

Market Position Statement

Adults with
Learning Disabilities

“Help us develop
the right Care and
Support services for
adults living
in Hertfordshire”

2016

learningdisabilitymps@hertfordshire.gov.uk



East and North Hertfordshire
Clinical Commissioning Group



Herts Valleys
Clinical Commissioning Group



Contents

The updated Market Position Statement (MPS) outlines key achievements that have been commissioned and delivered by Hertfordshire County Council in partnership with the Clinical Commissioning Groups (CCGs) and other key stakeholders in 2015. The key stakeholders include: the voluntary and community sector, community health partners and the private sector.

The MPS also examines future market opportunities and commissioning intentions and should be used alongside our strategic documents¹²³ to provide the necessary information to local, regional and national suppliers to allow them to make informed strategic business decisions.



1. The Market That We Wish To Facilitate

HCC together with the two NHS CCGs in Hertfordshire, East and North Herts (ENHCCG) and Herts Valleys (HVCCG), is dedicated to ensuring good **commissioning outcomes** for adults with a learning disability. A learning disability is a significantly reduced ability to understand new or complex information, to learn new skills and reduced ability to cope independently which starts before adulthood with lasting effects on development.

We aim to deliver services that are personalised, well led and that promote a sustainable and diverse market place. For further details on this please refer to **Commissioning for better outcomes**

Person centred and outcome focused

- Services based on the needs, wishes and views of service users, their families and their carers
- Developed and shaped together with service users, their families and their carers
- Provides a variety of different information, advice and support to meet different needs

Inclusive

- Works in an integrated way across the health and social care partnership

Well Led

- Has a clear and joined-up strategy for what we want to achieve together
- Uses data and intelligence on what works and what people want and need

Promotes a diverse and sustainable market

- Works together with service providers
- Effective monitoring to deliver high quality, value for money services
- Values the richness and variety of support that exists

Wellbeing, Prevention and Personalisation

We want every service we commission and work with to promote and enhance individuals' wellbeing. The Care Act 2014 establishes this as a principle and gives a broad definition of what wellbeing means.⁴ This includes personal dignity, physical and mental health, control over day-to-day life, and ability to participate in work, education and recreation. All services should therefore work holistically with individuals to support their wellbeing as far as possible. We see prevention as another key principle that sits alongside wellbeing. We want to develop services that promote individual wellbeing by preventing, reducing or delaying the need for health and social care, in many cases by intervening early before problems escalate. Key examples include avoiding hospital admissions, such as

through falls prevention or avoiding carer breakdown, often by working in partnership with voluntary and community sector organisations. All services should therefore proactively identify and develop approaches to prevention and early intervention. We see the personalisation of services as key to achieving this. We recognise that individuals often know what is best for their own care and wellbeing. We want to commission services that work proactively with individuals to understand their needs, wants, interests, and ambitions, and that build on individuals' strengths and assets in providing care and support for them. We want to see providers embrace the principles of Think Local, Act Personal (TLAP).⁵



⁴<http://www.legislation.gov.uk/ukpga/2014/23/section/1/enacted> and https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf

⁵http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/MakingItReal.pdf

2. Achievements

In our 2015 Market Position Statement we committed to several commissioning intentions and have successfully achieved many of them through partnership working with our CCG colleagues, Public Health, the voluntary sector and various stakeholders. A summary of the progress made against our main commissioning intentions is outlined below.

2.1 Transforming care

In July 2015 Hertfordshire was nominated by NHS England as a “Fast Track” pilot for Transforming Care. The initiative is now being rolled out nationally with areas becoming Transforming Care Partnerships. This essentially means that the way we commission and deliver services has to change in line with national directions, so that more people with learning disabilities, and/or autism, with behaviour that may challenge and/or mental health support needs, can live in the community closer to home, reducing the numbers of people admitted to inpatient and secure services⁶. As part of this work Hertfordshire developed its “Fast Track Plan”, which outlined the key projects needed in order to achieve the outcomes set by NHS England.

www.hertfordshire.gov.uk/services/healthsoc/supportforadults/learningdis/ldpbmain/

Work on these key projects includes, a focus on workforce development and crisis support and prevention pilots.

2.2. Accommodation for Independence Programme

2015 saw the start of HCC’s Accommodation for Independence Programme. Hertfordshire has 596 people with learning disabilities living in residential care and around 1,000 already living in supported living.



We know that for historic reasons the number living in a residential care setting is relatively high compared to other local authority areas. We also know that many people with learning disabilities in Hertfordshire have both the aspiration and capacity to live more independently in a supported living setting. **Therefore we have set ourselves a target to convert up to 50% of the existing residential care placements to supported living placements by the end of 2019/20.**

This will involve a combination of; converting existing properties to supported living schemes where possible, identifying new supported living accommodation for people to move to and developing move-on plans for individuals.

Target

●●●○○○
residential
care

50%



○○○
supported
living



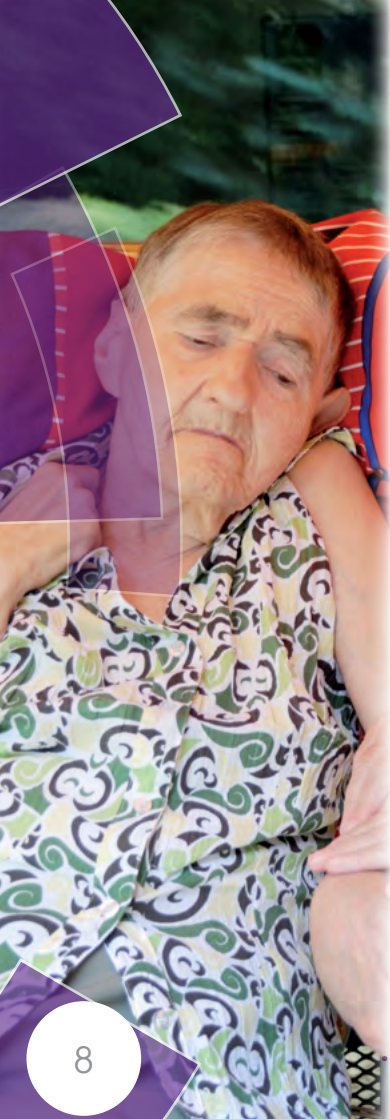
2.3 Shared Lives

Shared lives is a community based service that promotes family life. Working with internal and external stakeholders, HCC produced an exciting new service specification for our Shared Lives scheme. This went to tender in 2015 and the contract was awarded to Guidepost Trust.

2.4 HCC Owned Property Review

During 2015 commissioners visited all HCC owned properties that are being used for supported living and residential services in order to establish the state of the buildings and ascertain their suitability for their current use and ability to meet people's needs now and in the future. The information collated from the visits has been analysed and plans for future use and remodelling will be developed in 2016.





2.5 Accommodation Boards

In 2015 HCC established dual district Accommodation Boards with our 10 district council partners and stock-transfer housing providers. One of the key drivers for the Boards is to ensure that the accommodation related priorities of key partners and people with lived experience of care and support needs are promoted in local planning.

**Enabling
individual
choice
and control**



Through the establishment of the Boards we aim to develop a countywide Accommodation Strategy to be launched in autumn 2016 that addresses the following:

- The promotion of independent living and prevention or delay of escalation of need;
- Equity in service access and delivery of the right quality standards and value for money;
- Enabling timely access to the right accommodation.
- Enabling individual choice and control

We are interested to hear from partners who are willing to share their ideas on accommodation models that would help support this client group, please contact **learningdisabilitymps@hertfordshire.gov.uk**

2.6 Supported Living Specification

An interim specification has been drafted and is currently progressing through the appropriate governance processes. This will be introduced for both existing and newly deregistered provision by April 2016.

2.7 Short Breaks Review

We have recently completed a review of our in house and external short break units in order to assess service user needs, wheelchair accessibility, usage and occupancy levels. The review aimed to identify whether HCC is making best use of existing provision and establish whether we have the right services in place to meet the needs of service users accessing our services.

2.8 Day Services

Currently 16 HCC in-house day services offer support to just under 1500 adults with learning disabilities. Additionally, 34 different private and voluntary sector organisations support about 740 service users with learning disabilities in 60 different day services across the county.

We expect, and monitor all day services on the basis of being person-centred, flexible, responsive, innovative and promoting choice and control.

Where possible we want services to be developed coproductively and have recently embarked on a three year programme "Changing services together" which is developing ways of working coproductively with all stakeholders in particular service users and family carers but also will include work with providers to develop a coproduced service specification for day services.



3. The Evidence Base for Commissioning Adult Social Care in the County

Current and Future Demand

Predicted increase

2025

9%

people over 18 with a learning disability

Population

According to data available from PANSI in 2015 there were a total of 21,109 people over 18 with a learning disability within Hertfordshire. This is 1.8% of the total population of Hertfordshire.

Table 1 Hertfordshire any LD - population by age group 2015 - 2025

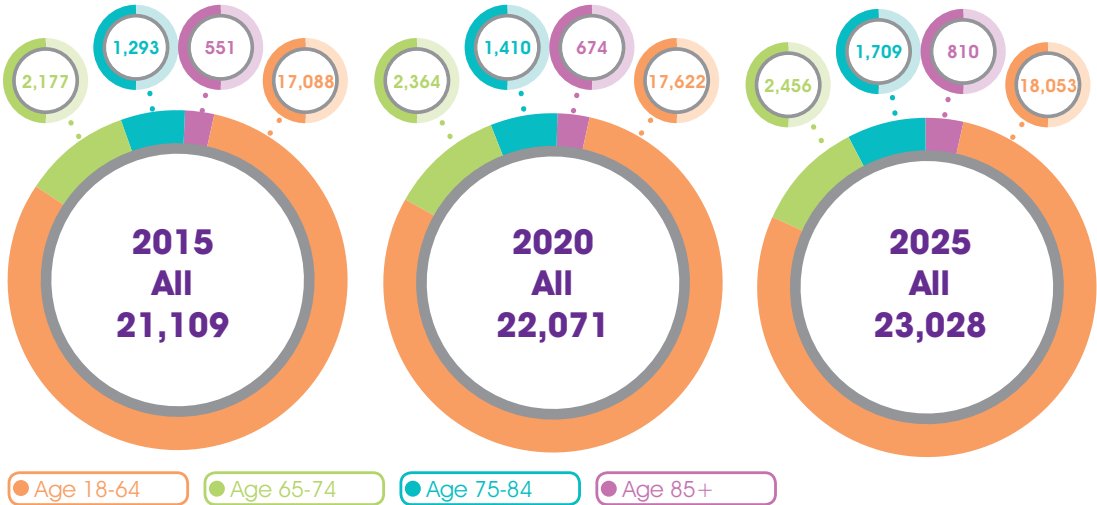


Figure 1 demonstrates the predicted demographic increase for adults with learning disabilities in Hertfordshire over the next 5 to 10 years.

The number of people over 18 with a learning disability is predicted to increase 9% by 2025.

The largest projected growth areas over the next 10 years are the ages 75-84 and 85+ with projected increases of 32% and 47% respectively.

As of November 30th 2015 adult social care were supporting 2950 adults with learning disabilities, 85% of which were between the ages 18-64.

2015 Supporting



2950

adults with learning disabilities

85% aged between 18-64

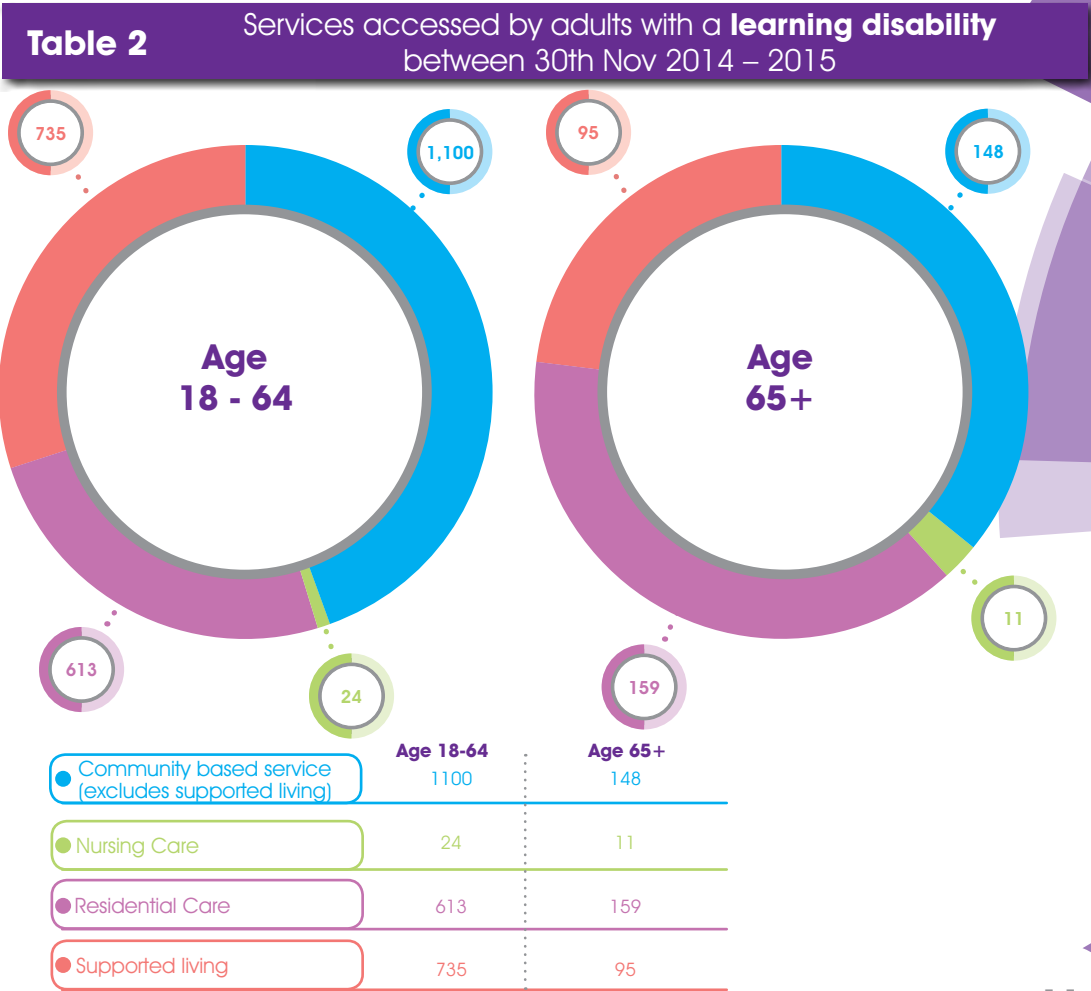


Table 3 Forecasted percentages of placements 2015 %

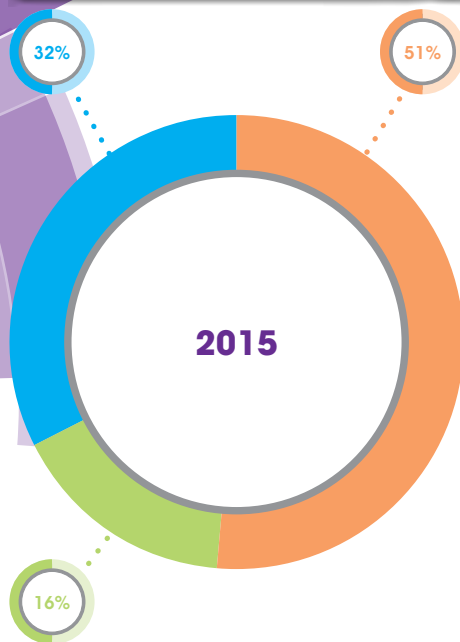


Table 4 Forecasted percentages of placements 2020 %

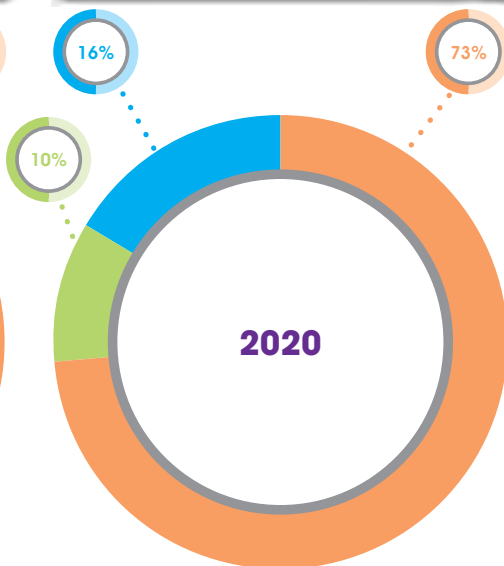
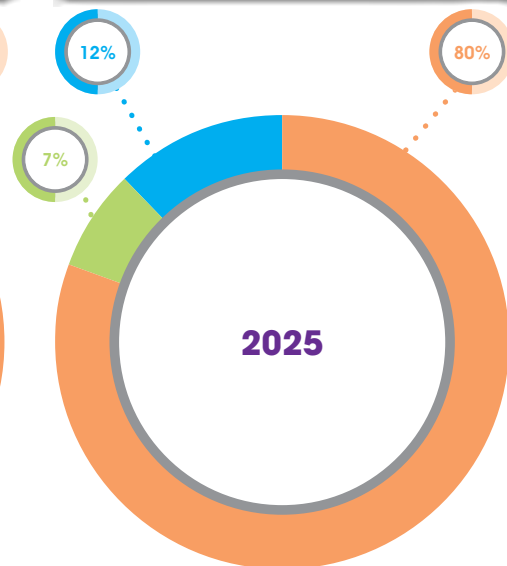


Table 5 Forecasted percentages of placements 2025 %



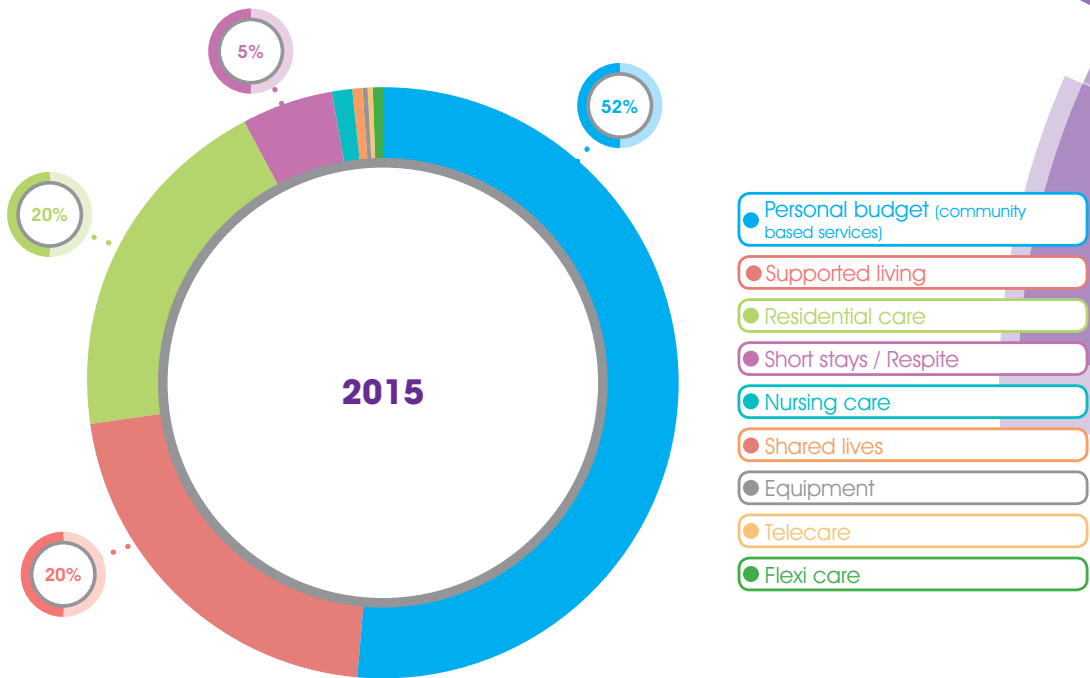
| | 2015 | 2020 | 2025 |
|--|------|------|------|
| ● Total HCC placed clients in LD Residential | 32% | 16% | 12% |
| ● Total HCC LD placed out of county | 16% | 10% | 7% |
| ● Total HCC LD placed clients in LD Supported Living | 51% | 73% | 80% |

Tables 3, 4 and 5 represent the forecasted percentages of placements over the next 10 years and the service provision that will be needed following the Accommodation for Independence Programme.

52% of services accessed in 2015 were accessed via a personal budget.

20% of services accessed were residential services. Tables 3, 4 and 5 set out our forecasted vision for 2020 and 2025 for the reduction of these placements through the Accommodation for Independence Programme

Table 6 Types of service accessed by adults with a learning disability within Hertfordshire 2015



The table below details number of people currently known to commissioners that meet Transforming Care definitions. Please note that the risk registers are a new tool that are still being developed and so may under represent numbers at this time.

Table 7 Numbers of adults and young people within Transforming Care definitions as at January 19th 2016

| | number on 19.01.16 | number per year moving into adult social care services | number per year recurring into future | notes |
|---|-----------------------|--|--|---|
| Inpatient independent hospital (adults) | 12 | 6 | 0 | working to zero position - will take 2 -3 years to achieve |
| Inpatient Secure Services NHS England (adults) | 16 | 4 | 4 | ongoing intake |
| Assessment Treatment Unit - Herts (adults) | 6 | 6 | 6 | Short stays 3 months, usually returning to previous home - total for year (2015/16) 28 |
| CAMHS - Inpatient NHS England (young people) | 4 | 2 | 3 | Ongoing intake |
| Risk register adults | 18 | not known | not known | new register not yet populated to include all people with circumstances at risk breakdown |
| Risk register young people | 6 | not known | not known | new register not yet populated to include all people with circumstances at risk breakdown |

4. Our Spend

As a result of a growing and aging population and national public sector funding cuts, Hertfordshire County Council will have fewer resources per person to fund social care and support.

Therefore we need to be innovative in the way we deliver adult social care throughout the County, including working to build new capacity across the voluntary and community sector.

The key financial challenges are:

- Ongoing major budget reductions
- New tactical approaches to managing supply and demand; and
- Maximising the opportunities with partners on joint funding pools

Table 8 HCC Adult Social Care Budget 2016-17

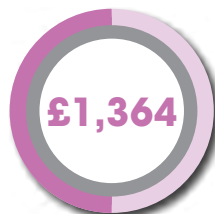
| Services | Net Budget £m |
|--------------------------------|------------------|
| Assessment and Care Management | 5.3 |
| Residential Care | 64.4 |
| Supported Living | 33.8 |
| Adult Placement | 0.9 |
| Supported Living (in-house) | 16.6 |
| Community Services | 21.4 |
| Expenditure | 142.4 |

We would like to increase community living accommodation provision to widen the various types of tenures available as this encourages independence, individual choice of where people want to live and with whom, and provides individuals with better quality of life outcomes.



The table below shows the average costs for one week in various service types:

Table 9 Average Accommodation Costs



**Residential
care**



**Supported
Living***



Homecare



Day care

*Supported living costs vary widely as each client package will be tailored to individual personalised needs. This figure is an arithmetic average of existing packages that could vary from £100 - £5,000 a week.

Hertfordshire County Council and the county's two Clinical Commissioning Groups, East and North Hertfordshire CCG and Herts Valleys CCG, have agreed to increase the amount of health and social care they commission together. The Better Care Fund⁷ pooling of the health and social care budgets means we will be working even closer with the NHS to deliver and transform joined up services to make them more effective and efficient.

5. An Overview of Commissioning Intentions 2016/17

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5.1 Workforce Development

Health and Community Services (HCS) works in partnership with Herts Care Provider Association (HCPA) to identify the training needs of the adult social care workforce ensuring that standards in the delivery of care follow best practice and comply with current regulations.

HCS recognise that learning opportunities need to reflect and respond to the new skills and abilities that may be required to ensure that the workforce are able to meet the needs of the service users in a safe and personalised way.

5.2 Transforming Care

What We Need from the Provider Market

In order to achieve the aims outlined in our Fast Track Plan we need providers who can demonstrate a really good understanding of people with learning disabilities, autism and/or behaviour that may challenge; responding well to needs and challenges around sensory and environmental impacts. We require providers that can deliver:

Market Opportunity

- Bespoke property solutions, including individual, detached properties, for people with specific needs in response to demand. Particularly for people with autism whose behaviour may challenge. Providers need to be responsive to need, in terms of property/environment and the type of care to be delivered. The team has already moved on eight individuals to bespoke properties, and five are in the process of moving.
- There are currently 12 individuals requiring future bespoke provision
- Providers who have experience of supporting people with learning disabilities and mental health support needs
- Experience of supporting people who are the victims of trauma
- Providers who have experience of supporting people who are the victims of trauma
- Services that support people with learning disabilities who are at risk of or who display offending behaviour and are able to work with the Criminal Justice system, Public Protection Unit etc. Respond positively to support people with behaviour that challenges in a creative and flexible way. This could include: a whole package of housing and support; support within their own home setting; short term additional support and innovative respite options for the person and/or their family
- Excellent leadership, recruitment, training/development and ability to maintain their workforce to provide consistent support, and are open to innovative working practices to achieve this. Developing networks, partnership working and a good local knowledge is essential to the delivery of services.
- Supported living developments across the county

5.3 Reduced Admissions to Assessment Treatment Units, Independent Hospitals and Secure Services

We are working to reduce inpatient numbers year on year within the independent hospital sector (commissioned by Hertfordshire) and secure services (commissioned by NHS England). Preventative work is taking place to reduce admissions to Hertfordshire's Assessment Treatment Unit.

Risk registers are under development across children/young people and adults services to assist in identifying and better supporting people when approaching placement breakdown, family support breakdown and other crisis situations, along with active use of Care and Treatment Reviews

to avoid admission to Assessment Treatment Units. We are piloting some social care crisis interventions and preventative projects.

With regards to workforce development we are working with national, regional and local leads as well as experts by experience to develop a range of learning opportunities. These will include training on leadership, autism, forensic social care and challenging behaviour. Shortfalls in knowledge and skills will be identified by the use of learning needs analysis tools and current relevant competency frameworks and learning interventions will be delivered accordingly. Activity will be subject to evaluation for quality and impact.



6. Supporting the Move to Adulthood

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We know that there is an increase in the numbers of children born with severe and complex health conditions surviving into adulthood; these individuals will require specialist services when moving through adulthood.

In the next year we expect approximately 130 young people to move into adult social care. We are working closely with our children's commissioners in the county to ensure that we implement a comprehensive exit strategy for young people moving into adulthood. This will not only provide young people with the right support, care and accommodation, it will enable Hertfordshire County Council to produce a joined up plan and understand their needs going forward.

The 0-25 Integration Programme is looking at how children's social care, adults' social care, education and health services can work more effectively together to better support families with children and young people that have additional needs. By joining up service delivery and commissioning we will see improved outcomes for children and young people as they enter adulthood

Market Opportunity

We invite you to consider the full range of children's services which supports the pathway for a seamless transition between child and adult services. Please contact **learningdisabilitymps@hertfordshire.gov.uk**



7. Accommodation and Provision

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7.1 Accommodation for Independence Programme

In order to achieve our goals for the Accommodation for Independence Programme we are making a significant commitment to this project. It will run for four years and will involve a considerable amount of work with service users and their families, district councils, private and independent care providers, and housing providers. We initially identified more than 40 residential schemes that could potentially be converted and we have already begun working with some of the more progressive care and housing providers to start the conversion process. We have also started to identify where new supported living schemes might be provided, such as, in new build general needs housing schemes.

There are several key principles that underpin this work, we want to ensure that:

- People with Learning Disabilities have real choices about where they live, how they live and how care and support is provided
- People with Learning Disabilities can actively participate in the local community
- The housing/accommodation solutions are sustainable from service user, commissioner and provider perspectives and able to meet changing needs
- The housing and support solutions represent good value for money for the public purse.



We will:

- Work with service users, families and providers to identify those who have the capacity and aspiration to live more independently and would like to move to alternative accommodation
- Work with providers to identify schemes that may be converted from residential care to supported living
- Identify residential schemes that are no longer fit for purpose and that we will no longer refer to or that we will decommission if they are HCC owned
- Work with partners to provide new supported living accommodation.

The result of this on the market will be:

- HCC will not support or commission any new residential services for adults with Learning Disabilities
- Some residential services will no longer be used by HCC and providers will need to consider their options
- Future supported living services, will need to be personalised to the individual and be more cost effective by making use of assistive technology and other non-traditional forms of care and support
- Supported living accommodation services will offer real tenancies within affordable rent levels. The development of above-market rent high cost bespoke Learning Disability housing schemes will not be supported.

7.2
Accommodation
Standards

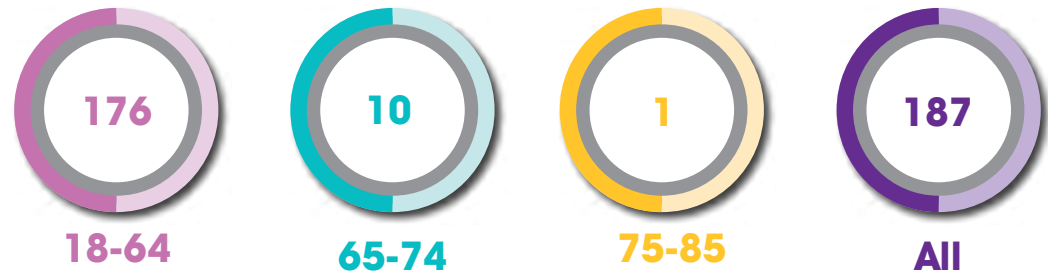
HCC will be producing an Accommodation Strategy in 2016/17, which will outline the accommodation standards we want for people with learning disabilities in Hertfordshire. This will include the need for properties to be maintained to a suitable standard and where they are not, we will expect works to be undertaken to bring them to the required standard.

In addition, the findings from the review of all HCC owned properties that are being used as services for adults with learning disabilities, will be implemented through a task and finish group. The membership of this group will include, scheme managers, an expert by experience, the Integrated Accommodation Commissioning Team, CLDT's and HCC Property colleagues.

The accommodation standards will be part of the Accommodation Strategy.

The table below provides details of the number of service users that the Community Service Team are currently working with to find supported living or residential accommodation as of February 2016.

Table 10 Number of Service Users Requiring Service Finder Support





7.3 Housing Benefit and Rent

HCC will be working with its district council partners in order to gain a better understanding of Housing Benefit and what it includes.

There will be an expectation that new accommodation based services will ensure that they set rents at a reasonable level, that is in line with the districts' expectations of Housing Benefit payments.

We will be working with districts and our housing providers to begin scoping this exercise in the coming year.

7.4 Review of Vacancies and Nomination Agreements

There are a number of vacancies in services across the county. Reasons for this, include rooms not being fit for purpose or compatibility issues in

shared services. We intend to review these vacancies to inform decisions about future use.

HCPA has identified an IT provider to develop a web based system to enable staff and the public to view available care home beds across all client groups. The system was launched on 1st April, 2016 and is a phased two year pilot:

Phase One is focused on older people services and will allow health & social care staff to view care bed availability and request bookings, Phase Two will enable the public to view non-commissioned care home beds. The system will then be rolled out to other client groups. It is hoped the review and the new system will allow for best use of vacancies and assets and will ensure long standing vacancies are reviewed and decisions made about future use to reduce the cost of voids for HCC.

7.5. Shared Lives

As Shared Lives is a community based service, HCC will be working with the current provider, to help the scheme achieve its full potential:

- We have awarded a contract that started on 1st October 2015 and runs for two years, with the opportunity to extend for a further two years from October 2017
- We are extending the service to include other care groups e.g. people with mental health conditions, people with multiple complex needs and people with dementia
- We have introduced two new services - emergency crisis placements and short term complex care placements
- We aim to increase the number of service users using the Shared Lives scheme by 12 new placements per year
- We aim to increase the Shared lives scheme coverage across Hertfordshire
- We have introduce challenging targets for the provider to increase the number of service users volunteering or in paid work, participating in community activities and reporting an increase in their general wellbeing.

8. Quality and Monitoring

Our Ambition

80%

Care Homes
Rated
**Good or
Excellent**

8.1 Residential Monitoring

Service safety and quality is extremely important to HCC and its partners. HCC works closely with the CCGs, HCPA, Hertfordshire Partnership Foundation Trust (HPFT) and the Care Quality Commission (CQC) and other partners to deliver an ambitious programme of continuous improvement in services for people with learning disabilities.

Our ambition is that at least 80% of care homes in Hertfordshire achieve the East of England contract standard of "Good" or above.

Currently 69% of care homes in Hertfordshire are rated "Good" or "Excellent". This means that Hertfordshire is ranked 37 in the country for the number of "Good" care homes it commissions, despite its providers being the most expensive in the country.

We have adopted the Association of Directors of Adult Social Services (ADASS) East of England Regional Standard Contract for Adult Social Care and Housing Support Services, which provides a consistent framework for managing quality. To support effective commissioning the team leads on an ongoing programme of service quality monitoring with partners from the independent, statutory (both health and social care) and the regulatory sectors.

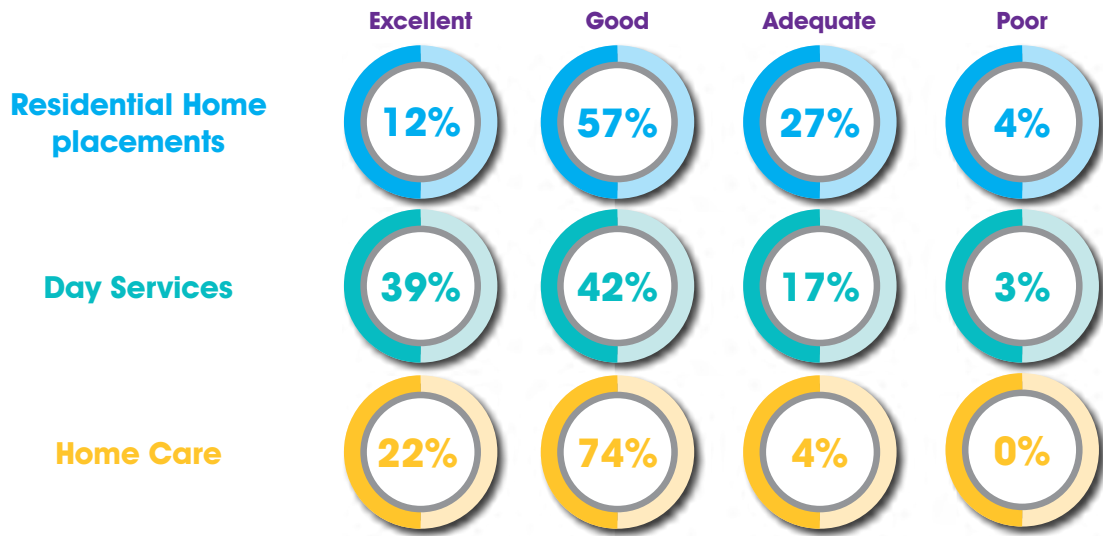
69%

Care Homes
in Hertfordshire

Rated
**Good
or Excellent**

The table below outlines the ratings allocated by specific sector for the first three quarters of this financial year:

Table 11 East of England Contract Standard Ratings for Hertfordshire Providers



*Note the figures include all client groups





9. Community Based Services

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We are continuing to improve the market in cooperation with providers through the use of monitoring tools that include:

- Application of the standards produced by the East of England Association of Directors of Adult Social Care (ADASS)
- Joint monitoring with partners i.e. health, social care operational teams and with experts by experience
- Co-production of future service models
- Ensuring supply meets future demand and modernisation of commissioning and operational practices i.e. micro commissioning, implementing the Real Tenancy Test and ensuring best practice by providers Implementation of the REACH standards (supported living only)
- Inclusion of the real tenancy test in future schedules (supported living only).

10. Short Breaks

Following the review service specific recommendations were made for in-house provision.

We aim to ensure that the short break units are future proofed, fit for purpose and meet a wide range of service user needs.

Market Opportunity

We are also recommending that a specialist short break unit for individuals with autism and challenging behaviour is commissioned to meet this current gap in the market.

11. Personal Budgets and Direct Payments

A personal budget is money that is made available by HCS to pay for a person's assessed care and support needs. They are a key part of the Government's aspirations for a person-centred care and support system and it would like to see more people making greater use of the flexible nature of personal budgets.

Evidence suggests that personal budgets, when implemented well, can improve outcomes by empowering people to exercise greater choice and take control over how their care and support needs are met and deliver better value for money. The most important principles in setting a personal budget are transparency, timeliness and sufficiency.

HCS will ensure that all persons whose needs are to be met by the local authority are informed of an indicative (or 'ballpark') figure at the start of care and support planning. This allows the person, and anybody else the person wishes, to make informed



decisions about how to meet their care and support needs.

HCS will explore a range of options to support people to manage and spend their personal budget including direct payments, third party initiatives such as individual service funds (ISF) and council managed personal budgets.

Having a direct payment means individuals can exercise greater choice and control over who provides their support which includes organisations that don't contract directly with Hertfordshire County Council.

In 2015 23.5% of people with a learning disability chose to take their personal budget as a direct payment which is above the national average. Increasing uptake is a priority area.

Hertfordshire will explore ways in which personal budgets might be integrated such as with our colleagues in health to provide the individual with a seamless experience and help remove unnecessary bureaucracy and duplication, see Section 15.

A steering group with representation from HCC, HVCCG and ENHCCG, has been established to ensure a co-ordinated approach to the delivery of personal health budgets or integrated personal budgets to people with learning disabilities.

In addition, a project group consisting of key workers from health and social care was set up to explore opportunities and identify suitable cohorts to pilot the provision of personal health budgets so as to inform decisions on future roll out.

11.1. Personal Health Budgets

East and North Hertfordshire Clinical Commissioning Group (ENHCCG) is currently working with Herts Valleys Clinical Commissioning Group (HVCCG) to provide Personal Health Budgets (PHBs) to people with Continuing Health Care, who have since October 2014 had the 'right to have' a Personal Health Budget.

The CCGs intend to expand PHB provision to other patient groups including those with Learning Disabilities, Mental Health and Long Term Conditions (LTC). The CCGs' approach to expanded provision is, to be delivered over a 5 year period. This will be phased so as to allow the CCG to pilot initiatives before rolling out to other

patient groups. The expansion of provision to other patients will be detailed in the PHB local offer to be published in April 2016.

PHBs are intended to give people more choice, control and purchasing power over their healthcare and support. Opportunities currently exist to work with providers to test flexible approaches to service provision that meet personalised needs based on patient identified outcomes. Providers will however need to have the ability to support people with complex and multiple health and related needs.

As PHBs continue to exist and be requested by local patients, providers will need to adjust their provision to the personalised agenda as ENHCCG and HVCCG will expect providers to deliver a more personalised service based on outcomes which patients consider will improve their health and wellbeing. The PHB expansion programme will include the involvement of providers, patients and local communities in developing the local market for personalised health and social care services.

PHB Provision

EXPANDED



over 5yrs

- Learning Disabilities
- Mental Health
- Long Term Conditions

12. Specialist Support

We have anecdotal evidence that Hertfordshire lacks specialist services for people with complex needs. More specifically, specialist services are required for people who have:

- **Mental ill health, in particular supporting people with personality disorders**
- **Experienced trauma**
- **Behaviour that may challenge**
- **Offending and risky behaviour including sexual offending behaviours**
- **Dementia**
- **Physical disabilities**
- **Sensory disabilities**
- **Autistic spectrum disorders**
- **Families/people in crisis**

13. Future of Transport

HCC transport is provided for service users who are not able to access services or the community in any other way. We are aiming to build closer relationships with partners to enable service users to travel in the most independent and flexible way possible. Transport solutions should meet individuals' needs and support service users to achieve their specific outcomes.

The coordination of HCS adult transport services (Community Transport, Dial-a-ride, Day Service Transport and Fleet) moved from the Transport Access and Safety Team (TAS) within the Environment Department to the Community Wellbeing Commissioning Team within HCS on 1st April 2016. This move did not affect established contacts.

As part of this move a review of current transport services will be undertaken, and we aim to publish updated policies and improve the effectiveness of transport for service users in Hertfordshire.

14. Self-Funders Market

The self-funder market is a growing market and we are keen to ensure that the improvements we are making to our commissioned services in terms of quality and choice, are consistent for all people in Hertfordshire who need care and support services, regardless of whether they are funded by HCC. New responsibilities under the Care Act require the Council to have a better understanding of this area of the market. We are working closely with HCPA and their wider membership to improve our knowledge of the self-funder market in Hertfordshire.

We aim to map and calculate the size and value of the self-funder market in 2016/17 and will continue to extend our partnerships with providers to include those not directly commissioned by HCC, to identify people who may require local authority funding in the coming year and to prepare for the cap on care costs due to be implemented in 2020.

Please visit www.hertfordshire.gov.uk/hertsmpe for more information on all of the Hertfordshire Market Position Statements as well as further reading on HCS legislation, strategies and drivers.

Additional links:

Adults with Learning Disabilities Joint Commissioning Strategy 2014-2019

<http://www.hertfordshire.gov.uk/docs/pdf/ld/LDSTRATER.pdf>

Carers Strategy


<http://www.hertfordshire.gov.uk/your-council/hcc/healthcomservices/comres/commwell/carersplan/>

Health and Community Services Plan 2015 – 2018

<http://www.hertfordshire.gov.uk/your-council/hcc/healthcomservices/>

East of England ADASS Quality Standards

<http://www.streamliningsocialcare.org/>



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