



People Overview and Scrutiny Committee

27th November 2024

Item

6

Public



Learning Disability and Autism Development including Supported Living

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1. Synopsis

The cost of services for learning disabilities and autism (18-64 yrs) was identified as an outlier by the LGA Peer Review in 2022. Recent evidence suggests we have reversed this position and are now below the England average. This report presents an overview of the commissioning approach for children and adults with a learning disabilities and / or autism, including background and context, recent progress and priority plans for the next 12 months.

2. Executive Summary

Outcomes for people with a learning disability and or autism are positive in Shropshire; in particular outcomes for adults people living independently in their own home or in a community setting, and also those in supported employment.

We commission a significant range of services to achieve these positive outcomes including day opportunities, supported employment, care and support within supported accommodation and technology enabled care. We are strengthening the whole life- course approach to commissioning of services, developing all age (across children’s and adults) services and solutions where appropriate. The spend is significant across both children’s and adults. There are extensive plans to review, improve and continue to ensure best value in this area.

3. Recommendations

Committee are asked to note the contents of the report, provide comment and consider the areas of priority focus for the next 12 months as described in section 9 Future Plans, and comment on any additional recommendations.

4. Risk Assessment and Opportunities Appraisal

Specific priority actions described within this paper will be subject to governance and oversight through the Joint Commissioning Development Group (JCDG), here options appraisals and risks are considered in detail. The JCDG is chaired by Laura Tyler, Assistant Director of Joint Commissioning.

5. Financial Implications

Shropshire Council is currently managing an unprecedented financial position as budgeted for within the Medium Term Financial Strategy approved by Council on 29 February 2024 and detailed in our monitoring position presented to Cabinet on a monthly basis. This demonstrates that significant management action is required over the remainder of the financial year to ensure the Council's financial survival. While all Cabinet Reports provide the financial implications of decisions being taken, this may change as officers review the overall financial situation and make decisions aligned to financial survivability. Where non-essential spend is identified within the Council, this will be reduced. This may involve

- scaling down initiatives,
- changing the scope,
- delaying implementation, or
- extending delivery timescales.

Projects and plans detailed within the report present opportunities to deliver a financially sustainable commissioning approach for learning disabilities and autism.

6. Climate Change Appraisal

Neutral Impact.

7. Context and Background

All age Commissioning Vision and Purpose

The vision for an all-age approach to Commissioning in Shropshire is to create the best outcomes and experience possible for children, young people, adults, families and carers through efficient and effective use of all available resources.

It is an essential function which should enable the delivery of priorities in the Shropshire Plan, drive best value and person-centred outcomes, and support quality assurance and inspection readiness.

Commissioning must play a proactive role in delivering Shropshire’s strategic outcomes, managing demand, driving quality and value, and robustly meeting regulatory requirements.

Across the country, both Children’s and Adult’s Services are experiencing ongoing financial pressures, growing demand, and limited capacity across the social care sector. This is being acutely felt in Shropshire with disproportionate increases in demand and rurality challenges.

An all-age Commissioning approach allows us to be better positioned to respond to these pressures and proactively shape better services and outcomes. Work with PWC to define a vision for commissioning started summer 2023 and concluded Feb 2024. A recommendation to adopt an all-age Commissioning structure is now in place following review, consultation and restructure of the team Spring/summer 2024.

All age structure roles and teams are aligned to categories across a person’s life course: Start Well, Live Well and Age Well, allowing focus on both a technical skill set (Commissioning, Contract Management and Quality Assurance, Brokerage) whilst also focusing on a life course specialism.



This new all-age Commissioning function will lead to improved outcomes for residents as a result of more person-focused, proactive and joined up approaches to commissioning. The Commissioning function will positively impact on the Shropshire workforce, providers and partners through improved satisfaction and development opportunities for staff, stronger support and collaboration for our local providers, and more clear and timely working arrangements for our internal and external partners.

There are five key priority areas Commissioning will implement over the next few years; building on clear strategy, investment in the commissioning model, and development of ways of working.

- Creation of Comprehensive strategies that will support a person through their life course, informing direction, activity and decision making.
- Development of an enhanced, strategic relationships with children’s and adult’s services to ensure Commissioning is viewed as a critical and integral part of delivering services and outcomes for Shropshire residents.
- Investment in the right capacity and capability to create a fit for purpose organisational model.
- Adoption of a deeper and broader all-age approach to create parity and alignment between children and adults.

- Further development of governance across the council and wider system to improve strategic planning and decision making and increase clarity and efficiency for contributors.

National Policy & Strategy

Our commissioning strategy and plans are delivered in accordance with those legislative and policy frameworks that relate to adults and children with learning disabilities and / or autism. This includes those young adults transitioning from children services to adult social care, and also the requirements identified in the NHS Long Term Plan, and section 5 of the Care Act (2014).

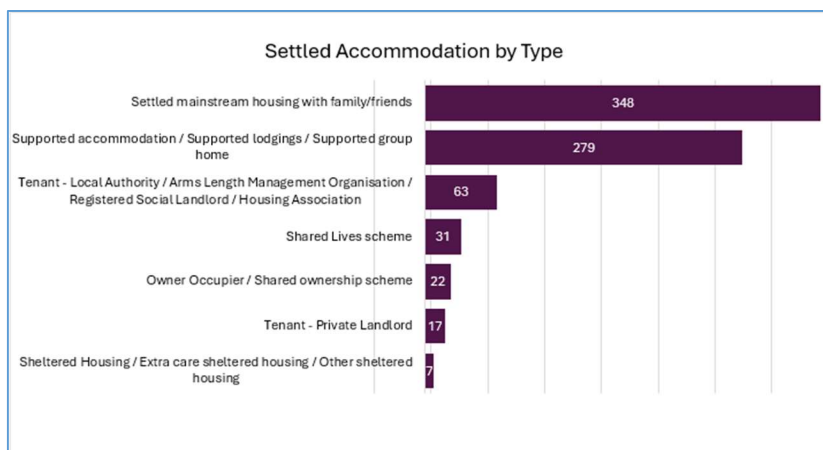
Themes across all include the commitment to strengthen the support available in communities, the prevention and early intervention to help reduce or avoid crisis and to develop resilience and independence for the remainder of a persons life.

In addition of note, the National Autism Strategy for Autistic Children, Young People and Adults (2021-26), the development of Integrated Care Systems (Feb 2021) are significant influences on our local direction and priorities.

Learning Disability & Autism Commissioning in Shropshire

There are 972 adults with a 'primary support reason' of learning disability known to adult social care. Outcomes for this population are positive:

- For example for individuals living in their own home we exceed the national ASCOF performance target of 80.5% with Shropshire performance at 87.5%, breakdown below:



- Another area previously monitored by ASCOF is the percentage of people with a learning disability in paid employment, we are in the highest quartile at 7.2% compared to the England average of 5%.

Financial Spend

Adult Social Care

The total spend in Adult’s services for Learning disability in 2024/25 is projected to be £57m. In 2022/23 spend relating to Learning Disability support represented 28.52% of all spend in ASC, the second largest category of spend (second to physical support).

Spend has grown year on year as outlined below. With demand increasing, and complexity, and challenges in market rates largely due to workforce costs (related to inflation and national living wage increases) these pressures will remain.

	2022/23	2023/24	2024/25
Adults spend (Learning disabilities & autism) £ m'	42.65	52.46	56.62
% Increase	-	23%	8%

Recent evidence indicates we have reversed a trend in spend on services for working age adults (18-64) with learning disabilities and, or autism, as illustrated below. In 2022 we were identified as an outlier with high spend relative to our peer group of statistically similar authorities, ranking us 17th nationally (out of 151 authorities) for 18+ and 14th highest for younger adults.

However, in data published on the 31st October 2024 we are now ranked 3rd lowest in our peer group for unit cost of long term support. We are also below the England average, and 6th lowest in our peer group for long term residential care for working age adults. A more up to date analysis of the spend will be concluded by the end of the year and it is envisaged that we will confirm a significant improvement in this position.

	Shropshire	Peer Group	England
Unit cost of Long Term Support (£ per week) PSR Learning Disability Aged 18-64	£1,484	£2,202 (Rank 3/16)	Not published
Unit cost of Long Term residential care (£ per week) Aged 18-64	£1,670	£1,814 (Rank 6/16)	£1,770 (Rank 66/152)

*Derived from ASC Activity & Finance Return published data 31/10/24

Supported living spend represents a significant proportion of these costs. We spend around 36% of total learning disabilities and autism adults spend each year on supported living. For 24/25 this is projected to be £21m.

Children’s and Young People - High Needs Block DSG

The table below sets out the Council’s expenditure within the High Needs Block of the Dedicated Schools Grant for the period; 2022/23 to 2024/25. High needs funding supports provision for pupils and students with SEND who require additional resources to participate in education and learning, from their early years to age 25 in schools and colleges. This expenditure relates to all children and young people with SEND (0-25) but includes children with learning disabilities and autism. The forecast position for the end of the 2024/25

financial year is a c.£7.4m cumulative deficit on the Dedicated Schools Block, driven almost entirely by a forecast deficit on the High Needs Block.

	2022/23	2023/24	2024/25 (Forecast presented to Schools Forum on 7/11/2024)
Total Expenditure (£ m')	34.854	43.902	47.237
% Increase		26.0%	7.6%

Children’s and Young People - Disabled Children’s Team

The table below sets out the Council’s expenditure within the Disabled Children’s Team of the Children’s Social Care and Safeguarding budget for the period; 2022/23 to 2024/25. The figures below include the DCT Social Work team, Prevention and Support payments, Direct Payments and Short Breaks contracts but exclude DCT external residential placements and DCT Fostering placements. Figures relate to all children with disabilities but include children with learning disabilities and autism.

	2022/23	2023/24	2024/25 (as at end of September – Q 2)
Total Expenditure (£ m')	4.302	4.381	4.398
% Increase		1.8%	0.4%

Social care budgets are under significant pressure with additional demand, complexity and increasing service costs. Providers tell us that the rates that the Council pay are not keeping in step with rising costs in general despite year on year fee increases.

Wages costs, national insurance rises, fuel costs, increasing complexity of support and insurance mean that providers across the care market are seeking higher fee rates from the Council.

Future demand on services

The Joint Strategic Needs Assessment helps commissioners to plan for the future needs of the population. With a growing population, need and complexity are increasing:

- The number of adults with a ‘primary support reason’ as learning disability known to Adult Social Care grew from 937 Jan 2022, to 972 in 2024 (+4%)
- Shropshire has approximately 3,500 adults and children recorded as being on the autistic spectrum
- For those people aged 55-64, autism spectrum disorder in Shropshire is predicted to rise by 3.1% in 2030 compared to England at 1.7%

A more significant trend of growing demand and complexity is reflected with children’s services also:

- Total allocations open in children social care is 2014
- Of the 2014, 398 are within the Disabled Children’s Team, so 1 in 5 are ‘open’ to this Team
- Requests for Education, Health and Care Plan Needs assessments are increasing:

	2021	2022	2023
Education Health and Care Plan Needs Assessments numbers and percentage change in demand, year on year	271	513	902
	-	(+89%)	(+76%)

- There have been 632 requests for Education Health and Care Plan Needs assessments this year to date, demand continues to increase.

A review of national & local data for work on Autism strategy has been completed looking specifically at autism prevalence, assessment data and priority areas. In Shropshire:

- The children’s assessment pathway had seen a 767% increase in 2023 & further increases in 2024 reporting a 1600% rise in neurodiversity assessment referrals which includes autism spectrum disorder (ASD). Waiting times are 18 months – 2 years and we currently have 500+ children in Shropshire waiting for an assessment
- Waiting times on the adults pathway are also rising, 1122 adults are currently on the waiting list for assessment and many are waiting between two & three years for assessment

Co-production

Commissioning plans are underpinned by co-production with those who will use and be supported by services. The commissioning cycle enables a variety of ways for this intelligence to inform services. Of particular note the Learning Disability Partnership Board has been significant in steering service design and commissioning, with a number of experts by experience and carers are members of the board.

Commissioning projects will include co-production plans which can range from experts by experience being involved in task and finish group work, through to surveys of parents, carers and those using services, and also involvement of representative advocacy groups being involved in procurement evaluations also.

We are committed to further strengthen co production/co development by realigning Partnership Boards to be a driver for transformation and delivery of strategies. We have invested in a new post and have a Co-production lead, and a new post of Strategy and Planning Manager, to oversee this redesign work.

8. Progress and Highlights

New Special Educational Need and Disabilities Resourced Provisioned ‘Hubs’

Resourced Provisions cater for pupils with Education, Health and Care Plans who require a more specialist environment within a mainstream school to support their access to the curriculum and activities offered by the school. Resourced Provisions are facilities provided on the site of the mainstream school and enable more targeted support to be provided.

Resourced Provision avoids the need for children having to travel to more specialist provision and enables them to access their education locally and remain connected to their local community. From September 2024 an additional 3 Resourced Provisions have opened, increasing the total number to 13. This has created an additional 48 places.

Expressions of interest have been sought from schools to open new Resourced Provisions and this, combined with ongoing detailed mapping of future sufficiency requirements will support further expansion of the Resourced Provision in the 2024/25 academic year.

Supported Accommodation Strategic Planning

We want to ensure every person has the right to lead their own life and to determine where, how, and with whom they live, and who provides them with support. Shropshire supported living schemes allow vulnerable people to maintain their dignity and be part of a community while managing housing tenancies. Shropshire benchmarks positively compared to other local authorities in supporting people to remain within their communities, it is paramount accommodation is sustainable, delivers on quality and is cost effective.

Joint work with strategic and operational colleagues within housing is a priority, and we are working together jointly to improve many areas. The recent consultation and publishing of the Independent Living and Supported Accommodation Strategy gives clarity on the focus for joint working as we move forwards - [Appendix I Draft Independent Living and Specialist Accommodation Strategy.pdf \(shropshire.gov.uk\)](#)

Further to this work, and to inform a more granular level of detail for adult social care supported accommodation requirements, a Strategic Needs Assessment has been commissioned working with industry experts the Housing Learning Innovation Network (LIN). They are currently drafting their report, and due to present back early November on initial findings. Their scope is wider than learning disabilities and autism and will make recommendations for mental health, care leavers, and key worker housing.

New Supported Living Accommodation

The supported living model will be reviewed in line with the outcomes of the Housing LIN work.

There are currently over 200 properties in use as Supported Living across the county, with the largest proportion being in Shrewsbury. There was an increase of approx. 10% between 2019 and 2023. Over 270 people are housed across the 200 plus supported living properties. More recently we have seen some Residential providers change their service to a supported Living model.

Shropshire's Supported Living offer is set to grow further next year with new developments that we have nomination rights over. Supported living can be an expensive model of care when it is a single service in isolation. New developments will minimise single service accommodation and maximise core and cluster and alternative models will be a key consideration in the future, e.g. Shared Lives.

We are now capturing more information on desired locations for individuals awaiting accommodation to examine the demand across different towns to improve choice. Whilst the majority of the individuals are seeking accommodation in the Shrewsbury area, we also have a need for a smaller number of smaller schemes in the north and the south of the County. Accommodation units are generally supporting between 4 and 12 people, with occasional need for dispersed dwellings to meet specific and complex needs of individuals.

We can demonstrate excellent outcomes for individuals in supported living provision including 14 new supported living bungalows. Please see case study at **Appendix A – Supported Living giving *Penny greater independence closer to her family.**

Shared Lives

One of our services, Shared Lives, which supports people with a Learning Disability to live with a family or shared Lives carer in the community, will be moving into the Council from 2025. Shared Lives matches 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. Shared Lives is an alternative to other traditional and often expensive types of care such as residential care and is a service we plan to expand and grow in the future.

Shared Lives will be managed alongside other in-house provider services we run including, Four Rivers Care Homes and our Enable supported employment service.

Please see case study at **Appendix B – Shared Lives support transforms Emma’s life**

Autism Strategy work

We have invested in accelerating this work and appointed a dedicated Autism Commissioning Officer who took up post March 2024. This post is an all-age commissioning post working across start well, live well and age well. The current focus is on the delivery of the Autism strategy for Shropshire Council.

The strategy work has been broadly aligned to national strategy recognising there are 5 key areas – the work locally has been shaped around these areas and there are now 5 sub-groups established for each of:

- Health & Assessments
- Education & Preparation for Adulthood
- Employability
- Housing & Social Care & Criminal Justice System

The strategic work started on 1st August with an in person launch meeting inviting all stakeholders. There are over 90 stakeholders involved across all groups, which are being focussed on in sub-groups, using skills & experience of those working across the sector & those with lived experience. Monthly sub-groups started in September; each quarter there is a plan to host an in-person event to update all stakeholders on strategy progress, the next is planned for December, then April 2025 when all draft strategic content is targeted to be completed. Strategy completion target is September 2025.

We do not have a Learning Disability strategy and are exploring options to have consensus and stronger agreed priorities accordingly.

Day Opportunities

Shropshire has a mixture of Day opportunities 8 services are provided internally and other services are provided externally on a block or spot purchase contract. We recognise that our day opportunities provide an invaluable service to people, allowing them to access their community and activities, as part of the future transformation of Learning Disabilities and Autism we want to ensure that day opportunities continue to grow and develop with the people they support. Ensuring that users of the service actively contribute to service development allowing them to maximise their independence and live their best life in their community.

Market Engagement and Improvement work

Following feedback from the market we undertook a market engagement and consultation exercise Autumn 2023 on the rates that we pay for supported living, as the main care model within learning disability and autism. The spend on supported living in 22/23 accounted for over £15m or 10% of the total Adult Social Care spend.

Despite this significant spend, providers felt the range of rates paid were confusing, and often were not based on an agreed principle. Providers also felt that rates were low and often unsustainable.

As a result rates were uplifted to a standard £21.00 per hour for daily hours. The approach was positively welcomed by providers and has resulted in greater stability, with no hand backs of packages of care to date in 2024.

Developing a plan to engage children's providers through forums, similar to the approach in place in adults is a key priority for the next 12 months to enable partnership working with providers, and strengthen sufficiency in provision also.

Service Improvement and Continuous Learning

We are actively progressing a number of improvement areas, in partnership with health providers in particular MPFT, the ICS and others including Telford & Wrekin Council connected to learning disability and autism. Some initiatives of significance include:

- Mortality reviews – LeDeR – As members of the LeDeR Steering Group and Governance groups run by the ICS we commit to improvement actions as an organisation and a system in response to thematic learning. Carers and Experts by Experience actively influence our work as members of the LeDeR Steering Group and Governance Group.
- Clive Tracey Action Plan – We have an action plan in response to the national report published into Clive's death and the learning and recommendations arising. This is monitored and reported into the Quality Improvement and Service Development Board.

Other connections to Council programmes/services

In addition to the commissioning work, activity and projects underway, we are also proud of the significant achievements of both the Enable Supported Employment Service, an in house provider service, and the Technology Enabled Care programme, which is a programme delivered in the Office of the Chief Executive – detailed highlights of both included below:

Enable Supported Employment Service

Enable have a variety of employment support programs, helping people into work with many different barriers to employment. Enable supported 2150 clients in 2023, with 729 achieving paid employment.



Performance and outcomes are very positive, we are in the highest quartile in England in respect of the percentage of people with a learning disability in paid employment at 7.2%, compared to the England average of 5%.

In particular Enable provide Individual Placement Support to individuals suffering with Mental Health problems, or drug and alcohol use. They provide bespoke 121 support to prepare individuals for work, focusing on the right role from them, engaging with local employers to support them to offer posts to individuals before they have even been advertised. They also provide in work support to the individuals and employers, making reasonable adjustments to ensure the work is sustainable.

They deliver the governments flagship DWP employment support programme, Restart. We work with job centre plus customers to achieve paid job outcomes and provide training to support them in other areas such as confidence building, CV writing, interview techniques, digital skills and practical lifelong skills which will help clients to maintain long term employment.

Enable also deliver an employer disability support service where we work with businesses to ensure their recruitment includes a diverse workforce to include groups with protected characteristics. Supporting businesses to achieve disability confident status.

Please see case study at **Appendix C – Enable supporting Keiran Jones.**

Technology Enabled Care Programme

Shropshire has been at the forefront of adopting Technology Enabled Care (TEC) to help individuals to live independently, through a programme of work that started in 2022. This has had a positive impact in many ways for those supported through our services for learning disability and / or autism.

TEC devices incorporated into the home can create safer living environments, particularly for those who can be at higher risk. TEC can also be used to aid personal health and safety through alerts for daily living tasks, like when to take medication and the use of clock calendars, visual prompts or reminders and support through audio and video prompts.

The Technology Enabled Care programme has benefitted from significant external grant funding. £1.2m Care Tech funding is supporting 80 people with Genie devices and 30 people with Carebuilder over the next 2 years.

The Virtual Care Delivery programme (VCD) has now supported 140 people during year 1 of the delivery. A reminder that we are one of only four 4 councils awarded £1.2m technology funding.

A new team of TEC specialist has been formed, and 3 posts have now been filled, with a TEC Coordinator post also in place to support. It is hoped the team will act as advocates and increase the referrals into the programme and understanding, adoption of TEC and awareness across the 3 Community Teams in ASC. Further details of the TEC Team members are provided in Appendix D.



Please see case study at **Appendix D – Technology Enabled Care supports Andrew and Meet the TEC**

Learning Disability Social Work Team (Adults)

People with a Learning Disability, a Learning Disability and Autism, and their carers have been supported from adult social care across a range of services dependent on primary need. We recognise that we have good outcome measures in supporting people with a learning disability at home and in employment and can enhance our offer further by establishing a Learning Disability and Autism team. Our work with Individuals, parents, carers and across the local system has informed our decision to have a dedicated team. The team now has a Team Manager and workers have started to move into the establishment.

We already have an established Preparing for Adulthood team and as part of this work aim to align support pathways into adult services where it has been identified that a young person will continue to require ongoing support. The approach will also create capacity to work across the 0-25 pathway and support young people earlier in their transition to adult services.

The model will have a skilled workforce, be relationship based, working collaboratively with children's services and commissioning colleagues to ensure the best outcomes for people. The workers joining the team have a longstanding experience of social work with Adults who have a Learning Disability and LD&A. To enhance the skills, knowledge and understanding we have a Learning and Development plan with a personalised skills matrix for each member of the team.

We are working with our data and insights teams to develop systems that will capture the work of the team and understand demand and capacity to align to our priorities. Learning Disability and Preparation for Adulthood reports have been developed on PowerBi. We also have access to data in children's services so we can forward plan earlier intervention.

Coproduction is essential to this work as we progress with the model. Presentations and meetings have taken place with Taking Part, SEND Board, Learning Disability Partnership Board, Parent and Carer Council and with the Coproduction lead.

The establishment of the Learning Disability & Autism team will further embed the area of Learning Disability, Autism and Mental Health creating a streamlined and outcome focused pathway. This will also strategically align to the system work with the ICB and Health Trust MPFT for LD&A/MH creating a cohesive offer.

9. Future Plans

Commissioning Intentions for LD&A

The Market Position Statement (MPS) which outlines our commissioning intentions, was revised and published March 2024, and covers 2024-27. It can be found here: [shropshire-market-position-statement-24-27.pdf](#)

Building on the published commissioning intentions, some highlights of the focussed areas for the next 12 months include:

Children and Families Support Services Framework (CAFSS)

We will continue to support the development of this framework which enables access to over 20 different services (including therapy, mediation, speech and language and advocacy). The framework enables a mini-competition and access to providers locally and regionally. Most recently we have supported evaluation of new providers and expect a further 25-30 to be added to the provider list.

Work to establish a Special Educational Needs and Disabilities (SEND) commissioning workplan now that the team has been strengthened is also a key priority for 2025, reporting into the SEND Partnership Board.

Supported Accommodation

Work is ongoing with housing colleagues, and will be informed by the work of the Housing LIN to help us understand our current and future demand so we can ensure that our existing and new buildings being developed are accessible, meet needs and provide a safe and secure home, allowing people to stay in their properties and not necessarily need specialist accommodation. Aligned to this and the Independent Living & Specialist Accommodation Strategy we are working towards the development of a Commissioning Plan for Supported Accommodation which will indicate to the market what we need and where.

Market Engagement

A key part of the work we will be undertaking is to develop our learning disability strategy/policy. To be better positioned to respond to pressures and proactively shape better services and outcomes for an individual's life course through coproduction and engagement. We need to ensure the market is vibrant and equipped to deliver good quality care to support people with a range of needs, including those with the most complex needs, and deliver the best outcomes. To achieve this we need to review current services and provision and work closely with providers. We will be reviewing;

- **Night time rates**

The Council currently has a wide range of rates in payment to providers for overnight support. Having this variation in the basis on which current overnight support has been commissioned makes it very difficult to establish baseline hourly rates or make comparisons between rates paid to different providers. A review is currently underway to determine a proposed night time rate. It is acknowledged that these proposals may represent an increased spend on overnight rates at a time of financial challenge for the Council.

We will also work closely with the market for a definition of Waking Night and Sleep-in shift for use in future commissioning of overnight support, which would include a statement of how many hours we would expect an overnight shift to consist of.

- **Residential and Nursing placements**

The council commission spot contract beds for both residential and nursing care. The prices that the Council commission beds at is currently not controlled by a set price structure for people with LD and A. These have been subject to an annual uplift however, to support the longer term purchasing of beds to meet both current and future needs we need to ascertain the commissioning requirements for residential and nursing care beds for the future and find solutions to support market development and stewardship, create positive outcomes for service users in need of nursing or residential care and gain control of prices.

- **Respite Offer / Short Breaks**

We need to understand what unpaid carers supporting people with a Learning disability and/or autism need now and, in the future, and prevent crisis situations. This will include a review of our current respite offer working with users of services, the provider and VCSE market along with unpaid carers to develop a respite/emergency accommodation offer for adults.

A key priority is also the recommissioning and improvements around the short breaks service and model for children and young people. This work is underway and will review the approach to both community and overnight short breaks provision to deliver a robust and stable model with adequate capacity for future needs.

- **Support for Unpaid Carers**

As noted above we need to support unpaid carers; this is a priority area for us and we will work with partners to prioritise the development of an offer for unpaid family and friend carers. With an initial focus on:

- Ensuring unpaid carers have equal (countywide) access to good quality support, advice. Forming good links with carer networks.
- Working with employers/employment services to support unpaid carers that work.
- Coproduce a respite/emergency provision (link to shared lives growth and offer).

- **Data and Reporting**

Improvement work is required to ensure activity, finance and data reporting supports the commissioning work plan as we move forward. Learning disability and autism data and spend is not always readily available in required formats to fully support a pro-active all-age commissioning approach.

10. Conclusions

Growing demand on services, increasing complexity and external factors including the cost of care in the market provide consistent challenges to commissioners of learning disability and autism services. However, there are exciting plans to continue to support vulnerable members of our communities, with quality services that support independence and delivery against the vision for all-age commissioning outlined.

Plans will maintain the positive outcomes we currently secure and help us to continue to move to more financially sustainable models of care and support for the long term, reflecting a life course pathway for the people we support.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

No previous papers

Local Member:

Appendices:

Appendix A – Case Study (Supported Living giving Penny greater Independence closer to her family)

Appendix B – Case Study (Shared Lives transforms Emma’ life)

Appendix C – Case Study (Enable Supporting Kieran Jones)

Appendix D – Case Study (Technology Enabled Care Supports Andrew)

CASE STUDIES

APPENDIX A – SUPPORTED LIVING GIVING PENNY GREATER INDEPENDENCE CLOSER TO HER FAMILY

Penny* is a 19 year old young lady who has Autism and Severe Learning Disability with associated complex needs and behaviours of challenge. (*name changed)

There were a number of challenges for Penny during her years supported by children’s services and throughout the transition into adults services – this was as a result of a combination of care providers unable to support her needs and placement breakdowns as a result. This had a detrimental impact on Penny and the family over an extended period of time. As Penny moved into adult services she was living in a supported living setting outside of Shropshire supported with a care provider.

Due to a lack of appropriate provision in Shropshire at the time, an emergency placement resulted in Penny being placed outside of the Shropshire Authority area. Over time, there were some very serious safeguarding concerns regarding the provider. Following a significant safeguarding incident, due to the severity of the incident Penny was moved away from their care and moved back into Shropshire, into the care of her family until a plan was in place for independent living.

There was some fortunate timing and around this time new supported living accommodation became available at the bungalows in Shrewsbury. These were 14 new build core and cluster style bungalows in a lovely setting. A local provider was secured to support Penny's needs and to support her to transition into one of the bungalows. This transition was also only possible with the impeccable support of her family who helped significantly when the bungalow was delayed which caused further trauma and distress to the family and Penny. Thankfully, Penny is now settled in the bungalow, she now sees all of her family more regularly and enjoys spending time with them as they all live locally. The location of the bungalow provided a benefit in that it was local to family and amenities so they were able to support with the transition and settling in.

The new care provider is helping Penny regain some confidence and independence. She regularly accesses the community and notably, also started going to the shop with her staff team, something which she hadn't done since pre-COVID. She goes for walks and is meeting peers at the supported living site so her social networks have increased. She is going to day opportunities twice a week also.

She now has a more regular routine now and the provider engage with social care and family pro-actively. The social worker commented, that compared to where Penny was 12 months ago, this is such a huge improvement in her quality of life. Her family recently commented:

'Finally being in her bungalow we feel Penny has a stable placement and although there have been some issues with challenging behaviour, we as a family feel that we are more involved with the care providers and that they will take on board our knowledge and experience.'

'The bungalow itself is a great place, we have been very involved in making it personal and designed with Penny in mind with decor etc but it is also within a small community so Penny can feel part of a group and less isolated she is accessing the community and is closer to family so we can be more flexible with contact. This should have been what Penny had from the start as it has been a long and traumatic journey to get to this point and there should be more places such as this available for young adults'

APPENDIX B – SHARED LIVES TRANSFORMS EMMA’S LIFE

This case study was presented at The Council’s ASC Conference in May 2024 by the Client Property and Appointeeship Team:

Emma is a young woman living alone in the community in a private rental. Emma works part-time. Emma has learning disabilities. She lives off takeaways and fizzy drinks. As a result of all of the fizzy drinks she was consuming, she had to have all of her teeth removed. Her property was not in very good condition, and she had lots of problems with the landlord, who was quite frankly very rude and not understanding. His mission was to get the property back. It reached crisis point when the landlord eventually gave her notice. Her health was suffering, and she was very overweight, had mobility issues and felt lonely and isolated.

The SW and our team got involved and worked very closely in finding another alternative placement and moving all of her belongings. Emma is now living in a shared lives placement.

The Shared Lives Carer has been working with Emma to get her weight down by cooking home cooked meals. The whole house do not have fizzy drinks, in a bid to support Emma kick the habit. Emma is also learning life skills. The shared lives carer has supported Emma to get the right fitting clothes and underwear, and correct fitting shoes – she was wearing size 8 shoes when she was a size 5.5. because it’s what she would find in the charity shops.

As a result of these changes Emma is looking a whole lot better. In May 2024, she had had lost 3.5 stone in weight and gone down 2 dress sizes. Emma was looking happy, smarter and healthier, and she is certainly living her best life. Emma recently asked the Shared Lives Carer to send us a photo of herself, in her smart new clothes. She looked so happy and proud, and quite rightly so. Emma hadn’t had a holiday in a very long time, and because of the money she has saved on not spending it on takeaways, was able to go on a Cruise, which she was very excited about. The caseworker had been working with Emma about the impact of money and saying that if she can save in the future, she will be able to go away again, which is teaching Emma valuable lessons in money management.

This is what Emma has to say about her journey

‘Last time I went abroad was 27 years ago to France, and 18 years ago in this country. I feel happier and calmer, and I feel better in myself. I enjoy the company in shared lives. I am physically better, and my knees and ankles are much better due to my weight loss. I don’t complain about them much at all. My blood pressure is better, and I have less mood swings.

The photos below show Emma in her new Shared Lives home with her new outfits after losing weight:



APPENDIX C – ENABLE SUPPORTING KIERAN JONES

Enable supporting Kieran Jones

On the 3rd of October Kieran Jones of Shropshire Council won the 'Shropshire Apprentice of the Year' title alongside the 'Business, Legal and Finance' trophy. He started his journey with Enable as a supported intern in the Right Home, Right Place team and then went into an inclusive apprenticeship.

Kieran now works full time as a Business Support Officer for the Office of the Chief Executive at Shropshire Council and achieved a triple distinction in his apprenticeship. He is also an advocate for young people with SEND. As part of his interview after winning the award Kieran's highlights the importance on working with Enable and taking on a Supported Internship.

You can listen to Kieran's speech in the link below at 47 minutes [SBLTV S5E01 - Shropshire, Telford & Wrekin Apprenticeship Awards Special \(youtube.com\)](#)




APPENDIX D TECHNOLOGY ENABLED CARE SUPPORTS ANDREW



CareQuality Commission

Theme: 4. Learning, improvement & innovation

This case study seeks to evidence this CQC theme by presenting innovative methods of achieving positive outcomes for Andrew, highlighting the continuous learning and collaboration with providers to ensure safe and effective practice.



Virtual Care in Shropshire

ANDREW'S CASE STUDY

Shropshire Council has transformed care delivery by combining advanced technology from GenieConnect® with a professional virtual care team, enabling virtual care calls and real-time data monitoring. This achieves:



Flexible Care Alternative Choice



Free Up Capacity - Closing Procedures



Reaching More - Reducing Inequality

Daily reminders and video calls from a virtual care team are scheduled to assist with care and support. They appear on the Genie's face for the recipient to respond to by touch or voice.

MEET ANDREW

Andrew is a gentleman with learning disabilities in his early 60s who lives alone. For several years Andrew has been supported by Affinity Homecare who previously provided 2 face-to-face support calls a day. Recognising the need to enhance Andrew's care plan to better suit his desire for more independence, Affinity Homecare collaborated with Shropshire Council to become the first Domiciliary Care provider to deliver virtual care directly to their clients.




"If I can do it... so can YOU!"

Affinity Homecare now support Andrew in a hybrid approach, combining face to face visits and virtual calls to provide more flexible and less intrusive care.

HYBRID SUPPORT

How are Affinity Homecare providing Hybrid support for Andrew?

TEC integration

Andrew was allocated a GenieConnect® device, tailored with prompts and reminders to meet his specific needs.

Daily Virtual Care Calls

Each day, Affinity Homecare connect with Andrew virtually via his Genie Connect device, checking on his well-being, offering reminders on personal care routines and guidance on daily tasks.

Enhanced Face-to-Face visit

Affinity Homecare now only provide single daily visits, supported by real-time data from GenieConnect®. This allows his carers to focus on specific actions and offer a more responsive, targeted approach.



ANDREW'S OUTCOMES

Initially, Andrew was apprehensive about this change but excited to embrace new opportunities for greater independence. A key goal for Andrew was enhancing his personal care routines, which he often neglected. Now, GenieConnect® reminders prompt Andrew to brush his teeth and change his clothes, reinforced by virtual calls that offer extra support and motivation.

Andrew's progress has been transformative. He now independently brushes his teeth twice daily and changes clothing more regularly with his carers noticing a significant improvement to his hygiene and wellbeing.

Andrew proudly shares "Since having Genie I now brush my teeth twice a day"



Improved Personal Hygiene



Confidence in abilities



Connecting to family

Andrew is also keen to enhance his social connections. With the help of GenieConnect®, he is adding family members to his video calling contacts, enabling regular interactions, and strengthening bonds. Andrew feels proud and confident in his ability to use GenieConnect® to enhance independence and autonomy.

AFFINITY HOME CARE'S EXPERIENCE

By adopting Shropshire Council's hybrid care approach, Affinity Homecare has improved Andrew's independence as well as their own capacity to monitor and respond to clients' needs more efficiently.



"It's a really good thing and Andrew always has a smile on his face when we call"

Melissa - Registered Manager at Affinity Homecare

Real-time data monitoring helps carers identify key needs and adjust their care support accordingly. For instance, virtual calls are adapted to offer more emotional and wellbeing support when needed based on Andrew's daily mood responses, which was not always feasible with in-person visits alone.

Andrew's case highlights the transformative impact of the hybrid care model, delivering flexible and responsive care. Affinity Homecare's commitment to innovation has empowered Andrew to live more independently while ensuring he receives the support he needs.

<https://www.affinityhomecareshrewsbury.co.uk/>

OUTCOMES ACHIEVED

65

MILES OF TRAVEL SAVED

On average per month



96%

NUTRITION SUCCESS RATE

50%

face to face reduction

INDEPENDENCE



Medication success rate

99%

If you know someone who would benefit from this service, please email assistivetechology@shropshire.gov.uk

MEET THE TEC TEAM

