those individuals requiring assessment, diagnosis and treatment
- Training and development for health and social care staff
- Increasing the offer and uptake of personal budgets
- Increasing the number of personal assistants available in the TCP region
- Working with providers in the use of Positive Behavioural Support
- Having robust care planning with relapse prevention strategies agreed and pre-agreed funding in place either directly funded or via personal budgets to help keep people well
- Establishing a TCP community forensic rehabilitation service
- Developing a joint Regional approach to Housing Development and a portfolio of housing options for individuals

The TCP has been effective in delivering some of the key requirements set out in Building the Right Support (BTRS) Service Model 2015. This service model forms the basis for our commissioning intentions.

The model states that each local area is different. Local populations have different needs, and their range of providers have different strengths and weaknesses. The mix of services they put in place will need to reflect that diversity. However, there does need to be some national consistency in what services look like across local areas, based on established best practice.

The diagram below sets out the nine principles set out in the BTRS service model.



Better Care

“Southampton is our city where everyone thrives; we build on the strengths of our communities and our services are joined up around individuals”

The vision for Better Care has evolved out of strong and inclusive partnerships between commissioners, providers, communities and citizens, built up over a number of years. It is fundamentally simple and compelling, being based on the notion of Better Care that is joined up and co-produced with people, respecting their independence as individuals and drawing strength from the resourcefulness of communities. Better Care applies across all age groups.

Person centred care will be at the heart of everything we do. This means:

- Putting individuals and families at the centre of their care and support, meeting needs in a holistic way
- Providing the right care, in the right place, at the right time, and enabling individuals and families to be independent and self resilient wherever possible.
- Making optimum use of the health and care resources available in the community
- Intervening earlier and building resilience in order to secure better outcomes by providing more coordinated, proactive services.
- Focusing on prevention and early intervention to support people to retain and regain their independence.

Through shared commissioning we will promote the development of fully integrated city provision based on the following principles:

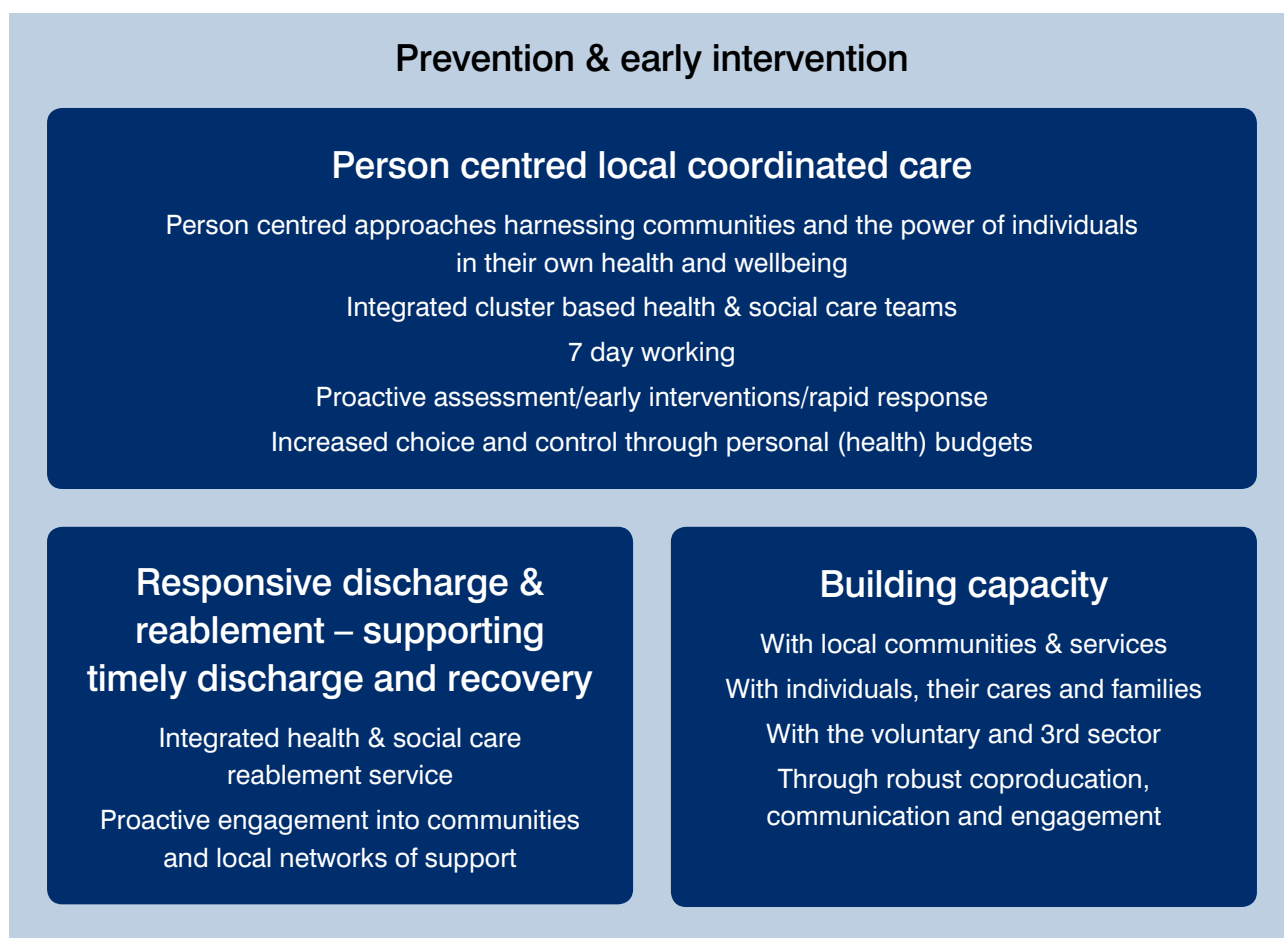
- Using the now established six Better Care clusters as the building blocks around which to organise integrated teams
- A fully integrated model of care bringing together the three dimensions of primary and community healthcare, health and social care, physical and mental/emotional health
- Co-production of care with empowered individuals, carers, families and communities moving away from dependency / paternalism towards a strengths-based approach that prioritises prevention and early intervention.

This vision of integration also supports the CCG's Operating Plan 2017 – 19 and Council's Strategy which in turn support the delivery of the local STP, NHS 5 Year Forward View, Care Act 2014 and Local System Plan.

Southampton's Better Care Plan also supports the delivery of Southampton's Health and Wellbeing Strategy 2017 - 2025 which sets out the following 4 priorities:

- People in Southampton live active, safe and independent lives and manage their own health and wellbeing
- Inequalities in health outcomes and access to health and care services are reduced.
- Southampton is a healthy place to live and work with strong, active communities
- People in Southampton have improved health experiences as a result of high quality, integrated services.

The diagram below illustrates Southampton's three areas of focus for its Better Care Programme. Running through all three areas is a strong emphasis on prevention and early intervention.



3. Key Messages & Priorities

In section 5 of this document we highlight specific market opportunities. However we strongly believe that there are broader market requirements that should apply to all provision. In essence, these form the basis upon which we expect providers will work with us and we will work with them.

Market Requirements

1. We would like providers to work with us in an open and transparent way, to embed a partnership approach with the system, create solutions through problem solving and innovation.
2. Where we can't meet needs within the city, we will work with our neighbouring authorities and local partners to explore how we could do this as close to the boundary of the city as possible, so there is potential for collaborative commissioning approaches.
3. Providers are required to work ethically within the market and transparently with commissioners. We actively implement Social Value Act requirements. We have identified the pressure on providers in terms of workforce, and will support an approach that puts the workforce at the forefront of service delivery, so we are considering rewards for innovation.
4. Providers will work with us to put individuals and families at the forefront of their thinking, driving changes in person-centred care and support.
5. Providers have an important role in preventative support, and how they empower individuals to stay well and be independent.
6. Providers will be responsive, timely and flexible, to mitigate some of the issues we have found with delays in accessing services. This means we will review many of our internal processes, and work with you to understand your processes.
7. Providers will be expected to work with us in developing their abilities to record, evidence, analyse and report on outcomes. Quality and reliability will differentiate providers, especially where markets are more mature. Providers who demonstrate an evidenced outcome focus, that is validated, are likely to secure more business.
8. 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. Providers are key in supporting individuals to access this.
9. A strengths based approach and improvements in life skills are embedded into all that we do, working with individuals to maximise independence with good support. This will mean that we see an increase in individuals having access to meaningful employment, education, voluntary work and other day opportunities, as well as good community access.
10. Delivering a high quality service is clearly important, but, in order to pursue the strengths based approach, providers will need to consider how to better engage and link individuals with other opportunities in the community.

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11. Providers will work jointly with other health service providers to ensure that reasonable adjustments are made, so that individuals with learning disabilities get the same access to and quality of healthcare provision as the rest of the population.
 12. Providers will need to be able to respond to individuals and buyers groups who may want to commission bespoke packages through personal budgets. Direct payments will be the default mechanism to purchase social care provision. This increasing range and diversity of customers will require providers to market their service and improve access. Services need to be culturally sensitive. We know this is an area that we need to focus more attention on across the system.
 13. Providers will be treated as essential in the individual's review process. Where there are several reviews needed across the health & social care system, we will seek to streamline these, so that we have excellent integrated and multi-disciplinary services for and with individuals and families. Providers will supply good quality and accurate information to support individual's reviews.
 14. 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, and we will work within the bounds of the Mental Capacity Act where individuals are assessed as not having capacity to make decisions.
 15. 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.
 16. We believe that effective use of technology can be transformative for many individuals with learning disabilities. We will engage with providers to promote a wide range of telecare equipment which the Council can supply as well as encouraging providers to consider how they can be innovative in the use of technology.
 17. Hate Crime towards individuals with learning disabilities is unacceptable and we want to work with both mainstream and specialist providers to identify instances of hate crime and ensure they are followed up through appropriate channels. This includes conversations with providers on them becoming 3rd party reporting centres.
 18. A move away from the use of block contracts and towards contracts that offer increased flexibility to meet a range of needs now and for the future.
 19. We will work with our providers to achieve a balance of value for money and risk that is sustainable for providers and commissioners.

4. Current Demographics and Forecasts of Future Needs

All data below is accurate as of November 2018.

There are 777 people with learning disabilities currently in receipt of services from SCC's LD Social Care team. However only 574 (74%) have a funded package of care from SCC, the other 203 individuals are open to the team but do not have direct SCC funding. This will be either because a) their package of support is funded by Continuing Health Care or b) there are safeguarding concerns which require input from a social worker but not a package of care.

There are 1,230 people with learning disabilities aged 14 upwards registered with GP's in the city.

We know that these figures do not reflect the total number of people with LD in the city. Many people with learning disabilities do not require support from the local authority and are able to access the services they need themselves or with support from their immediate family and/or friends. National estimates suggest that around 2% of the general population have learning disabilities, applying this figure to the Southampton population gives a current estimate of 4,968 adults (aged 18 and over).

Although the Council and CCG do not directly fund specialist services for the majority of individuals with LD it is important to acknowledge that some of these individuals are known to frequently use non-specialist health and social care services, for example Accident & Emergency. In many cases without the informal support they have from family, friends and mainstream services, people would require more specialist support to ensure they maximise their wellbeing and are safeguarded appropriately.

The data provided below focusses on those individuals who are known to specialist LD health and social care services and therefore more is known about their needs.



Age Range

The table below shows the age range of the 777 people with learning disabilities currently open to the LD Social Care team.

Age Range	No. of People	% of Total (known)
18 – 24 years	146	19.0%
25 – 34 years	220	28.6%
35 – 44 years	86	11.2%
45 – 54 years	135	17.5%
55 – 64 years	96	12.5%
65 – 74 years	69	9.0%
75+ years	18	2.3%
Total (known)	770	
Unknown age	7	

In contrast to the general population, the largest demand for social care amongst individual with learning disabilities is for those aged under 65. Almost half of adults known to the LD team are aged 18-34 years and there are an average of 24 new young people transitioning to the team every year.

Transition Data (SEND)

There are 1,350 children and young people in the city with Education, Health & Care Plans (EHCP) as of January 2018. There has been a significant increase in this number in recent years.

Focussing on the cohort of young people aged 13-18 years who will reach transition age within the next 5 years:

- There are around 230 young people with EHCPs in this age range
- 88 young people in this age range are also known to the children's disability team, 'Jigsaw' and receive integrated health and social care support

The most common needs within this group are:

- Autism – 23
- Severe Learning Disability – 29
- Moderate Learning Disability – 49
- Profound and Multiple Learning Disability – 11
- Social, Emotional and Mental Health – 38
- Physical Disability – 17
- Other (including sensory needs) – 19
- The largest increases in the number of young people with EHCPs between 2013 and 2017 are for those with Physical Disability (113% increase) and Severe Learning Disability (81% increase)

Other Health Conditions

People with learning disabilities are more likely to experience a variety of associated health conditions than the general population. This is alongside increased survival rates among young people with severe and complex disabilities and reduced mortality among older adults with learning disabilities.

The large number of health conditions which are more prevalent in people with learning disabilities forms part of the reason why life expectancy is so much lower than the general population (18 years less for females, 14 years less for males). The other part of the reason is that many of these conditions are diagnosed and treated at a later point than they are in the general population which leads to poorer outcomes for the individual. There are a number of causes to this delayed diagnosis but the most significant is that people with learning disabilities may not be able to express discomfort, pain or other sensations in the same way as others (i.e. verbally) so it is more difficult to identify when there is a problem and what the cause is.

Therefore it is crucial for support services to be aware of these potential health conditions, proactively enable access to appropriate NHS services and support in day to day or management of the conditions. An example of this is to support people with learning disabilities to access Annual Health Checks with their GP.

The range of health needs that are greater in the LD population include the following. The figures in brackets have been provided by Southampton City CCG (February 2017), where they are known for each condition:

- **Mental Health Problems** (294 people with LD in Southampton). Common problems/disorders include anxiety disorders, depression and schizophrenia and an increased risk of dementia. Schizophrenia is three times more prevalent in people with learning disabilities. People with Down's Syndrome are at particular risk of developing Alzheimer's dementia at an earlier age.
- **Respiratory Disease** (214 people with LD in Southampton). This is the main cause of death in people with learning disabilities. They are at risk of respiratory tract infections caused by aspiration or reflux if they have swallowing difficulties and are less likely to be immunised against infections.
- **Epilepsy** (180 people with LD in Southampton). Approximately a third of people with learning disabilities are estimated to have epilepsy compared to approximately 1% of the general population. Prevalence increases with severity of learning disability and for those with severe LD an estimate 50% will have epilepsy.
- **Diabetes** (86 people with LD in Southampton). There is a greater risk of developing diabetes than those without disabilities.
- **Coronary Heart Disease** (65 people with LD in Southampton). This is the second highest cause of death in people with learning disabilities.
- **Sensory Impairments** (Sight – 39 people and Hearing – 24 people). Sight and hearing problems are common in people with learning disabilities. It is estimated up to 40% of people have sight problems and a similar number have hearing problems. Additionally people with learning disabilities are prone to eye and ear infections
- **Gastro-intestinal problems** (61 people with LD). Constipation is more prevalent for people with learning disabilities. Gastro oesophageal reflux disease (GORD) may affect up to half of people with learning disabilities and GORD may go undetected/undiagnosed due to issues in the relationship between the diagnosis process and communication.
- **Dental Issues/Oral hygiene**. People with learning disabilities are more likely to have gum disease, tooth decay, untreated disease and loose teeth.
- **Cancer**. People with learning disabilities have approximately double the rate of gastro-intestinal cancers such as oesophageal, stomach and gall-bladder but lower rates of lung, prostate, breast and cervical cancers. People with Down's syndrome are at an increased risk of lymphoblastic leukaemia.
- **Obesity**. Levels are higher in people with learning disabilities and more notable in those with milder learning disabilities, especially women. Obesity can have secondary effects on health and increase the likelihood of heart disease, stroke and Type Two Diabetes
- **Swallowing/Feeding Problems**. This is more prevalent in people with learning disabilities than those without, with the highest prevalence in those with profound disabilities. These can be caused by neurological problems or structural abnormalities of the mouth and throat. Problems can also arise from rumination, regurgitation or self-induced vomiting. Swallowing problems can lead to choking, secondary infections and weight loss.

Locality

The table below shows which area of the city people with learning disabilities who are currently in receipt of services from SCC's Social Care team live.

Locality	Area of City	No. of People with LD	% of Total (known)
Cluster 1	Redbridge, Millbrook, Freemantle, Shirley	144	18.6%
Cluster 2	Coxford	83	10.7%
Cluster 3	Bassett, Swaythling, Portswood	80	10.3%
Cluster 4	Bargate, Bevois	62	8.0%
Cluster 5	Bitterne Park, Harefield, Bitterne	139	17.9%
Cluster 6	Peartree, Sholing, Woolston	108	13.9%
Outside City		159	20.5%
	Total (known)	775	
	Unknown	2	

Therefore just under 80% of people live within the city and 20% live outside of the city. For those living outside of the city this will primarily be because they are placed in residential homes.

Of those with support packages funded fully or partly by the CCG via Continuing Health Care (101 individuals), less than half live within the city.

Comparing the percentage of people with learning disabilities living in each cluster with the general population, shows that there are proportionally fewer people with learning disabilities living in cluster 3 & 4 (the centre of the city). It is highly likely that this is due to the large student population who predominantly live in the central portion of the city.

Forecast of Future Needs

It is important to understand what the future needs are likely to be for individuals with learning disabilities in terms of both raw numbers and how the type of needs may change.

Population Growth

Using the nationally recognised estimate of 2% prevalence of learning disabilities gives a current population in Southampton of 4,968 people. Based on estimates of population growth in the next five years we would expect this number to rise to 5,135 individuals with learning disabilities by 2023, this represents a 3.4% increase over that period.

Focussing in on individuals with moderate or severe learning disabilities, there is an estimated growth of 3.1% from 1,064 people in 2018 to 1,097 in 2023. This group would be expected to require access to more specialist support such as that provided by social care or health.

Changes in Type of Need

There is a lack of firm data on how the type of needs may change in the future however from analysis of the children and young people coming through transition as well as knowledge of commissioning and operational staff, we can predict that:

- There are an increasing number of children and young people with EHC Plans which strongly indicates that there will be an increasing number of young people/adults coming through transition and requiring support.
- The complexity of need for children and young people with EHC Plans is increasing which is likely to translate into those young people requiring more tailored and/or specialist support when they reach adulthood.
- Individuals with learning disabilities are on average living longer but often develop other health conditions at an earlier stage than the general population.

5. Current Service Usage, Market Analysis & Opportunities

Within this section we outline our current usage of different service types as well as including a commissioners' analysis of the current market and opportunities for providers in the future. However, it is important to recognise the action, impact and outcomes related to services working jointly, when supporting those people with more complex needs to access broader community services.

People with Learning Disabilities have a right to access universal health services that are able to make reasonable adjustments. We know that some individuals require additional support to access these services to maintain their health and enjoy a fulfilling life. Southampton has invested in additional specialist services with our health providers, such as a Health Facilitation Nurse and Acute Liaison Nurses to support good access. We need all of our providers to work within the multi-disciplinary framework, to ensure we maximise the opportunities to improve health and social care outcomes.



Southampton City Council & the CCG currently commission or deliver internally the following services to support adults with learning disabilities:

Support & Accommodation:

- Residential Care Placements
- Support (Home care) for individuals within Supported Living or people living in their own home or with family members
- Extra Care
- Shared Lives

Support During the Day:

- Day Services
- Employment Support

Health Services:

- Primary Care
- Community Health Services
- Acute Liaison Nursing function (within University Hospital Trust)
- Community Health Learning Disability Team
- Intensive Support Team
- Community Forensic Team
- Inpatient Services

Other Support:

- Respite
- Transport
- Advocacy
- Carer's Support.

The table below summarises current usage and funding for Learning Disability services.

Service Type	Number of Clients*	Overall Spend (annual)	Total SCC Spend (annual)	Total CCG Spend (annual)
Residential Placements	145	£13,071,000	£7,512,000	£5,559,000
Supported Living	150	£9,061,000	£7,423,000	£1,638,000
Home Care	143	£2,235,000	£1,101,000	£1,134,000
Respite	79	£819,000	£638,000	£181,000
Day Services	272	£2,694,000	£2,464,000	£230,000
Direct Payments	83	£1,463,000	£1,463,000	£0
Shared Lives	43	£517,000	£517,000	£0
Transport	58	£234,000	£221,000	£13,000
Inpatient Settings	3	£451,000	£0	£451,000

* Some individuals access multiple services so numbers will not total

The overall total spend on LD support packages in 2017/18 was around £30,545,000 per year split between:

- SCC – around £21,339,000
- CHC – around £9,206,000

Residential Care

Current Usage

There are 145 adults with learning disabilities living in residential placements at a total cost of over £13 million per year.

Analysis of the age of individuals living in residential placements shows increasing usage with age – for the 18-34 age group just 10% of adults live in residential placements, this increases to 16% for the 35 – 54 age group and 26% for the 55+ group.

Of the 145 adults in residential placements, 36 (25%) live within the city boundary and 109 (75%) are outside. The majority who live outside of the city have residential placements in Hampshire but there are 27 individuals (25%) placed outside of Hampshire.

For SCC there has been a slow reduction in the number of LD residential placements over the past two years (from 140 to 115 placements) which reflects the focus on using supported living and other tenancy based accommodation options with residential care only used as a last resort.

Market Analysis

There will continue to be a reduction in the number of LD residential placements over the next five years. New placements will be made only where no other tenancy based option is available locally in the city and where feasible these will only be temporary until sufficient local options have been developed.

The LD residential market is not well coordinated and has developed over many years through individual providers setting up services with minimal input from commissioners. This is evidenced by there being more than 75 different residential homes used for the 145 LD clients and these homes are owned by more than 40 different providers. The majority of residential placements made by SCC and the CCG are outside of the city, some a significant distance away which does not support people to maintain family, friendship and community networks. A welcome recent development is that new residential homes are coming under more scrutiny from Care Quality Commission (CQC) to ensure that there is an evidenced need for the service for the local population and that discussions have taken place between commissioners and the provider to determine what type of service is required.

Residential care is classed as ‘unsettled accommodation’ because the individual does not have the legal security of a tenancy meaning that they could be asked to leave with very little notice. This situation is rare and many people living in residential care would quite rightly call it their home (with some having lived in the same place for decades) however this risk of having to leave with very little notice remains.

The model of residential care means that the accommodation and support are provided as a whole package and they cannot be separated. This means that if a provider fails or there are significant safeguarding issues the individual has to move (rather than the provider changing).

Whilst we acknowledge that there is a very wide variation in practice with some homes providing high quality personalised care and support, the residential care model does not always lend itself to personalised and outcome focussed support. Individuals in residential care are not eligible for a number of benefits which they would otherwise be able to access as the placement is expected to cover items such as food, housing costs & utilities.

Four LD residential homes have deregistered in the city and transferred to supported living arrangements in the past two years with close working between providers, commissioners and social workers. These have proved successful with improved outcomes and independence for individuals as well as cost savings for SCC.

Market Opportunities

Deregistration – Commissioners are keen to speak to providers who are interested in deregistering their residential homes to become supported living.

We are keen to speak to providers of residential homes who are interested in adapting their provision to better suit needs in the city.

Supported Living

Current Usage

There are currently 55 supported living properties in the city with a total capacity for 164 people with learning disabilities. 24 hour support is provided in the majority of these homes with 36 having sleep-in support at night and 14 a waking night support worker. In total around 8,800 hours per week of shared and 1:1 support are commissioned for individuals living in these properties.

Supported living properties vary enormously in structure with the portfolio including shared homes for between 2 and 7 people, complexes of flats and a number of single person schemes. The homes are owned by a range of voluntary sector and private landlords.

Support at the schemes is delivered by 8 different providers, 5 of whom are commissioned via the city's Domiciliary Care (now called Home Care) framework. There are good joint working and monitoring arrangements in place with all of these providers.

Why do we have a preference for supported living above residential care?

- The supported living model is more suited to delivery of personalised care and support which enables a person to achieve their maximum level of independence.
- The majority of supported living schemes are within the city
- In supported living an individual has a tenancy agreement with a landlord and therefore has stronger rights about where they live and what they can expect from their landlord
- In most cases the landlord and support agency are different providers. This means if there are issues with the quality of support provided, the person can stay where they are living and a new provider brought in.
- Within supported living, individuals are entitled to a wider range of benefits.
- Supported living is generally less expensive than residential care. This varies for each person but on average, supported living is £200 - £300 per week less expensive than a broadly equivalent residential placement.

Market Analysis

There are already four new supported living schemes being built/refurbished in the city with a total of 34 new tenancies expected to have been created within the next 12 months. Commissioners will be looking to identify and work with high quality home care agencies over the next year to deliver the support at these schemes and enable smooth transfers for individuals to the new services.

The majority of new supported living schemes in the city are developed by housing agencies in partnership with SCC. This joint approach has significant benefits in ensuring that the specialist housing that is developed meets the needs of people with learning disabilities living in the city and reduces the risk for both the housing agency and SCC of the properties being unoccupied for long periods (having 'void' rooms).

We expect a growth in demand for supported living due to the following factors:

- More younger people who come through transition are wanting to be more independent and move from the family home
- Increasing numbers of people living with elderly parents or carers who require long term accommodation plans
- There are still a significant number of people living in residential placements which we believe could be better supported locally within supported living.

There is a shortage of supported living accommodation for individuals with particular needs. This can relate to the actual design of the properties, the expertise and training of the support staff or in many cases both of these elements.



The table below shows these needs and suggested housing and/or care solutions. This is not an exhaustive list and we would encourage any interested providers to make contact for a more in depth discussion.

Description of Demand / Area of Need	Housing Solution	Care & Support Solution
Individuals with moderate learning disabilities, mental health and/or substance misuse needs	Not applicable	Support staff who have training and expertise in supporting people with these needs. Strong links and regular communication between staff teams and specialist NHS services (adult mental health, substance misuse).
Individuals with physical disabilities (including those with profound and multiple learning disabilities and complex health needs)	Wheelchair accessible accommodation with rooms large enough to comfortably fit wheelchairs. Ground floor bedrooms or lifts which enable access to multiple floors. Wet rooms Hoists within rooms	Support staff who are trained to use hoists.
Individuals with autism and challenging behaviour	Designing low arousal environments with appropriate lighting, acoustics and ventilation to minimise sensory overload. Using durable materials and design of rooms to reduce the impact of self-injurious behaviour.	Support staff with expertise in Positive Behaviour Support (PBS) and ability to implement on a day to day basis. Strong links and regular communication between staff and LD Community Health team and Intensive Support Team.
Individuals with forensic needs (those who have committed an offence or who display offending behaviour)	Ordinary housing sited away from potential high risk areas.	Support staff with training in forensic needs. Strong links and regular communication between staff teams and LD community forensic service.
Older people with learning disabilities and associated needs (e.g. dementia, lower mobility)	Wet rooms Hoists within rooms	Support staff with training in dementia and falls awareness.

The basic adaptations we would expect all new supported living housing to have include:

- Ability to include a range of telecare equipment within the design of the property or easily add in if / when required
- Suitable fire safety equipment which takes account of the additional challenges people with learning disabilities may face in staying safe during a fire.

Market Opportunities

As described above, there is a significant drive behind increasing the number of supported living schemes in the city and supporting people to live in their local community through tenancy based housing.

There are opportunities for housing providers interested in developing more local support living accommodation as well as CQC registered home care agencies to provide the support within these new schemes.

Housing Providers – Opportunities

We are keen to speak to providers already involved or interested in being involved with developing new supported living accommodation. We recommend that discussions take place with commissioners at an early stage of planning.

We are keen for housing providers to approach management of voids and any void payments in a flexible manner, with consideration of risk sharing and use of specialist void insurance policies.

Support Providers - Opportunities

There will be an increased need for care and support within supported living therefore we are keen to speak to current and potential new providers, particularly those who can demonstrate creative and innovative methods of recruiting and retaining support staff as well as making effective use of NHS and Local Authority training opportunities.

A tender for Home Care services was recently run and the resultant Framework commences in April 2019. There will be opportunities for new providers to join on an annual basis, this will be advertised on the Council's procurement portal.

Commissioners are keen to work with providers to make supported living services more efficient through greater use of telecare and shared support.

Extra Care

The future development of extra care in the city will provide more opportunities for people to remain independent for longer. This will include people with learning disabilities who are becoming older and whose needs are more complex. The council is regularly updating need figures for this group, to enable new developments to be planned with all needs in mind. The council is committed to providing over 400 new units of extra care in the city in the next nine years (across all care groups).

In 2017, the Council opened a new extra care scheme called Erskine Court which included a number of flats for people with learning disabilities. The next planned extra care development is due for completion in 2020 and will provide a safe and independent setting for people with a range of care needs, including people with learning disabilities.

Shared Lives

Currently Southampton Shared Lives Scheme works with around 40 carer households (a household may include a single person, a couple or family) and currently supports around 60 clients most of whom have a learning disability. The Southampton scheme has a 'Good' rating from CQC and there is national and local evidence that Shared Lives can provide highly personalised support for individuals which enables them to live within their local community and prevent the need for other types of care such as residential home which is generally more expensive.

The Council has begun to explore diversification options which include providing respite support as well as potentially daytime provision. On top of this efforts are ongoing to recruit more Shared Lives carers.

Daytime Meaningful Activity

Current Usage

The current pathway for young people and adults with learning disabilities, in terms of any daytime activity, is primarily focussed around the use of day services. For reasons given below we have deliberately chosen to broaden this section beyond just day services.

Locally only around 5% of people with learning disabilities are in paid employment with a further 6% seeking work, this equates to around 90 people in total.

Current data shows that:

- 263 people with learning disabilities in Southampton access day services funded by the local authority
- 230 of these people are aged between 18 and 65 years
- The total spend amongst the 34 recorded providers of day services is £2,464,000 per year although the majority of delivery is from just 7 larger providers (each with a spend from SCC of more than £100,000 per year)
- The largest provider of day services is the Council itself however this accounts for only 22% of total spend

As a result of the SEND reforms, more young people and adults are continuing their education beyond the age of 18 and potentially up to their 25th birthday. A project is underway in the city to develop additional local capacity for post 19 education.

Market Analysis

We understand and recognise the important role that day services have in supporting people with learning disabilities and have received much positive feedback from individuals. However we feel that more can be done by day services themselves and the wider support network around a person to support them to develop life skills in a way that is meaningful for them.

The day services market is centred around leisure pursuits, which in itself is not a failure, however without a market that develops a skills base with individuals (and partnership working with the individual's circle of support), long term improvements in an individual's skills base (for broader life skills), are only achieved sporadically and are unlikely to be built upon with the long term goal of employment.

The number of people with learning disabilities who are in work is significantly below the rate for the general population. Day services are often considered the 'primary' method of accessing daytime provision but only in a minority of cases will serious consideration have been given to supporting an individual into employment. This is not a criticism, more a reflection that there has not been a concerted effort to address the challenges faced by a person with a learning disability who wishes to find employment. These challenges include a lack of reasonable adjustments to job roles, lack of understanding from some employers, lack of pre-employment support to help people to become 'job ready' as well as perceived limits to what a person with LD can reasonably achieve by way of employment.

The Council is investing in a 'Life Skills' team specifically designed to support people with learning disabilities into employment or other meaningful activity as well as to develop their wider life skills. This will be achieved by the team delivering front line practical life skills support to individuals as well as working with day service and home care providers to develop their service offer in terms of life skills. Those providers who are slower to adapt their services may see a reduction in referrals and more people moving away from day service provision into employment.

Up to now there has been minimal involvement from commissioners in the day service market. Providers do not have to be registered with CQC and the services are commissioned on a 'spot purchase' basis without any overarching framework meaning that services are not 'contract monitored'.

All people with learning disabilities, including those with more complex needs such as those with challenging behaviour or profound and multiple learning disabilities should be able to access meaningful daytime activities. There is currently a lack of provision for people with these kinds of needs in the city which means that more expensive residential provision is used which often does not deliver effective outcomes.

Market Opportunities

In 2019 we will be engaging with all day services in the city to discuss how their services can feed into the Life Skills work. We are keen to hear from day service providers who wish to develop their service offer in this way and be at the forefront of this work.

We want to speak to providers who are interested in developing their daytime provision to support people with behaviour that challenges or with profound and multiple learning disabilities.

Where providers are not felt to be delivering quality and cost efficient services they should expect to be challenged by the Council to improve their offer and supported to do this by commissioners and the Life Skills team.

In line with the Equality Act, we expect mainstream providers to make reasonable adjustments to their services which will enable individuals with disabilities to enjoy equal access. Active promotion of these adjustments is encouraged and we want to talk with providers who have already done this as well as those who require assistance to achieve equal access.

Health Services

Primary Care

There are 28 general practices within the city that provide a range of treatment to people with learning disabilities. We strongly support the improvements in health outcomes, and as such, we have commissioned SHFT to provide Health Facilitation for adults with learning disabilities. The team particularly work with primary care services, supporting the implementation of LD Annual Healthchecks, and Health Action Plans. We have seen an increase in the numbers of people receiving an Annual Health check, however, we recognise that there is more to do in terms of quality of the health check. Our aim is

The team also support use of the Hospital and Dental passports within our community and work is underway to extend to other areas (such as ophthalmology).

Community Health Services

Solent NHS Trust are Southampton's lead provider for community health services. Solent work closely with commissioners, particularly in relation to our Better Care plans. The commitment remains that people with learning disabilities will be supported to access health services, and that reasonable adjustments will be provided to support good access and quality of services. Our Better Care plans are refreshed annually and available to stakeholders. Key areas of development are listed below for 18/19. We need to ensure that providers have good information about services available and opportunities to increase health outcomes.

- Continuing to strengthen cluster leadership to embed the new cultures and characteristics of integrated working and ensure that each cluster has a robust programme of activity in place which drives achievement of the city's key performance targets to reduce non elective admissions (NELs), falls, excess bed days (XBDs), and admissions to nursing and residential homes.
- Continuing to embed the working age adult's involvement and monitor the impact of the children's MDT pilot.
- Implementation of the integrated prevention and early help offer for children and their families.
- Development of an Enhanced Health Support offer to nursing and residential homes (based on the Vanguard models outlined in NHS England's Enhanced Health in Care Home Framework)
- Expanding falls champions to Extra Care Housing schemes and Domiciliary Care providers
- Expanding fragility fracture clinics and developing a hospital based fracture liaison function for identification and increasing referrals for comprehensive falls assessment
- Working with voluntary sector partners and exercise providers to increase the available exercise offer for all older people in the City, ensuring that exercise is providing core stability and strength benefits.
- Continuing to develop more integrated approaches for adults and children with learning disability and special educational needs and disability (SEND) by bringing together health and social care teams.
- Building on the social care strengths based practice programme.

Learning Disability Acute Hospital Liaison Services

This service is delivered by learning disability nurses at Southampton General Hospital (UHS). Commissioning of LD Acute Liaison has meant an improvement in a number of areas. People with learning disabilities are high risk of poor health and social care outcomes. We expect a systems approach to supporting people with learning disability in acute hospital services. UHS have developed an LD Strategy and we will work in partnership with our stakeholders, to ensure we are providing the absolute best quality of care that reduces inequalities in health. Key outcome areas are:

- Improved positive patient experience obtaining the best services possible from acute health services
- Improved understanding of the barriers to communication for people with learning disabilities and other concurrent conditions
- Promote a whole system approach through co-ordination and continuity of care across service interfaces

Key functions include:

- Preparation and pre-admission planning to identify additional support required, adjustment or adaptation of hospital services for out-patient/in-patient services
- Co-ordination of effort for attendance, admission, discharge and follow-up from hospital care
- Advising services about reasonable adjustments
- Promoting good practice, providing guidance, advice, education and expert support about the needs of people with learning disabilities to develop protocols in hospitals including care at the bedside
- Advising on related statutory requirements such as the Mental Capacity Act and its application
- Support people with learning disabilities within training and awareness programmes as trainers

Specialist LD Health Services

The specialist learning disability health services commissioned by the CCG are provided by Southern Health Foundation Trust. There are three specific services – Community LD Health Team, Community Forensic Team and Intensive Support Team.

They are for adults aged 18 years and above and all promote and support the maintenance of the health and wellbeing of people with a learning disability. They aim to reduce health inequalities, identifying any unmet health need as well as provide training and development for clients and their families, and also develop expertise in the workforce by delivering training to support staff.

The total annual spend on specialist LD health services by the CCG is £1,638,000, this is split between the different services.

Work is underway to create an integrated health & social care Learning Disability team. This would bring together the SHFT specialist LD health team, the SCC social care LD team and CCG Continuing Healthcare team.

Specialist In-patient Services

SCCCG with our Transforming Care Partnership (TCP) have agreed a set of commissioning intentions for people with a learning disability, autism or both, to ensure the care and support they receive is in line with the vision for inpatient care set out within Building the Right Support (BRS) and the national service model (NHS England, 2015), namely:

- Care and treatment should be integrated into the broader care and support pathway;
- The service will proactively encourage independence and recovery;
- There will be an emphasis on least restrictive practice;
- Delivery will be in state of the art units;
- There will be a reduction in length of stay;
- Services will be co-located, not isolated.

As part of the local Transforming Care Plan, the CCG will therefore seek to commission a reduced number of inpatient hospital beds, and instead invest in alternative models of care and support within the community, making use of Personal Health Budgets where appropriate, and ensuring that people have good lives in the community, close to family and friends. Southampton has already led the way, with its Forensic and Intensive Support Services, however, increased joint working will be required to ensure effective care and support pathways are in place, across a range of agencies and services (such as housing/employment/social care).

Other Service Areas

Respite

We understand that different people use different terms when discussing respite. Other commonly used terms are 'Short Breaks' (more prevalent within children's services) and 'Replacement Care' (used in the Care Act 2014). We currently use the term respite as it is the most common.

Current Usage

The Council and CCG commission overnight residential respite for around 70-80 people with learning disabilities totalling around 2,300 nights per year. There are many different ways of providing respite beyond just overnight residential provision (and efforts to enhance these alternatives are described below), however we acknowledge that for many individuals and their families overnight respite remains an important support mechanism for them.

All people in receipt of respite live at home with parents or carers. The respite provides an important break for both the individual and their parent carer and in many cases is crucial to preventing the person having to move out of the family home before they would ideally wish to.

The majority of respite is arranged in advance and spread across the year so that the individual and their family can have regular breaks but some respite is also required at short notice in an emergency (e.g. if a carer is unexpectedly hospitalised). We estimate that around 200 nights of emergency respite per year are needed on average although this varies significantly and in most cases cannot be predicted in advance.

A range of options have been commissioned to support a broader range of choice for individuals and families, which includes:

- Residential respite at Rose Road and Weston Court
- Shared Lives Respite
- Encouraging use of direct payments for individuals and their families to access a range of individual packages including supported holidays.

In addition the Council provides weekend respite support from the Kentish Road site.

There has been reducing demand for residential overnight respite for children and young people over the past few years. Between 2015/16 and 2017/18 there was a 15% reduction in nights used by young people aged 14-18 years.

Market Analysis

There continues to be a reliance on commissioned bed based provision for most adult's respite. Although a number of alternatives exist, they do not suit all needs and there has been slower than anticipated take up.

There are fewer young people coming through transition who already have overnight respite packages. Whilst we still expect some demand for respite from this group, we do not expect a significant increase.

Market Opportunities

Both of the commissioned overnight respite services are expected to go out to tender 2019. These will be advertised on the Council's procurement portal.

We believe that respite has an important role to play in supporting people to develop their independence and life skills. We would expect that all respite providers have life skills development as a core focus and will be able to demonstrate that they support people to develop skills in a tangible way.

Where appropriate respite might be used to prepare a person to move from the family home into supported living (or other accommodation). This would always be done in partnership with the person and their family. We would encourage services to consider how they can effectively support transition to supported living.

Direct Payments

Southampton City Council currently ranks poorly in comparison to other areas in terms of the proportion and number of service users receiving a direct payment. The Council has set up a team to focus on increasing the uptake of direct payments for eligible individuals, a key part of this is increasing uptake for individuals with learning disabilities.

Similar efforts are underway within the CCG to increase the number of individuals who have a Personal Health Budget (PHB).

Providers should expect to see an increase in individuals and families approaching them with direct payments (from either SCC or the CCG) and will need to consider how they adapt their service offer and market this directly to families.

Transport

There is currently a reliance on use of taxis to access day services. Whilst we understand that there are some circumstances in which this is the most appropriate mode of transport we believe that public transport can be better utilised. As part of the life skills team there will be a focus on 'travel training' in which individuals with learning disabilities are supported to develop their independence through accessing public transport as an alternative to taxis.

We want providers to work with the life skills team as well as taking their own initiative to maximise use of public transport. We are keen to speak to providers with new and innovative ideas about how to arrange transport more efficiently and cost effectively.

Advocacy

We are currently considering the best way to commission this service going forward as we recognise that advocacy is a very quickly evolving area, for example the Deprivation of Liberty Safeguards (DoLS) could potentially be considered within advocacy.

Providers should ensure they are aware of the advocacy service and can signpost individuals.

Carers

The contract for a Carers Support Service was awarded in December 2017 to Carers in Southampton (who were the existing provider).

Providers should ensure they are aware of the carers support service and can signpost carers towards the service.

6. Engagement with Stakeholders

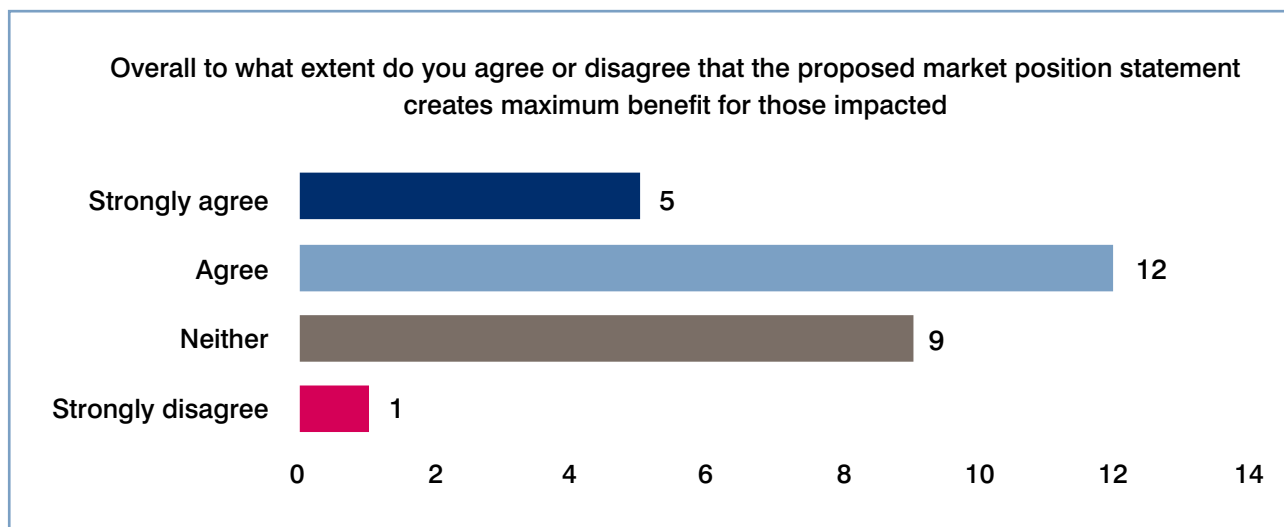
It is important that the views and priorities identified by people with learning disabilities, their families and other stakeholders are included within this Market Position Statement. Therefore we delivered an engagement event with various groups in early 2018 on the draft MPS. This was attended by 58 people representing providers, carers and people with a learning disability. This engagement led to a number of individual provider meetings held from April 2018.

Initial feedback was gained from the Learning Disability Partnership Board (LDPB) in December 2017 which helped inform the full engagement. The Partnership Board includes attendance from people with learning disabilities, advocates, carers of people with learning disabilities, the LD Health Facilitator, LD commissioners and a number of Councillors.

Carers' Survey

In May and June 2018, a survey of carers was published asking for their views on the broad themes of this MPS as well as any gaps.

Responses were given by 28 people and they provided a lot of valuable feedback and suggestions. The main findings are shown below.



The table below shows the number of people who were in agreement or disagreement with the proposals for each of the Building the Right Support principles.

Principle	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
1. A Good & Meaningful Life	11	13	3	0	1
4. Support to my Family and Paid Staff	11	11	0	0	0
5. Where I Live & Who I Live with	10	10	3	0	2
6. Mainstream Health Services	17	7	3	1	0
7 & 8. Specialist support in the community	14	9	0	1	1
9. Hospital	15	9	2	0	0

There was a lot of valuable written feedback with many carers expressing strong views based on their own experience. The main themes of the comments were:

1. General agreement with the principles but concerns about whether is sufficient funding for them to be delivered effectively.

"I believe that reassuring individuals that there will be a funding available to deliver all the statements is the key for the families and professionals as nothing will realistically change otherwise."

2. The need for clear and accessible information and advice.

"It is very important that all changes and improvements are publicised and that service users and their carers know where to go for help and advice."

3. The importance of supporting friendship groups.

"Many people with learning disabilities are missing out on friendships I feel due to reduced opportunities to spend time with people who they share life experiences with."

4. Individuals being at the centre of decision making.

"..the person with the learning difficulty must be central to all decisions that are made about their care, provision and support. They must be given opportunities to make decisions about what they get, within their capabilities, i.e. the mental capacity act must be adhered to at all times."

5. Feedback and concerns around the current availability and range of respite options.

"There needs to be a proper and effective increase in the range of respite not just lip service paid to it."

6. Supporting people to move from the family home into supported living and having suitable support in place within services.

“More needs to be done to prepare people and their carers for the transitional change of moving from the family home.”

“People should have the right to their own front door and to choose who they live with if they share. Many people with complex needs and challenging behaviours struggle in group living environments.”

7. A mix of positive and negative feedback about health services.

“My GP has a good understanding of my son’s learning disability.”

“The general hospital staff go above and beyond for my child and are amazing with him.”

“[Health is] one of the key topics that requires improvement for people with learning disabilities and their carers but slow progress. Important to link this in with the Learning Disability (UHS) strategy and Mencap’s Treat Me Well campaign.”

“We have had very bad experiences with mainstream health organisations, so any change would hopefully be for the better.”

Next Steps

The feedback provided by carers through the survey has been used to inform this Market Position Statement. We recognise that there is a lot of work still to do and will update this document every year to make sure it reflects the work that has been done as well as new projects and business opportunities.

7. Key Resources available to our Partners

We fully support the principles of ethical care and social value, and offer the following resources to our partners:

- VIP training – this includes a range of training courses for support staff.
- Provider forums – these operate for residential care, domiciliary care and supported living.
- Quality and Safeguarding team, which collaboratively works with our providers.

Life Skills

The Council has made a significant investment in an LD life skills team. This shows the commitment to the Strengths Based Approach. Staff within the team will deliver front line practical life skills support to individuals as well as working with providers to develop their service offer in terms of life skills.

Communication

A communications group will be established to support:

1. Uptake and rollout of some of the standard augmentative and alternative communication (AAC) methods
2. The trial of new methods such as apps to support individuals to communicate more effectively
3. Rollout of the Accessible Information Standard

Commissioners

We are keen to speak to current and potential future providers about any services they provide or are looking to develop in the City. Please contact us using the email inbox in the 'How to Contact Us' section.

Procurement

All new tenders from the Council are advertised on the procurement portal at:

supplysouthampton.esourcingportal.com

8. How to Contact Us

Please use the email inbox below to make initial contact regarding anything related to this Market Position Statement and Learning Disability Commissioning. A member of the commissioning team will reply to you as soon as possible.

LD Commissioning email: ldcommissioning@southampton.gov.uk