



Market Position Statement

Whole life commissioning

Focusing on mental health, autism spectrum conditions, learning disabilities

Foreword

I am pleased to introduce Wiltshire's Market Position Statement for whole life pathways – focusing on mental health, autism spectrum conditions and learning disabilities. This document describes where we are now, where we want to get, and how we will work with partners. This is underpinned by the voice of Wiltshire residents.

Focusing on “whole life” enables us to plan support around each person, without creating artificial barriers between childhood, adolescence, adulthood and older age. It also helps us to see people's whole lives – their strengths, talents and aspirations – rather than their needs or disabilities.

This Market Position Statement will start a conversation between the Council and its partners and will lead to creative and inspiring services which help people to live well. It gives detailed information about our population and our County – the things we celebrate and are proud of, as well as the challenges we face – and provides a vision which we will work together to achieve.

Wiltshire Council's vision is to create strong communities where people can fulfil their potential, be actively involved and included in their communities, make informed decisions, have control over their lives, and be valued and included within society.

People should receive the support they need, at the earliest opportunity, to live independently and safely within their community. Where residents require support from the Council, it is time-limited to achieve set goals. Where needs are enduring, we revisit assessments and plans to ensure they remain fit for purpose. We will provide high quality and value for money services.

This vision reflects what people in Wiltshire have told us they want to live well.

Children, young people and their families tell us they want to remain living with their families, avoiding where possible the need for residential care both now and as they move into adulthood. Children and young people (especially those with special educational needs and disabilities) also tell us that they want to live independently, take risks and try new things – but sometimes feel held back by the worries and anxieties of their parents, or because they cannot access the right support.

Adults in Wiltshire say they want to live safely and independently in their own homes for as long as they can and enjoy the best possible quality of life. Our approach is based on people's strengths and focuses on what people can contribute. This includes supporting people to take risks, try new things, be ambitious and discover their potential.

These principles are at the heart of Wiltshire Council's Business Plan¹, as well as our Special Educational Needs & Disabilities Inclusion Strategy, THRIVE mental health plan, and emerging plans around learning disabilities and autism.

¹ Wiltshire Council's Business Plan includes a climate emergency addendum which reflects the Council's commitment to be carbon neutral by 2030.

To deliver these plans, we will work closely with partners – residents and customers, parents and carers, the NHS, and voluntary and private sector organisations. We will develop local markets to provide a range of opportunities which help people to maintain or regain independence and skills, make connections, access education and work, and take part in leisure activities.



1. Executive summary

This Market Position Statement (MPS) gives data and analysis about our population and local market so that current and future providers understand the local context, and so that we can all develop vibrant markets which provide what people want.

The MPS helps providers plan business models to support our vision of social care and specialist accommodation provision. It is a catalyst for dialogue between the Council and providers – with residents, customers and carers, we want to jointly design outcomes. Creating high-quality support requires a dynamic partnership between commissioners, providers and other stakeholders – and co-production with customers lies at the heart of this.

Specifically, the MPS:

- Presents a picture of demand and what support might look like in the future.
- Sets out how local health and social care commissioners will support and intervene in the market to deliver this vision.
- Supports this analysis with data from various sources that informs the market and helps providers with their business planning.
- Covers all current and potential future users of services, whether they receive funding through the local authority or self-fund their care.

Historically, we know that some people in Wiltshire have found that services are disjointed and don't work well together. Transitions from children's to adults' services have not always been smooth, opportunities may be missed to support young people to prepare for adulthood, and autistic spectrum conditions and mental health needs are often identified later than they could be.

In response to this, customers and professionals in Wiltshire came together to develop the Families and Children's Transformation (FACT) programme. FACT is driven by the passion our families hold for helping their children achieve their dreams, and through FACT we will create strong relationships which deliver real change and the best possible services. One of the key priorities of FACT is to commission and provide whole life pathways which are flexible, move away from thresholds which create barriers or gaps, are needs-led rather than diagnosis-led, and which enable us to plan transitions well in advance.

Our key principles

- **We work creatively together to find new solutions.** We support each other to develop excellent support which empowers the person, puts them at the centre, and demonstrates good value for money.
- **Everything we do is informed by the voice of Wiltshire residents** – children and young people (CYP), adults, individuals and families.
- **We focus on “whole life pathways” and a life-course approach.** We will identify needs as early as possible, whether they emerge in childhood, adolescence or adulthood. Our intentions align with our SEND strategy,

which prioritises supporting people through transitions, helping people plan their future, and promoting inclusion and wellbeing in the community.

- **We commission services that meet needs and promote positive outcomes.** While this document describes mental health, autism spectrum conditions and learning disabilities, we are needs-led and outcomes-led, not diagnosis-led.
- **We see people as assets;** we learn from regional and national networks; and we use technology and innovation. We judge our success by measuring impact – particularly by hearing from people about what they want and need.
- **We are part of a whole system,** and work with customers, families, providers and our partners in Health and the Council. We ensure that services are compliant with contract regulations and deliver positive outcomes and value for money in all services that we commission.

Our key commissioning priorities

- **We will commission support which enables people to live in Wiltshire².** We know that too many people move out of County, away from their friends, family and community, to get the support they need. We are committed to reversing this historic trend. We will provide the right support at the right time to enable children and young people to remain living with their families.
- **We will focus on early intervention and prevention.** With our NHS partners, we will explore innovative ways of bringing more mental health support to children and young people by building on new ways of working necessitated by the Covid-19 pandemic. We will identify needs early, provide joined-up support to children and families, and give young people every chance to realise their goals and plan for their futures.
- **We commission support that promotes independence.** Services should not simply contain people – they should make a difference to people’s lives by enabling them. Wiltshire Council will continue to reduce reliance on residential care by promoting alternatives, including flexible support to help people to remain living alone or with their families. We will encourage owner occupations, home ownership and alternative housing options; securing affordable and sustainable tenancies for customers.
- **We will promote Shared Lives.** Wiltshire Council is committed to growing Shared Lives Wiltshire, which offers long-term and short-term placements, respite and home from hospital provision for people who need support.
- **We will commission support which follows evidence-based approaches to understand behaviour and support people.** We do not have enough provision in Wiltshire to support people with behaviour that challenges³. We will expand provision of services such as Positive Behaviour Support for young people with behaviour that challenges and their families.

² We recognise that occasionally it will be in a person’s best interests to live outside of Wiltshire. However, this should not happen solely because of a lack of appropriate service provision in the county.

³ In a 2018 survey of providers conducted by Glenesk on Wiltshire Council’s behalf, over 70% of providers who responded said they did not feel confident in supporting people with complex learning disabilities; and nearly two thirds of providers reported that they have limited or no ability to support customers with autism.

- **We will provide better support for autistic people.** People are often diagnosed with an autistic spectrum condition later than would be ideal. We will work with the NHS to develop responsive diagnosis pathways and we will commission services based on need, not diagnosis. We will commission services which meet the needs of autistic people (in particular, their mental health needs) and promote inclusion and understanding. We are co-producing an all-age autism strategy with autistic adults, children and their families. This is a critical piece of work for us in Wiltshire.
- **We will support people through transitions.** In line with our whole life approach, we will ensure transitions work smoothly and effectively so that people don't encounter "cliff edges" or have to tell their story multiple times. We will help young people start preparing for adulthood earlier, so they can make more informed decisions about how they wish to lead their adult lives. We will work with our NHS colleagues to develop the offer for people aged 16-25, supporting young people to achieve fulfilling adult lives with a focus on independence, health, paid employment and community inclusion.
- **We will ensure the information we produce is accessible and useful.** People do not always have access to information and communication for themselves and the people around them that helps them live well.
- **We will provide support for people in crisis to help them get back on their feet.** We will avoid hospital admission where possible, and instead promote community alternatives, including safe havens.
- **We will commission services that offer good value for money.** We spend more in Wiltshire on care than many of our neighbouring Counties, particularly for adults with learning disabilities⁴, but these higher fees do not consistently deliver better outcomes. We will commission support at a price which is fair and sustainable for all parties – we will negotiate transparently, led by what people need.
- **We will work as a system.** No single organisation can deliver transformational outcomes on its own. We will break down barriers between different Departments and teams; we will continue to work closely with the NHS, voluntary and private sectors; and we will ensure our commissioning intentions align with the ambitions of the NHS Long-Term Plan.
- **We are guided by the views of residents and customers.** Wiltshire is committed to co-production and as part of this Market Position Statement we want to take the next steps towards working together. People understand what they need to live well. We will co-produce plans and strategies with residents, customers and carers. We will create opportunities for customers and carers to be at the heart of reviewing services. We will develop, decide, design and do together with residents, customers, parents and carers working jointly in an equal and reciprocal relationship.

⁴ Local data shows that for residential/nursing provision for adults of working age, Wiltshire Council pays around 8% more than the national average for mental health and 12.5% more for learning disabilities. We pay 10-12% more than our neighbours Swindon and Banes for LD residential and nursing.

2. Need and demand

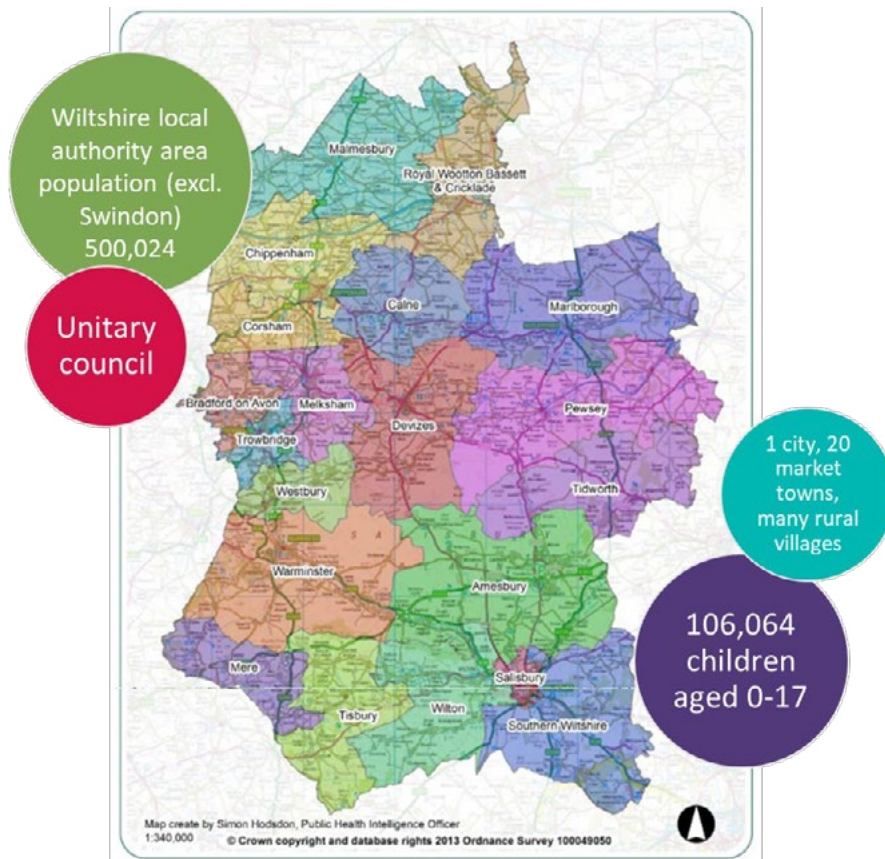
This section will describe needs, supply and demand under the themes of mental health, autism spectrum conditions and learning disabilities. We recognise that these are inter-connected, and that many people live with multiple conditions.

Overview of Wiltshire

Wiltshire is a mostly rural county in the South West of England. It borders the Council areas of Gloucestershire, Swindon, West Berkshire, Hampshire, Dorset, Somerset, Bath & North East Somerset and South Gloucestershire. The county is relatively affluent. However, there are substantial pockets of deprivation.

Wiltshire's population is mainly served by three acute hospitals: Salisbury District Hospital, Royal United Hospitals in Bath and Great Western Hospital in Swindon.

On 1 April 2020, Bath and North East Somerset, Swindon and Wiltshire (BSW) Clinical Commissioning Groups (CCGs) merged and became a single commissioning organisation. This will reduce variation in care and standardise best practice across BSW, so that everyone in the region receives high quality treatment, regardless of where they live. To ensure that the health and care services we commission meet the needs of the many different communities living across BSW, we have three "localities" - Wiltshire is one of these. Wiltshire Council works closely with BSW CCG, which means that local decision-making is informed by local people, communities, and a range of clinicians from health, social care and education.



The map above shows Wiltshire’s 20 Community Areas. Salisbury has by far the highest population density (2,195 people per square kilometre), followed by Trowbridge (996). By contrast, Tisbury is home to 47, Pewsey and Wilton 52, Mere 55 and Marlborough 64 people per km². The [Wiltshire Intelligence](#) website provides data for each Community Area, which we use in our Place Planning, to ensure that services are located in the right places where people need them.

Approximately 500,000 people live in Wiltshire in 2020 – this is expected to increase by 5% in the next 10 years. Wiltshire has an ageing population – whilst 19% of residents are aged 0-15, 22% are aged 65 or older. People are generally living longer and healthier than ever before. However, our JSNA shows that these gains are not enjoyed equally across the population, and we have a number of long-term health challenges. One third of Year 12 students report low mental wellbeing; we know that adults with long-term mental health problems and/or learning disabilities have much lower life expectancy; certain groups, such as manual workers and military personnel have a higher health risk associated with smoking.

The rural nature of much of Wiltshire can make access to jobs and services difficult for some residents. A key outcome of Wiltshire Council’s Business Plan is that people can get around and access good services. This requires improved road infrastructures, improved strategic roads and rail; more accessible public transport; regeneration of town centres to be improved; and more areas with fast broadband.

Getting enough housing in the right places, with jobs nearby, whilst ensuring it is affordable and respecting the environment, requires a careful balance. Currently, there are around 2,500 families on the housing waiting list, and welfare reforms

(such as the roll out of universal credit and a benefit cap) may make it more difficult for some individuals and families to access good quality housing.

The relocation of 4,000 additional Army personnel and their dependents to the Salisbury Plain area by 2019 is important for Wiltshire, and we are actively planning and preparing for the return of these troops from Germany. By 2020 it is expected there will be around 18,000 serving military personnel, many of whom will have spouses and children.

Children and young people

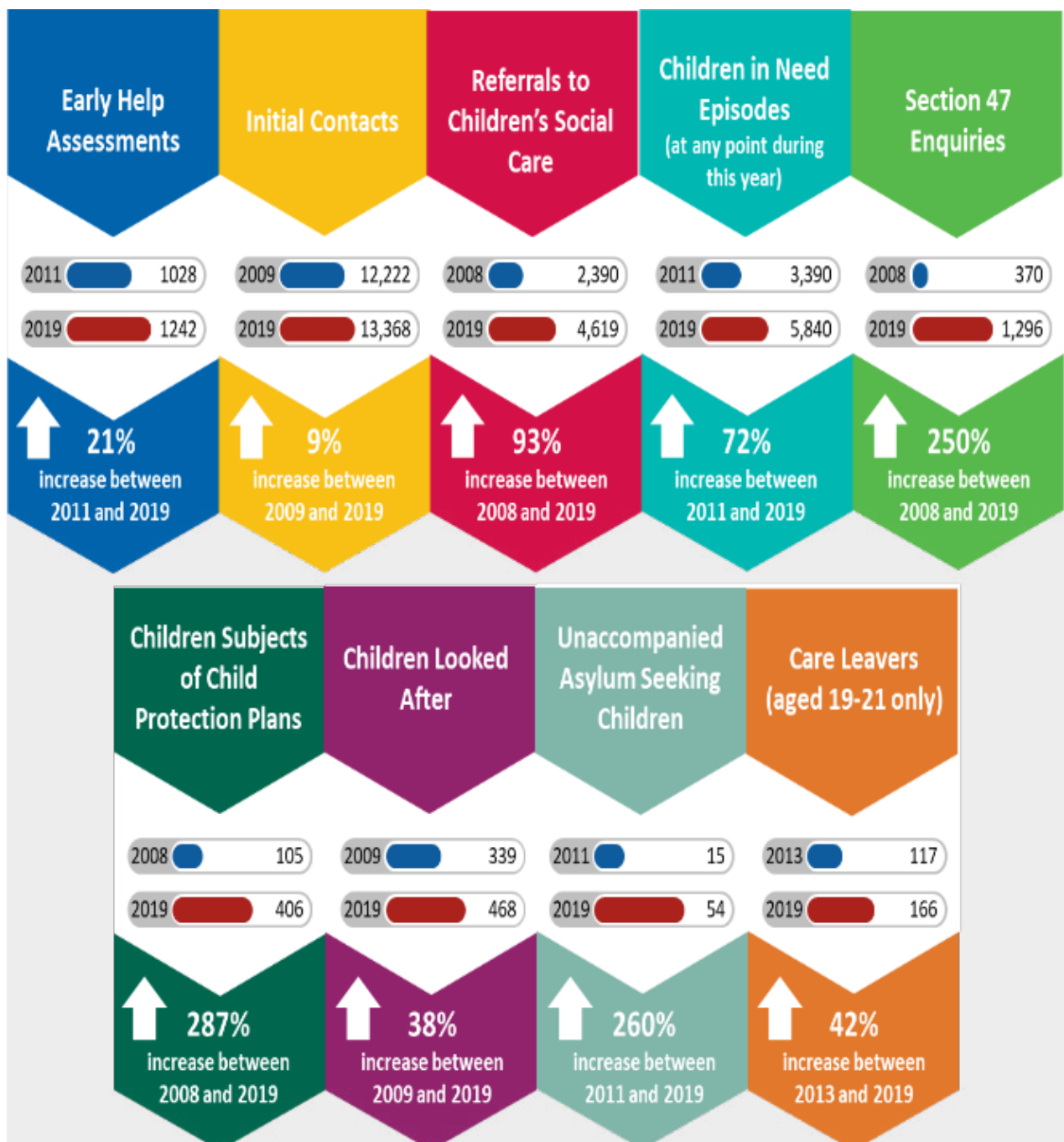
Families and Children are central to our approach in Wiltshire. We are ambitious for them, for our staff and leaders and together we are determined to ensure all Wiltshire families thrive.

In June 2019 Ofsted undertook a Children's Services inspection. Their findings largely mirrored our self-assessment. Ofsted reported that through 'strong political and corporate support, senior leaders have succeeded in stabilising the workforce and giving social workers the time they need to work purposefully with families and children' they go on to say that 'there have been significant improvements since the last inspection in 2015' and as a result 'the local authority has improved its services for children and offers a consistently good response to families and children'. We are proud to have been judged good across all areas.

Facts about CYP in Wiltshire

- 266 Schools
- 4,064 children with Education, Health and Care Plans⁵
- 371 early years group settings
- 11 children's centres
- Low child poverty at 10% but with pockets of significant variation with 17 lower super output areas with child poverty of more than 25% (highest 41.6%)
- Wiltshire is 251st out of 324 local authorities on the Social Mobility Index driven primarily by performance indicators for children and young people eligible for free school meals.
- Minority ethnic groups account for 10% of the school population (England 30%)

⁵ As of 01/09/2020



Needs analysis – accommodation-based support

In 2018, Wiltshire Council commissioned Glenesk to undertake a needs analysis around accommodation-based care and support, to inform an accommodation strategy. The needs analysis found that:

- Over 70% of providers who responded to a survey said they did not feel confident in supporting people with complex learning disabilities; and nearly two thirds of providers reported that they have limited or no ability to support customers with autism spectrum conditions.

- There is likely to be an overall 25% increase in commissioning spend over the following five years if Wiltshire's care market does not change significantly. 72% of this increased spend will be on supported living and residential care for adults with learning disabilities and older adults.
- Wiltshire makes relatively high levels of out-of-County placements, which are often more expensive and lead to poorer outcomes than in-County. We need to both reduce the number of new out-of-County placements, and support people to return to Wiltshire where appropriate.
- An audit of placements found that for adults with learning disabilities, there is potential for 74% of future demand to shift from residential to other settings.
- For adults with mental health needs, we are seeing increasing complexity, but people's experiences of having their needs met and aspirations supported is sometimes poor. We need additional supported living in the north of Wiltshire.
- Wiltshire makes insufficient use of Shared Lives provision.

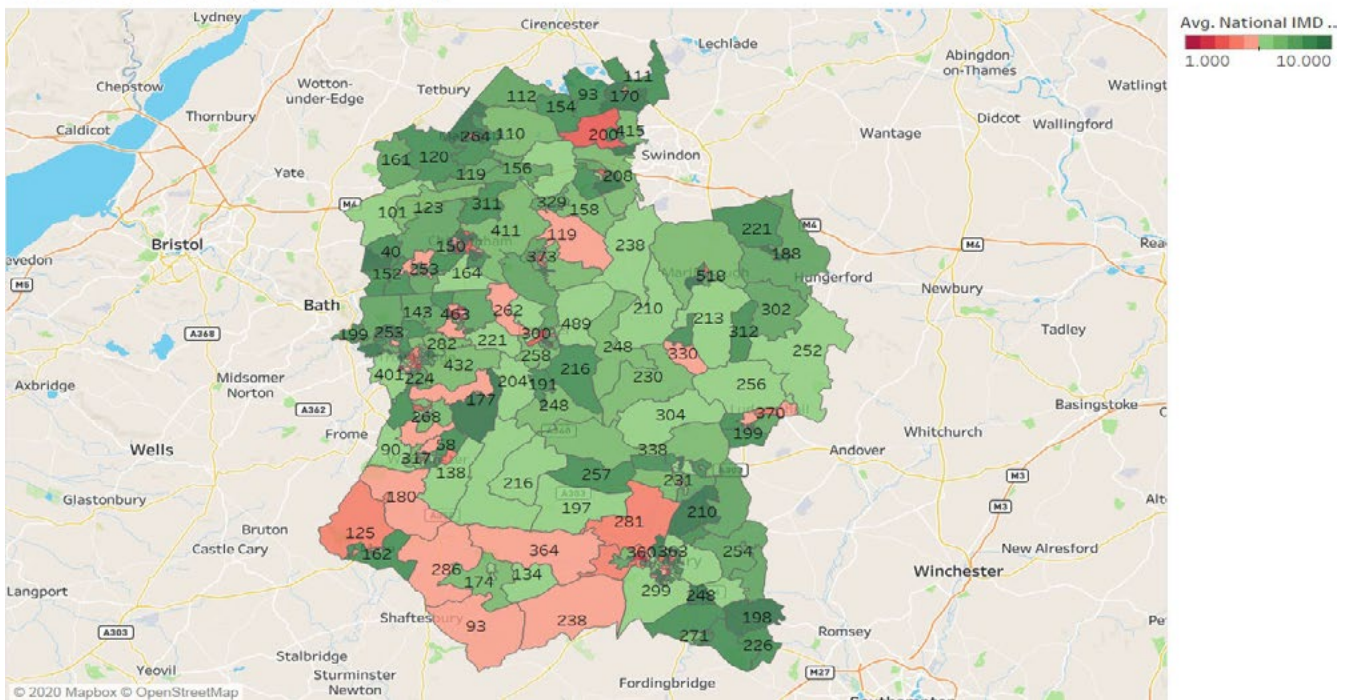
3a. Mental health

In Wiltshire, mental health is everybody's business and there is a firm understanding that good mental health requires more than health-based interventions. We are strengthening public health messaging around inclusion, prevention and early intervention, and are looking to commission more self-care tools, high-quality community-based support, and the right accommodation in the right parts of the county. It is committed to provide services that are strengths-based, personalised, and empower people to recover well, stay well and avoid crisis.

Wiltshire is a diverse county with a comparatively high percentage of military personnel and veterans, as well as those living transient lifestyles (e.g. on our canal ways) and others whose first language is not English.

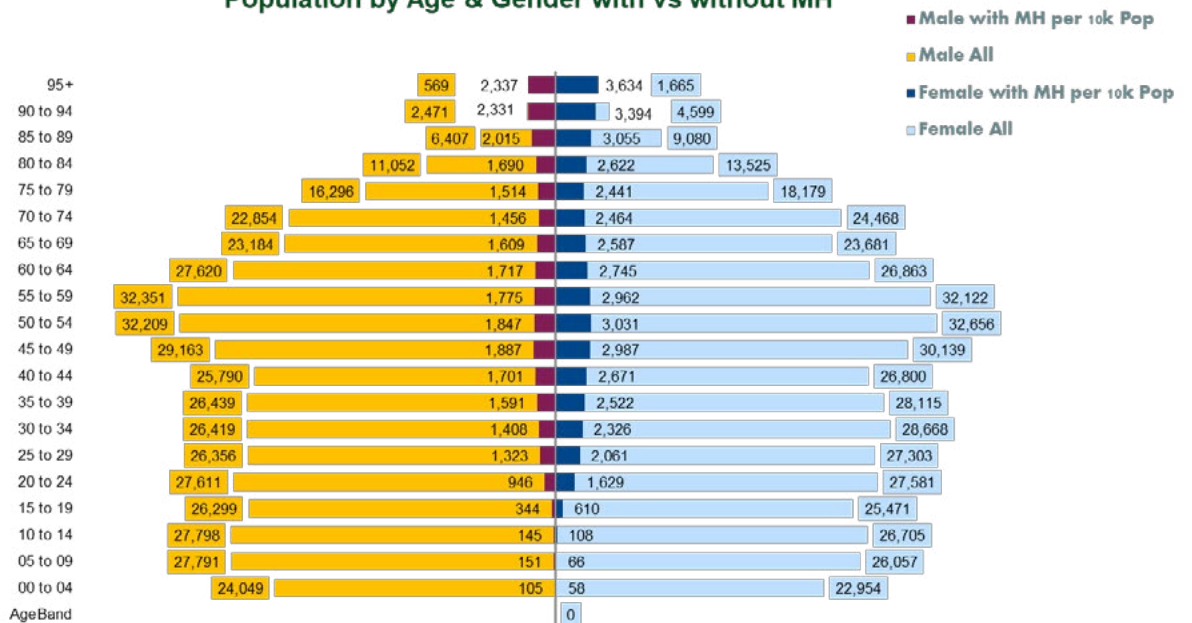
It is important to note the link between mental ill health and deprivation. The map below shows the indices of multiple deprivation (IMD) filtered by mental health, along with actual numbers of people registered with their GP as having a mental health problem:

Wiltshire MH & Deprivation Map



Prevalence

Population by Age & Gender with vs without MH



B&NES, Swindon and Wiltshire mental health overview

- Around 8,855 children and young people (CYP) in Wiltshire (9% of the 0-17 population) have a diagnosable mental health condition⁶.

⁶ NHS England 2019

- Around 55,000 adults aged 18-64 in Wiltshire have a common mental disorder; 16,500 have a personality disorder; and 2,000 have a psychotic disorder. These figures are likely to remain stable over the next 10 years⁷.
- Wiltshire has a significant military veteran population due to military basing in the County. The Adult Psychiatric Morbidity Survey 2014 estimates that 15,000 people in Wiltshire have Post-Traumatic Stress Disorder (PTSD). However, this is likely to be an under-estimate, given our military population. This is an area requiring more understanding to inform commissioning.
- Nationally, 1 in 8 children and 1 in 6 adults has a mental health problem at any one time. Almost half of adults will experience at least one episode of depression during their lifetime.
- Research commissioned by NHS England & Improvement South West found that children and young people in the BSW CCG area were more likely to stay longer in a CAMHS unit than CYP in other areas, and that lengths of stay have increased in recent years.
- A local health survey of pupils in Wiltshire found that 9.9% of primary, 24.1% of secondary and 31.7% of year 12/Further Education students have low or very low mental wellbeing.
- At secondary and further education, four vulnerable groups in Wiltshire reported least confidence about their futures: young carers, CYP with special educational needs and/or disabilities (SEND), those identifying as LGBTQ⁸, and CYP with a social worker).
- In the same survey, 10% of secondary and 12% of the year 12/FE respondents reported that they self-harmed at least monthly (a larger percentage of whom were female). The vulnerable groups listed above also reported higher levels of self-harm than their peers. Overall, there are estimated to be around 29,000 cases of self-harm in Wiltshire a year.
- Around 6,000 people in Wiltshire have an eating disorder⁹. It is estimated that 8/10 people nationally with eating disorders currently receive no treatment.
- In Wiltshire, around a quarter of people will experience a significant mental health problem during their lifetime – disrupting life, work and relationships.
- Those who experience poor mental health often experience health inequalities as a result of this, and people with severe and long-term mental health conditions die on average 15-25 years earlier than the general population.

Demand

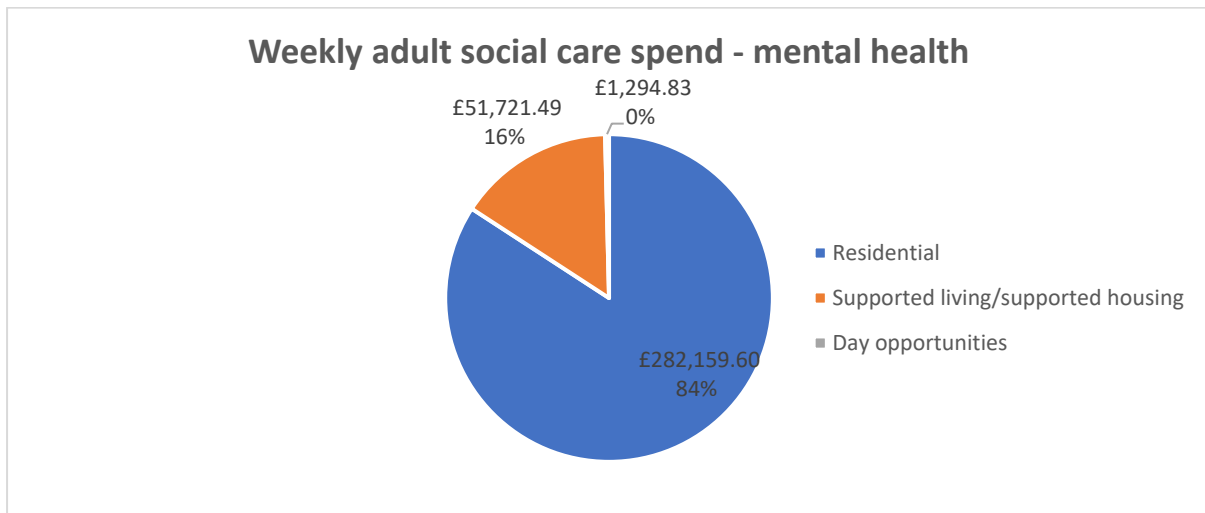
- In July 2020, there were 292 adults in specialist residential accommodation for mental health. 82% were in Wiltshire and 18% out of County. Around 40% had lived in their current accommodation for more than two years.
- There were 157 adults receiving specialist supported living or supported housing for mental health. 86% were in Wiltshire and 14% out of County. Around 25% had lived in their current accommodation for more than two years.

⁷ POPPI/PANSI

⁸ Lesbian, gay, bisexual, trans and those questioning their sexual or gender identity.

⁹ Adult Psychiatric Morbidity Survey 2014

- We have very low numbers of people with a primary need of mental health receiving day opportunities – only 16 in July 2020.
- Adult social care spend on these customers is shown below:



- The 2018 Glenesk report showed that placement costs for residential and nursing care have increased at an average of 5.5% per year over the previous four years, outstripping inflation. Volume and spend on high cost (>£1000 per week) mental health residential placements more than doubled in this period.
- In 2019/20, 33% of CYP with anxiety/depression accessed support (exceeding the national 30% target), and we aim to reach 37% by the end of 2020/21.
- Over 2,000 CYP accessed online support and counselling – top issues presented by males and females were anxiety/stress, family relationships and friendships. Males presented more with suicidal thoughts. 88 school staff and 55 children’s services staff attended Youth Mental Health First Aid training – a sign that mental health is everybody’s business.
- We have higher than average rates of hospital admission due to self-harm amongst young people.
- Between January 2018 and Jan 2019 there were 14,800 referrals into the adult community mental health teams delivered by Avon and Wiltshire Partnership NHS Trust. 1,600 were referred for crisis support.

3b. Autism spectrum conditions¹⁰

Autism is a spectrum condition which affects different people in different ways. Autistic people may experience difficulties with social communication and interaction, repetitive and restrictive behaviour, sensitivity to light, sound, taste or touch, highly focused interests or hobbies, and anxiety and depression.

¹⁰ This document uses the term autism spectrum *conditions* (ASC) in preference to autism spectrum *disorders*. It also uses the term “autistic people” over “people with autism,” as research by the National Autistic Society found this was generally the preferred description.

The definition of autism continues to change as more is learned. Neurodiversity is a movement that challenges perceptions of autism. It rejects the idea that autism is a disorder and sees it instead as a neurological difference: one with a unique way of thinking and experiencing the world. The movement celebrates neurological diversity and champions the different worldviews and skills that people have.

Nevertheless, it is recognised that autistic people are more vulnerable to anxiety and depression, particularly in late adolescence and early adult life. Autism can also limit an individual's ability to work or find employment – often because society does not understand the experience of the autistic person.

Our vision is for all autistic people in Wiltshire to be able to live fulfilling and rewarding lives within a society that accepts and understands them. This means people can get a diagnosis and access support if they need it; can depend on mainstream public services to treat them fairly as individuals and help them make the most of their talents in an accessible physical environment; and can expect to play an equal part in the local community, get the right support at the right time throughout their lives and develop their skills and independence and work to the best of their abilities.

Autistic people and their families and carers have told us they need a trained and skilled workforce, services that offer continuity and consistency of care and an efficient and accessible diagnostic service. They consistently highlight needs around housing, employment, meaningful day time opportunities, the aging carer population and more recently, the disconnection between children's and adults' services.

Prevalence

National studies suggest that approximately 1.1% of the population have autism spectrum conditions, although this is widely believed to be an undercount, with many other countries using 1.5% prevalence. Recent UK research suggest that the diagnosis of autism in children is around 1.6%. The prevalence rate by gender is reported nationally as a male to female ratio of 3:1; however, it is widely believed that this under-represents the number and proportion of autistic girls and women. There is some evidence to show a link between gender dysphoria¹¹ and autism, although more research is needed on this subject.

Applied to Wiltshire's population, this indicates that around 5,500 people were potentially living with autism spectrum conditions in Wiltshire in 2019, and approximately 1,800 of those will be children or young people. It is estimated that 40% of autistic people (i.e. around 2,200 people in Wiltshire) will also have an anxiety disorder, and one third (around 1,800 in Wiltshire) will also have a learning disability.

¹¹ Gender dysphoria is the experience of discomfort or distress when a person's assigned gender is different from the gender they identify with

The earliest age at which autism can be diagnosed is currently 2 years, although indicators that a child might be autistic can appear earlier. The average age of childhood autism diagnosis in the UK is around 4.5 years. In line with national trends, waiting times for a diagnosis are long: around 15-18 months on average. The median age of children and young people on the waiting list is between eight and nine years old.

Demand

There are around 8,500 children and young people (CYP) with SEN (Special Educational Needs) support. This figure (12.2%) is slightly higher than the national average of 11.9%. There are around 3,500 CYP in Wiltshire who have an Education, Health and Care Plan (EHCP) (3.3% of the CYP population, compared with the national average of 3.1%). Since 2014, there has been a sharp rise in the number of requests for EHCPs. This has risen more significantly here in Wiltshire than in some other counties.

Concerns around communication and interaction, which is particularly linked to a diagnosis of an autism spectrum condition, is the most common SEND designation for children in primary school; this is very similar to the national picture. In special schools, Wiltshire has more CYP with communication and interaction concerns than the national average, with 53% of CYP with SEND in Wiltshire compared to 37% nationally.

In Wiltshire, there has been a rise in the number of CYP with autism spectrum conditions as their primary need. The proportion of those who are in special schools is significantly higher than the national average. There are plans for Wiltshire to review whether this gives CYP the best access to inclusion and education.

Around 1,100 CYP have an autism spectrum condition as their primary need. The table below shows number of CYP with an EHCP who have ASC as a primary need by educational Key Stages:

Key Stage	Numbers with EHCP / ASC as primary need
0 (aged 3-4)	114
1 (aged 5-6)	136
2 (aged 7-10)	368
3 (aged 11-13)	259
4 (aged 14-15)	163
5 (aged 16-17)	120

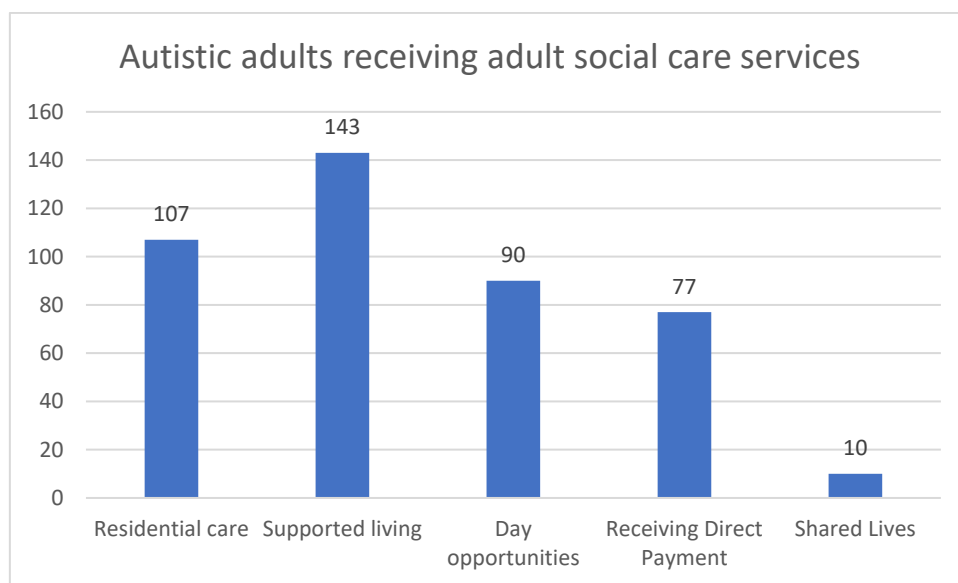
Wiltshire Council currently supports around 500 adults who have diagnosed autism spectrum conditions. Most of these customers also have a learning disability or mental health needs. This is a significant increase compared to 2014/15, when Wiltshire Council supported around 300 autistic adults through Adult Social Care.

Approximately 50% of the 466k weekly Adult Social Care spend on autistic adults is on residential care (of which over 50% is out-of-county); approximately one third of

spend is on supported living; and about 17% on day opportunities and/or direct payments.

Of these 500 customers:

- 70% have both a learning disability and autism,
- 5% have autism and a mental health condition (NB: this only relates to adult social care customers – given the recognised co-morbidities between autism spectrum conditions and mental health needs, we know there will be a much higher number of autistic people with anxiety, depression and other mental health conditions).
- 25% have autism without a LD or MH need
- 107 are in residential care (51 out of county), 143 are in supported living, 90 use day care services. 77 are in receipt of Direct Payment. 10 live in a Shared Lives scheme (see graph below).



Providers surveyed as part of the 2018 Glenesk report expressed a lack of confidence and awareness of autism: nearly two thirds of providers report that they have limited or no ability to support customers with autism spectrum conditions. The Glenesk work also indicated that autistic customers do not always experience a smooth transition between children’s and adults’ services which can lead to gaps in care and support (this view is reported by both carers and council staff).

3c. Learning disabilities

A learning disability (LD) affects the way a person understands information and how they communicate. This means they can have difficulty understanding new or complex information, learning new skills, and/or living independently. Around 1.5 million people in the UK have an LD, and it is thought up to 350,000 people have a severe LD. This figure is increasing.

A learning disability can be mild, moderate or severe. Some people with a mild LD can talk easily and look after themselves but may need a bit longer to learn new

skills. Other people may not be able to communicate at all and have other disabilities as well. Some adults with an LD can live independently, while others need help with everyday tasks, such as washing and dressing, for their whole lives. It depends on the person's abilities and the level of care and support they receive. Children and young people with an LD may also have special educational needs (SEN).

The UK population is ageing and people with learning disabilities are living longer, often living into adulthood with older parents. Employment also continues to be a key priority nationally, and there is a need to develop better employment and training opportunities for people with a learning disability.

In line with what has been described elsewhere in this report, there is a need to better manage transitions, particularly between children's and adults' services. Planning for adulthood will start in childhood, and our Preparing for Adulthood (PfA) strategy will ensure that transition planning starts at 14.

There is an increase in the use of Personal Budgets. The impact of this for providers is that individuals will exercise choice, may employ their own personal assistants, and may organise a mixed package of support to better meet their outcomes.

People with a learning disability experience poorer health than the general population, die at a younger age, are more likely to be obese or underweight and less likely to exercise than the general population (NDTi (2012) p37). Many of the health inequalities they experience relate to barriers accessing mainstream services.

Prevalence

Population data taken from the national Projecting Adult Needs and Service Information (PANSI) resource estimates there are currently approximately 7,000 adults aged 18-64 with a learning disability in Wiltshire. This overall number is likely to remain constant (perhaps even reducing slightly) over the next decade, but within that we are likely to see increasing numbers of older learning disabled people. Of the 7,000 adults of working age, approximately 1,600 (i.e. between one fifth and one quarter) are likely to have a "moderate or severe" learning disability.

- The prevalence rate of a diagnosable mental disorder is 36% in children and young people with learning disabilities, compared with 8% of those who did not have a learning disability.
- These young people were also 33 times more likely to be on the autistic spectrum and were much more likely than others to have emotional and conduct disorders according to Foundation for People with Learning Disability.
- Children and young people with learning disabilities are much more likely than others to live in poverty, to have few friends and to have additional long-term health problems and disabilities such as epilepsy and sensory impairments. All these factors are positively associated with mental health problems.
- People with learning disabilities demonstrate the complete spectrum of mental health problems, with higher prevalence than found in those without learning disabilities.

- The prevalence of dementia is much higher amongst older adults with learning disabilities compared to the general population (21.6% vs 5.7% aged 65+) ¹². People with Down's syndrome are at particularly high risk of developing dementia, with an age of onset 30-40 years younger than the general population ¹³.
- More generally, we anticipate that our ageing population will mean more people with LD will live into old age, and this will mean increasing numbers of people with LD who have dementia. Services will need to adapt to meet these needs with, for example, accessible accommodation. If the national prevalence rates of dementia within people with a learning disability are applied to the local population, then we estimate that there are 834 people with an LD and dementia, of whom 122 have a moderate or severe LD.
- Behaviours that challenge are shown by 10%-15% of people with learning disabilities, with age-specific prevalence peaking between ages 20 and 49 ¹⁴.
- Learning disability is nationally significantly more common in males than in females. In Wiltshire we expect to see more males with a severe LD and mild LD than females. There is a potential impact on provider work force as more male care workers may be required.
- The prevalence of sight loss among people with a LD is far greater than previously thought (possibly as many as 1 in 10). Based on prevalence data, it could be expected that approximately 850 people with a learning disability have some form of partial sight or severe sight impairment.

People with LD in England continue to die prematurely and from treatable causes of death, the latest annual report from the Learning Disabilities Mortality Review (LeDeR) programme shows. In the general population, 85 per cent of deaths happen at or after the age of 65, but in sharp contrast this is the case for just 37 per cent of people with learning disabilities. Treatable causes of death accounted for 403 per 100,000 deaths in people with LD, compared to just 83 per 100,000 deaths in the general population ¹⁵. Of the deaths notified to the LeDeR programme in 2019, 40% of adults and almost 25% of children CYP from pneumonia, an illness which is normally treatable in this country.

Demand

In October 2020, there were 1,241 adults with a learning disability supported through adult social care. This number and the weekly spend for these people has remained roughly the same since April 2019.

The 2018 Glenesk report noted that in the previous four years, the costs of residential and nursing care for adults with LD have increased by 20% - this is partly because prices have increased, and partly because of increases in need. In the same period, there had been a 15% increase in the number of people with LD living in supported living. A number of residential care homes have deregistered to become supported living, but commissioners and providers must ensure that this

¹² Cooper, 1997a

¹³ Holland et al., 1998

¹⁴ Emerson et al., 2001

¹⁵ University of Bristol's 2019 LeDeR Annual Report

leads to a culture that promotes independence, as well as simply a change in registration status.

Customer and carer feedback

In 2019, Wiltshire Centre for Independent Living undertook user engagement on accommodation and support. The key messages were:

- What mattered most to people about their home was the ease with which they could access what they wanted in their community.
- Most people prefer a town centre location, making community access easier and with a variety of activities close by. Those who preferred a rural setting valued the scenery and peace but did have issues with limited transport.
- Most people could make choices about day to day activities. A small number of people did not do much outside of the arranged activities in their accommodation and said they would like to do more in the community.
- People talked about the support they received in practical and financial areas of their lives. The character of support staff was often spoken of, with humour, kindness and patience being frequently mentioned as important qualities.
- Independence is highly valued by people.
- People want to share their views and experiences, and providers should explore different and creative ways of hearing the customer voice.
- Good support is a combination of many factors – people should have choice in how they are supported, be able to make decisions, use support time flexibly, do what they want in their community and be independent. When done well it has a huge positive impact on people's lives.

The Glenesk report into accommodation-based support also generated valuable feedback from customers and their families about the quality of support they received. It is important to note that the priorities of individuals and those of their families were different – safety was the most important thing for families, whereas having a meaningful life was the most important thing for customers themselves.

The report found that:

- 33% of customers feel they're in the wrong type of accommodation - usually due to lack of availability.
- 50% of customers feel they are badly supported or very badly supported; only 20% feel they are well supported.
- Some young people felt anxious about the future – their education, job prospects, preparing for adulthood
- Whilst providers of care and support for adults with mental health needs expressed greater confidence in meeting those needs than they did in meeting needs associated with LD or ASC, customers using mental health services were often negative about the support they received: Of 99 customers in the North of the County, almost 75% said quality of care was “terrible” or “quite bad”. Of 198 in West, 35% said the same. Of 164 in the South, just over 30%. Less than 20% across the County say it's “quite good” or “brilliant”.

Impact of Covid-19

Covid-19 has had an impact on all our lives. People have had to change their living and working arrangements; we have been unable to see loved ones; some have been personally affected by the pandemic, either being infected themselves, or seeing family members and friends ill with the disease. Adult social care customers have not been able to attend day services and community activities; some have had to move out of their accommodation provision and move back to live with family. Providers have had to find new, often innovative ways of delivering services.

Nationally, Barnardo's have found that children and young people with certain conditions, such as agoraphobia, obsessive compulsive disorder, attention deficit hyperactivity disorder and depression, have experienced worsening mental wellbeing during the pandemic. Other high-risk groups include CYP with existing mental health difficulties, those from black and minority ethnic (BAME) communities, living in poverty, entering education, employment and training, with Special Educational Needs (SEN), delivering unpaid care, especially BAME young carers, care leavers, those from the LGBTQ+ community, and/or CYP who have a parent in prison.

A local survey has found that young people in Wiltshire have coped well with the crisis, but have concerns and challenges around not being able to see friends in person, uncertainty about schooling (including cancellation of exams), feeling down and lost, having to stay in with family, boredom, and some young people feeling like giving up.

Research by Hertfordshire County Council has found that the impact of Covid 19 varies across the life cycle:

- Women and men in the perinatal period may be anxious about the impact on their new born baby;
- Young children aged 0-5 are facing significant changes to their routine, are isolated from friends, and there may be an impact from increasingly stressed parents;
- School-aged children and young people face concerns about their progress, as well as the isolation and parental stress mentioned above.
- Working-age adults are trying to balance work and home; there is increased risk of being out of work; people are worrying about caring for elderly parents and young children, as well as increased financial worries.
- Older adults are most likely to fear the impact of Covid if they become infected; they may also be more isolated from friends and routines, worried about money, and worried about the impact on services.

We have seen an increase in demand for services as a result of Covid-19 – and we predict this will continue, especially if we face successive waves of the pandemic. Given the national impact of Covid-19 on care homes, buildings-based services are no longer necessarily perceived by the public as places of safety, and this will have a fundamental impact on the way in which care and support is delivered.

It is likely that services will be less buildings-based, more community-based, and increasingly digital. For some people, this will be more accessible and flexible. Others will have less access to technology, feel less confident using it, live in an area with poor Broadband, and/or may be concerned about how their data may be used. We need to mitigate these challenges, balance the use of technology with face-to-face contact, and make all service offers as accessible as possible.



5. Supply

Good Lives Alliance

In 2019, Wiltshire significantly changed the way it commissions care and builds sustainable relationships with providers and other stakeholders. Prior to September 2019, the Council had multiple contract agreements in place with providers who support people with disabilities.

The development of the Good Lives Alliance has led to a more consistent and transparent pricing structure, with standard rates for tiers of support. A tender exercise was undertaken to align residential and supported living services. The Council established a Pseudo Dynamic Purchasing System (DPS) called the *Good Lives Alliance*, with the flexibility of the Light Touch Regime.

A service specification was co-produced with customers, providers, Wiltshire CCG, Wiltshire Centre for Independent Living, social care staff, families and carers and other stakeholders involved with supporting Wiltshire residents. The Council continues to work with Alliance members to develop the care market, direct resources at innovative projects that enhance capacity, and share resources to develop and maintain a resilient and stable workforce.

The Council prioritises providers which have joined the Alliance and who have thereby demonstrated that they:

- provide the right support and environments to meet complex needs,
- maximise independence by appropriate and timely withdrawal of support,
- are expert in the service they offer, aware of all relevant national policy and legislation.
- can evidence this clearly not only in their procedures and information, but in their daily delivery,
- have quality performance data clearly recorded that evidence that outcomes have been achieved, including the ability to work in partnership with the Council and BSW CCG.

Where appropriate, services will be jointly commissioned with BSW CCG, ensuring a wraparound service.

Less than half of residential care overall in Wiltshire is commissioned by Wiltshire Council, with more than half being purchased by other Councils or by private individuals. However, most self-funders are older people with frailty-related needs, and not adults with learning disabilities, functional mental health needs and/or autism spectrum conditions. In general, there has been a drive to consider supported living as first option for customers who need support. Between 2007-2017, the number of residential care placements in Wiltshire halved. This trend has seen a number of providers decommission residential services to supported living and has given tenants the security of tenure with a supported living package of care.

CareCubed

The Council reviewed the tools available for costing residential care and selected CareCubed as an evidence-based tool to deliver fair and sustainable costs of care. A secure online tool, CareCubed supports sharing of cases across multiple users within the Council. It is updated annually to cover market and legislative changes, using authoritative data sources including the National Minimum Data Set for Social Care (NMDS-SC). Thus far, we have only applied the tool to placements for adults with learning disabilities; however, we are exploring rolling it out to Mental Health, Ongoing Support and Children & Young People with Disabilities teams.

Shared Lives

Wiltshire Council is committed to growing its Shared Lives scheme¹⁶. Shared Lives Wiltshire offers long-term and short-term placements, respite and home from hospital provision for people who need support. This includes people with mental health needs, autism spectrum conditions, learning disabilities, physical disabilities and older people. The schemes match someone who needs care with an approved carer. The carer shares their family and community life, and gives care and support to the person with care needs. People sometimes use a shared lives scheme as a way of learning the skills they need to live independently and to help them put down roots in the area or community before moving into a place of their own. In 2019 and 2020, we have recruited significant numbers of Shared Lives carers, following a rigorous process, and we plan to increase this further.

6a. Mental Health

We are committed to the recovery model of mental healthcare, which emphasises building the resilience of people with mental health problems and supporting their identity and self-esteem. It is a strength-based approach that does not focus solely on symptoms and which emphasises resilience and control over life's challenges. Research¹⁷ suggests that important factors on the road to recovery include:

- Good relationships
- Satisfying work
- Personal growth
- The right living environment

We want to instil this recovery ethos into all services. As there is a strong link between recovery and social inclusion (i.e. being involved with society through work, education, culture, and leisure activities), services should support people to regain their place in the communities in which they live and enable participation in activities

¹⁶ <https://adults.wiltshire.gov.uk/Services/1366>

¹⁷ Tew, J., Ramon, S., Slade, M., Bird, V., Melton, J., & LeBoutillier, C. (2011). Social factors and recovery from mental health difficulties: A review of the evidence. *British Journal of Social Work*, 1-18.

and opportunities. We also want to embed the THRIVE model across our support pathways, particularly for children and young people¹⁸.

There are 15 residential care homes in Wiltshire (with two more in Swindon and one in Bath) provided by organisations on the Good Lives Alliance which specialise in providing care and support for adults with mental health conditions. In addition, we commission seven mental health supported housing schemes, as well as a range of supported living, floating support and other services to help people thrive in the community.

Almost half of our buildings-based provision is in Salisbury, and we have a relative lack of provision in the north of the County. We also lack provision for more specialist needs – e.g. people with substance misuse issues, people with forensic histories, hoarders, etc. We are currently commissioning a high number of providers for a relatively small number of customers. This is down to specific need or availability of providers at a particular time. It leads to higher admin costs/providers management time.

We commission statutory advocacy to support people impacted by the Mental Capacity Act, Mental Health Act, Care Act and Children's Act, as well as non-statutory advocacy to help people have their voice heard and make informed choices.

Wiltshire has a dedicated website¹⁹ to support children and young people's mental health. The website includes apps and resources and signposts people to commissioned and other services. We have also set up the Harbour Centre in west Wiltshire and started to develop the model in the south east to support young children with early mental health and emotional issues.

There are a range of challenges that people with mental health problems face with health and social care provision. Some of these are common across many areas, others are specific to Wiltshire:

- People who require specialist health or social care often have to go out of area due to lack of local provision. Evidence shows that being placed in a care setting away from friends and family tends to increase social isolation and reduce potential for recovery and other outcomes.
- People who are admitted for mental health inpatient support have a higher length of stay in hospital compared to other areas.
- We have begun working across the health and social care economy, and with providers, to look at why some placements and care packages break down. When this happens, it has a negative impact on the person and their family. We want to make sure that we commission care that is safe and sustainable for all customers – especially people with the most complex needs. We want to create strategic partnerships with organisations that want to specialise in

¹⁸ The THRIVE is a nationally recognised model developed by the Anna Freud Centre which moves away from the traditional "tiered" model of CAMHS and provides a set of principles and a common language that everyone understands.

¹⁹ www.onyourmind.org.uk

providing excellent care and good outcomes to people with complex needs – particularly behaviours that challenge.

- There are gaps in crisis services for our children, young people and adults
- It is a shocking fact nationally that people with a serious mental illness (SMI) have on average a reduced life expectancy of 10-15 compared to the national average. As a system, we need to increase the number of people with an SMI who have a physical health check – currently only 17% receive such a check against a target of 60%.
- There are workforce challenges in mental health services – we currently have a 21% vacancy factor in south Wiltshire; the Long Term Plan suggests an additional 27,460 staff will be required over the next five years, the development of Primary Care Networks could impact on staff retention for Avon & Wiltshire Mental Health Partnership NHS Trust (AWP).
- We need to develop collaborative pathways to provide better support for people with Personality Disorders and those with a dual diagnosis of mental health and drug and alcohol issues
- Transition between child and adult mental health services is an area of challenge for children, young people and their parents/carers.
- Children and young people want earlier help, that is not always medicalised, and close to home.

6b. Autism spectrum conditions

We recognise that we are at the beginning of a journey and that to realise our wide-ranging and ambitious vision for autistic people will take time and commitment. We currently have a limited market to support autistic people and their loved ones. We will be guided by autistic people as we develop a local offer which meets the very varying needs of children, young people and adults. This will include a focus on autism-friendly communities and services, providing clear and accessible information, identifying autism in children and young people as early as possible, improving diagnostic pathways, and commissioning services which help autistic people to succeed in education and live independently and healthily.

Wiltshire CCG commissions Virgin Care to provide a diagnostic service for children and young people and Avon & Wiltshire Mental Health Partnership (AWP) NHS Trust for adults. The CYP pathway includes advice and techniques for families, and referral and signposting into services to support the family. The adults pathway provides diagnosis and some post diagnostic support to help people with an ASC learn about the condition and to access a range of appropriate mainstream services. We want to move towards an offer which is primarily needs-led, rather than diagnosis-led – so that support is provided to people and their families whilst they are waiting. Wiltshire Council also commissions programmes to support parents of autistic children, including the SWAPP²⁰ and Time Out for Parents programmes.

Autistic adults with a learning disability are supported by the Council's Community Team for People with Learning Disabilities (CTPLD). Those without a learning disability are currently supported by the Ongoing Support team. Wiltshire Council's Employment Service and

²⁰ Support in Wiltshire – Autism Parent Programme

Community Connect Service provide advice, information and guidance on supporting a range of people into voluntary and paid employment, and some autistic adults access this service.

The Council has specific social care provision for 0-25 year olds which is available to younger autistic adults during transition. For example, Wiltshire's Specialist SEN Communication and Interaction Team supports children and young people with language and/or social communication needs such as difficulty interacting with others, or understanding classroom language and routines. Wiltshire Service Users' Network (WSUN) are leading a three-year project (which started in January 2020) which will provide information and support to adults with autism across Wiltshire. The Wiltshire Autism Hub is funded through the National Lottery Community Fund. The main areas of support include mentoring, post-diagnostic support, peer support, signposting and information, support with claiming benefits, autism awareness training for frontline staff and employers, independent travel training, support groups and counselling. WSUN will also be undertaking some research into creating an online digital space for local people to share their thoughts and ideas²¹.

Wiltshire manages a dynamic support register for children and young people with learning disability and/or autism spectrum condition who are either psychiatric inpatients or are at risk of admission. We are in the process of merging this with a similar adults register; as well as providing joined-up support to help people remain in the community, this will also give us valuable data about commissioning gaps in Wiltshire.

6c. Learning disabilities

Adults with a Learning Disability in Wiltshire who require care and support from Adult Social Care are supported by the Community Team for People with a Learning Disability (CTPLD). This is provided by Wiltshire Council and is co-located with the health element of the service, which is run by Wiltshire Health and Care and commissioned via Wiltshire Clinical Commissioning Group (CCG).

The current offer to adults with a Learning Disability is limited and tends to create dependence and does not promote resilience for individuals and their families to support them to be independent and to be fully included within their communities. As stated elsewhere within this MPS, the current offer of support to autistic adults is also limited and currently there is no specialist NHS (with the exception of the Wiltshire Autism Diagnostic Service who do not currently offer post-diagnostic support) and/or Council provision to support this service user group effectively.

Equally, it is accepted that the personalisation agenda, where the Council and CCG promote and support customers and carers to be the experts in their care and support, has not been fully implemented.

This has created a culture where individuals have become dependent and reliant on traditional models of care and support, such as residential care, rather than a culture

²¹ <http://wsun.co.uk/wiltshire-autism-hub/>

which promotes independence and the notion that every person can contribute to their community.

This has been recognised as a difficulty for local authorities nationally and Wiltshire Council and Wiltshire CCG are committed to working effectively with partners across the health and social care system, to improve services for people with a Learning Disability and/or ASC from birth throughout adulthood. In order to do this Wiltshire Council and Wiltshire CCG are reviewing existing service provision, establishing gaps in provision and working with customers, carers and the voluntary sector to co-create services for the future.

The CCG also has a strong focus on reviewing the Daisy hospital, which provides inpatient support to five people with learning disabilities and autism.

In house services

By “in-house” we mean services which are directly provided by Wiltshire Council.

Wiltshire Council also has a number of ‘Learning Disability Inhouse Provider Services’ which consist of:

Residential respite units:

Bradbury House: a 9 bed unit in Salisbury

Bradbury Manor: a 9 bed unit in Devizes

Meadow Lodge: a 4 bed unit in Chippenham

Day services:

The Meadows in Salisbury – capacity 60

The Yarn in Devizes – capacity 45

The Wave in Warminster – capacity 15

The Medley in Trowbridge – capacity 45

Riverbank in Chippenham – capacity 60

7. Procurement: working with Wiltshire Council

Vision

To be a trusted partner, supporting front line services through strategic procurement.

Mission

To build strong relationships with markets, suppliers, commissioners and partners shaping and securing best value outsourced solutions meeting our priorities to build stronger communities; grow the economy; protect those who are vulnerable and be an innovative and effective Council.

As a contracting authority the Council must adhere to procurement legislation in the form of the Public Contracts Regulations 2015.

Within this legislation, and relevant to social care and health services, are rules that allow flexibility in procurement for certain service contracts in social care, health and education.

This is known as “Light Touch Regime” (LTR) which may be applied to the procurement process. This allows us to tailor the procurement to take into account additional criteria such as the market and its development, specific needs of the client group, and the involvement and empowerment of service users.

Further information on how to do business with the council is available:

Wiltshire Council procurement is run via the Pro-contract portal in www.supplyingthesouthwest.org.uk if you register you will automatically be advised of opportunities by email. This ensures opportunities and the tender documents are made available, free of charge, to interested organisations.

Social value

The Council are fully committed to wider social benefits and the environmental wellbeing of Wiltshire and fully embrace the duties set out in the Public Services (Social Value) Act 2012.

‘Wiltshire Council’s vision is to create strong communities in Wiltshire’

Over the last decade the council, with its public and voluntary sector partners, has improved people's lives and helped businesses to develop and relocate in Wiltshire. Looking ahead to the next decade, we plan to continue that success.

Wiltshire Council's Business Plan sets out our priorities and how we will deliver them working closely with local communities and partners; as well as investing in technology to make it easier for residents and businesses to engage with us and resolve matters more quickly. The following pages set out in more detail the goals that underpin our priorities and how we will deliver them.

Our key priorities are:

- Growing the economy
- Strong communities
- Protecting those who are most vulnerable
- An innovative and effective council

To support the vision the strategic procurement hub are developing a Social Value Toolkit for Suppliers, this will outline what the council is seeking to achieve for Wiltshire's residents and neighbourhoods through Social Value. Its intention is to provide guidance, information and contact details as a support to suppliers when considering their 'offer' and delivery of social value when engaging in a Wiltshire procurement tender and the successful award of the contract.

The council will continue to promote and embrace the requirements of the Public Services (Social Value) Act 2012 by pursuing improvements to Wiltshire's economic, social and environmental wellbeing, which are recognised as the three pillars of sustainable procurement.

Market Position Statement

Whole life commissioning

Wiltshire Council

This document was published by the whole life commissioning team, Wiltshire Council
For further information please visit the following website:
www.wiltshire.gov.uk