



Financial Year	2017/18
Proposal no.	AC-2017-301
Directorate	Adult Services

### Savings Programme Pre-consultation Report

<b>Subject:</b>	<i>Remodel Supported Living offer for people with Learning Disabilities</i>
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## 1 Recommendations

- 1.1 It is recommended that members consider the proposal to remodel the Supported Living (SL) offer for people with learning disabilities to develop a wider range of care and support options at reduced costs.
- 1.2 Members are asked to support the proposed three year transformation plan for learning disability supported living services noting that the achievement of the savings is dependent on individual assessments with service users and their families/ advocates, and suitable lower cost alternatives being available to meet assessed needs. Savings are therefore subject to change.
- 1.3 Members are asked to note the possible impact of the proposal on the Supported Living providers.

## 2 Reason for recommendation

- 2.1 Historically people with Learning Disabilities who have a moderate or high level of care and support needs have been placed in Supported Living Group homes. Supported Living describes a care model where 2-4 people share a house with each other and have a 24/7 staff team on site to support them. This model of care does not provide value for money and is not always in the best interest of the individual, with an average cost of around £872 per person per week (approximately 45k per annum per person). Currently 263 people live in this type of care.

- 2.2 The current model of care involves each person having their own tenancy and individualised support plan. The intention is that people are able to live as part of their local community and access a range of community services as part of their daily life (such as shops, leisure facilities etc.). The model works very well for some people but also has limitations. Some people may not be able to benefit from having a tenancy or be able to access local community services, for others this model of care may provide more support than the person actually needs.
- 2.3 There are additional issues regarding the management of the group homes. Living in close proximity to 2 or 3 other people can be difficult and achieving a 'match' of residents is regularly an issue. This can either lead to people sharing a home with others whose needs are not necessarily similar to their own , or voids in homes which leads to increased costs as 24/7 care still needs to be provided for the remaining residents .
- 2.4 Adult Care has therefore recently reviewed the Supported Living model of care with a view to developing alternative options for some people where the intended benefit of Supported Living is not being realised for the individual.
- 2.5 This proposal is based on the implementation of a 3 year plan which involves reviewing each individual's needs in a person centred way and then using their indicative personal budget to determine the most appropriate care and support offer. This will include some people moving into alternative models of care and support that better meets their needs whilst also reducing the cost of provision.

### **3 Background**

- 3.1 Prior to the Community Care Act a significant number of people with profound and /or multiple learning disabilities lived in large institutions (hospital or residential care settings). The Act required that people should instead move into community settings to improve their quality of life and increase choice and control over their life. The Supported Living model was a model of community living which was promoted in response to the resettlement programme. In Rochdale Borough there was a significant reliance on the supported living model of community support with a large number of people with learning disabilities being relocated into supported living group homes.
- 3.2 The Supported Living model consists of 2-4 people with a learning disability sharing a house with each other and having a staff team on site to support them. As many service users cannot be left alone because of the risk to their safety, this model requires a staff presence 24/7. This results in a high cost provision because the properties are small. We have maximised the use of Assistive Technology in the group homes and whilst this has supported a reduction in costs there still remains the need to have at least one member of staff present at all times. The model of care therefore does not offer value for money as the same staffing numbers could support a greater number of people in larger premises. In addition not everyone's needs are the same in a Supported Living home but the staffing level needs to be based on the

person with the highest level needs.

#### 4. Proposal

4.1 We currently have 263 service users with a Learning Disability living in 109 supported living group homes across the borough at a total cost of £11.8m pa. The average weekly cost of supported living in the borough is currently £872 per person per week

4.2 The characteristics and needs of people living in supported living are changing. People with learning disabilities are living longer and as a consequence are developing age related conditions such as dementia in addition to their learning disability. For some forms of learning disability there is an increased risk of developing dementia and the condition also develops at an earlier age. Remaining in a small group home with other service users who do not have similar needs is not always the best option for older people, or for the people that are living with them. A placement in a residential care home specifically designed to meet the needs of people with learning disabilities may be a more suitable setting for some, for others supported housing or an extra care housing setting may be a positive option.

Currently, 37% of the people with a learning disability who live in Supported Living (98 individuals) are aged 55 years or over and may require more age specific services in the next 1 to 5 years.

4.3 Matching service users to live together in a group home is often challenging and results in under occupation of Supported Living homes. The difficulty in matching people's needs in a small group is compounded by the mixed levels of needs of people which can have a negative impact on the quality of life and the quality of the group living experience for all residents. There are now more alternative options for people with moderate learning disabilities e.g. core and cluster models of support, extra care housing and shared lives placements.

4.4 The alternatives for people currently living in supported living accommodation are:

- Residential Care model similar to the Springhill new development.
- Extra Care Housing
- Self-Contained accommodation supported by community services, either attached to the accommodation or on an outreach basis
- Shared Lives placements
- Specialist Residential Care
- Older Persons Residential Care

4.5 The aim of the three year plan is to ensure individual service users are able to live in the most appropriate model of care based on their assessed needs funded by their allocated personal budgets. It is important to note that service users in group homes hold tenancies and any move to alternative types of accommodation will involve

working closely with the service users, their families, friends, and advocates.

- 4.6 In order to develop the Supported Living 3 year plan the care management team has considered the possible future living options for all 263 people currently in Supported Living placements. The possible reductions in the number of Supported Living tenancies as a consequence of this exercise form the basis of the proposed savings. It must be noted that this is an initial estimate based on the knowledge of care managers and it is therefore likely to change when the individual person centred work commences with individuals and their families/ advocates and when discussions take place with providers; consequently the projected savings are subject to change.
- 4.7 Based on the initial work it is anticipated that the spend on the service users who are currently accommodated in Supported Living services will reduce from £11.8 m to £10.4 million. This reduction includes the costs of alternative service provision.
- 4.8 Additionally some costs of the remaining Supported Living placements will be met through providers accessing Intensive Housing Management and further savings will be achieved on the inflationary pressures due to the National Living Wage (assumptions were based on a higher amount of service than will actually be required as the reductions are progressed).
- 4.9 The services that are in the pipeline to deliver some of the alternatives in 2017/18 will not be in place from the 1st April 2017 and so the 2017/18 savings will be part year savings only. This has been factored into the 17/18 savings.

### **5. Commissioning Plans to support the delivery of the 3 year plan**

- 5.1 The success of the 3 year plan will depend on our ability to develop the alternative models of service with providers. Adult Care is currently working with a number of housing and support providers to develop alternative and appropriate accommodation offers within the borough to meet the needs of people currently in Supported Living. These commissioning plans are dependent on a range of factors e.g. obtaining planning permission or the availability of investment funding. Consequently, there are some risks associated with the delivery of this change programme.
- 5.2 In addition to the existing plans we will need to commission other additional services including additional residential placements, some of which will be specialist placements, and additional extra care housing placements. There will be some challenges and risks associated with these additional commissioning requirements. It is important to note that the 3 year plan does not currently take into account any new placements that may be required through transition or because of the breakdown of care arrangements for people with Learning Disabilities who are living at home with family. Factoring in these requirements will increase the commissioning requirements further this is factored into the normal budget process.

### **6. Impact on the Market**

- 6.1 General Public are consulted as part of this consultation.
- 6.2 Adult Care currently works with a number of service providers who deliver Supported Living services to people with learning disabilities, some of which are out of borough placements. Appendix 1 provides information on the numbers of supported living properties currently managed for Rochdale borough service users. There are five main providers within the borough who have the largest volume of Supported Living placements. The provider relationship with commissioners is generally good and providers have worked effectively with us to achieve previous savings proposals.
- 6.3 The 3 year plan would provide both opportunities and challenges for these providers. The service will manage the process and would include the full involvement of the providers, noting the requirement to ensure market provision to meet need.
- 6.4 Savings have been factored in for years 1 and 2 of the 3 year plan. However, as described earlier in the report, due to the changes required, there may be fluidity between the amount of savings achieved in each of these years.

### 7 Financial Implications

The saving proposal is 12% of the total budget for the area of service affected when the 2019/20 is taken into account.

- 7.1 Table 1 provides details of the savings from 2017/18 and 2018/19 to Remodel Supported Living offer for people with Learning Disabilities. The 2019/20 savings are expected to generate a further £473k savings.

	<b>Savings 2017/18</b>	<b>Savings 2018/19</b>	<b>Total savings</b>
	<b>£k</b>	<b>£k</b>	<b>£k</b>

	<b>On-going</b>	<b>One off</b>	<b>On-going</b>	<b>One off</b>	<b>On-going</b>	<b>One off</b>
Employees						
Other Costs	200		727		927	
Income lost						
<b>Net savings</b>	<b>200</b>		<b>727</b>		<b>927</b>	
Additional income generated						
<b>Total savings</b>	<b>200</b>		<b>727</b>		<b>927</b>	
Implementation costs						
<b>Total savings less implementation costs</b>	<b>200</b>		<b>727</b>		<b>927</b>	

### 8 Asset implications

- 8.1 There are no asset implications arising from this report for the Council. The group homes are generally provided by Registered Social Landlords (RSLs). As there will be a reduction in the number of supported living group homes the RSLs will have a number of properties that will no longer be required, some of which have been adapted to meet the needs of service users e.g. two properties into one. This may affect the business plans for the RSLs at a time when they are also facing reductions in their income.

### 9 Voluntary Sector impact

- 9.1 9 of the 18 Provider Organisations which deliver Supported Living Services are charities and 2 are Community Interest Companies. As part of the impact of this proposal there may be opportunities and challenges for some of the providers.

### 10 Consultation

- 10.1 The Council must ensure that it remains open-minded throughout the consultation period to all alternative proposals and expressions of interest.

### 11 Alternatives considered

- 11.1 Members could decide not to take the proposal forward and identify alternative savings proposals.

### 12 Risk Assessment Implications

- 12.1 The following risks arise from the issues raised in this report as set out below:

Risk	Mitigation
<b>Having Alternative options in place for moves</b>	
<p>Moves and savings depend on the new developments for Residential and Extra Care being ready within the cost envelope identified in the timescales we need. Development work is increasingly challenged by costs, planning approvals and the overall capacity in the market.</p> <p>Any additional market incentives offered could reduce the proposed savings in this report</p>	<p>Work with providers in promoting new developments.</p> <p>Work with Planners to update on Adult Care Strategic Plan and Priorities.</p> <p>Consider offering additional incentives, e.g. to cover under occupancy to encourage market development of the new models</p>
<p>Other providers develop outside the commissioning plan and clients prefer those offers, which are more costly</p>	<p>Work on cost model by Adult Care which informs providers and the market of the costs Adult Care will fund, in line with the allocation of personal budgets.</p>
<p>There is a risk that providers will provide an over supply of alternatives to group homes in the market, if they do this independently of commissioners</p>	<p>Liaise with the market to try and avoid this, but limited commissioning control of this and other LAs are experiencing the same</p>
<b>Care Management and Needs assessment</b>	
<p>Significant care management support and review will be needed on this project. It</p>	<p>Care management will need resources to</p>

would need to be in the client's Best Interests to support the options. Advocates will need to be involved for a number of clients	work with clients and families
Service users in supported living services have tenancies and so may challenge any suggested moves.	Any moves will be based on individual assessed needs and indicative personal budgets leading to a decision on the most appropriate living arrangements for individuals. Any decisions will be managed with the full input of service users, families and advocates.
People have choice of where they live and how their needs should be met within their personal budget, some may choose not to accept the offer being made as part of this 3 year plan	Care management work closely with Service Users, families, providers and advocates on the proposals
Risk from Providers	
Providers may object to moves	Continue to manage the relationships with providers positively and be flexible in relation to proposed moves based on provider knowledge of individuals.
Some Supporting Living providers may not be viable following the changes. The spread of impact covers all big providers, but some providers may decide their position in Rochdale is not financially viable with the numbers of properties available to them	<p>Discussions have started with providers on the possible plan and the potential impact on their business.</p> <p>Commissioning and care management will work with providers on market viability and work with them on any provider exit plans needed</p> <p>Commissioners will keep providers informed of plans for additional alternative models of service delivery</p>



Financial	
An assumption has been made around the level of extra care provision for clients moving in, but this will need further work once more detailed individual need assessments are fully available.	Work with the provider of Extra care on the proposed needs of users and cost modelling
A reduction in savings may result in Supported Living houses are underutilised for a period of time as people are moving	Costs to be factored into the budget process.
There is a possibility that when moves take place smaller numbers of service users remain in the group homes until alternative options are identified for the remaining service users or strategic moves can be implemented that bring service users with similar needs together in supported living. This will increase the costs because 24 hour provision would need to continue for smaller numbers of service users. There will also be increased void costs for housing providers. This may lead to providers letting these vacancies to service users from out of borough which will impact on our strategic plans.	Work closely with providers and housing providers in relation to the implementation of the strategy and Transitional Costs to be factored into future budget processes.
13. Legal Implications	
The user and landlord have a separate contractual relationship through the occupation agreement, which could be in the form of a tenancy or licence agreement. Adult Social Care are not a part of that contractual relationship	Adult Care to work with RSLs in relation to this proposal
There is a right to respect for family life under the Human Rights Convention and some service users who have lived in a supported living group home for some time	Adult Care management to support individuals and family members in relation to this proposal

may have built a family type relationship with the tenants they live with and by definition of breaking this up this could constitute a breach of their right to respect for family life	Advocacy to be used where appropriate
Some service users will have mental capacity to make decisions and some will not and will need to have decisions made on their behalf and in their best interests. This will have a bearing on how long the whole process will take	The Legal Framework in relation to Mental Capacity to be followed

### **14 Personnel Implications**

- 14.1 The proposals outlined within this report will not have any personnel implication for the Council's workforce.

### **15 Equalities Impacts**

#### **Workforce Equality Impacts Assessment**

- 15.1 There are no workforce equality issues arising from this report.

#### **Equality/Community Impact Assessments**

- 15.2 The following equality/community issues arise from the issues raised in this report as set out below:

The main conclusions from the EIA are as follows:

- There is a differential impact on people with learning disabilities as a result of this proposal
- There is a differential impact on older people with learning disabilities as a result of this proposal

The recommendations to mitigate these differential impacts are as follows:

- Service users, families and advocates will be fully involved in the assessment and decision making process
- Any moves will be made on the basis of an individual assessment of the service user's needs and the adoption of a person centred approach in relation to what is the best option for the individual service users

- The assessments will include any relevant capacity assessments and best interest decisions
- Providers will be fully involved in the process because of their expert knowledge of the service users
- Market development for new models of provision that meet the needs of the protected groups

### APPENDIX 1

	Number of current properties	Current Number of units/Clients
<b>Total</b>	<b>109 properties</b>	<b>263 clients</b>

### EQUALITY IMPACT ASSESSMENT FOR SAVINGS PROPOSALS

1. Please state the name of the officers leading the EIA

XXXX XXXXXXXXXXXXX

2. Who has been involved in undertaking this assessment?

Members of staff from the following departments have been involved in undertaking this EIA

- Care Management
- Commissioning

3. What is the scope of this assessment?

Currently, 263 clients are supported in Supported Living Group home settings in tenancies. Adult Care funds the social care support of these clients.

A number of clients in Supported Living Group Homes are living longer lives. New models of provision are needed to meet the demographic changes. This will involve the decommissioning of some group homes and an offer of more extra care and residential models within the borough

The group home model of care does not provide value for money, with average costs of around £872 per week, and our spend being significantly higher than most of our comparator councils. This has significant financial impact on the Council. This proposal is based on the implementation of a 3 year plan which involves reviewing individual's needs in a person centred way and using their indicative personal budgets to move them into alternative models of service delivery that better meet their needs whilst also reducing the cost of provision.

The scope of this assessment is to understand the impact these proposals may have on clients, families and providers and new commissioning needed to support the 3 year remodelling of Supported Living.

4 a).What does the function currently do?

b).Describe the needs which this service meets?

- a. The Supported Living Group Homes environment offers choice, control and community inclusion for adults with a Learning Disability to ensure their individual needs are met. Within supported living group homes, people with Learning Disabilities own or rent their home. They normally share a property with 2-3 other people. The contractual relationship for Housing does not include Adult Care. Adult Care fund the support that clients are assessed as needing to live as independently as possible within a group home setting. Supported Living assumes that all people with learning Disabilities, regardless of the level or type of disability, are able to make choices about how they live their lives. To do this, some clients will need advocates or others to act for them, within the agreed legal frameworks
- b. The social care provision funded by Adult care, meets the statutory needs assessed according to the Care Act 2014. These needs could include Personal care and support with socialisation. In addition, Health may also fund health needs identified through the assessment process.

5. What proposed changes do you wish to make?

The aim of the three year plan is to move individual service users into more appropriate models of care based on their individual assessed needs and their indicative personal budgets. It is important to note, however, that service users in group homes hold tenancies and so any moves will involve working closely with the service users, their families and friends and any advocates to explain the benefits of any proposed moves and how the alternative service models will better meet their needs.

The alternative service delivery options to which people currently living in supported living accommodation could move to are:

- Residential Care model similar to the Springhill refurbishment
- Extra Care Housing
- Self-Contained supported living flats where the service user has their own front door
- Shared Lives placements
- Community outreach services
- Specialist Residential Care
- Older Persons Residential Care

6. Who are the key stakeholders who may be affected by the proposed changes?

Clients of Supported Living Service provision

Families and carers

Advocates

Providers of Supported Living

Registered Social Landlords  
 Advocates  
 Strategic Housing  
 Council's Property Services and Planners  
 Clinical Commissioning Group  
 Community Providers of services

7. What impact will this proposal have on all the protected groups?

### Race Equality

We currently have no specialist Supported Living for Ethnic Groups .All assessed needs are met through individual needs assessments and this will continue in other service models

I have attached a summary of the ethnicity profile as captured on the system, this breaks the figures down.

Caribbean	1	0.38%
Other Asian Background	1	0.38%
Other Black Background	1	0.38%
Other Ethnic Group	2	0.76%
Other Mixed Background	1	0.38%
Other White Background	1	0.38%
Pakistani	4	1.52%
White & Black African	1	0.38%
White & Black Caribbean	1	0.38%
White British	241	91.63%
White Irish	1	0.38%
Unknown	8	3.04%
<b>Grand Total</b>	<b>263</b>	<b>100.00%</b>

<b>Disabled People</b>
<p>As this proposal only affects people with Learning Disabilities there will be a differential impact on this group of people within the protected group of disabled people.</p> <p>Within the learning disabilities protected group the impact will be on those individuals who may move as a consequence of the strategy which will not become apparent until detailed work on an individual basis in relation to the strategy is completed. The mitigation for any impact will be that the moves will be to alternative accommodation options that will be more suitable to the individual needs of the person. Also, any moves will be as a result of individual person centred assessments of need and conversations at an individual level with service users and their families/ advocates about any alternative accommodation options.</p>
<b>Carers</b>
<p>There should be no differential impact</p>
<b>Gender</b>
<p>There should be no differential impact</p>
<b>Age</b>
<p>There will be a differential impact on older people with learning disabilities as part of the proposal is aimed at moving older people with learning disabilities into more suitable accommodation to meet their needs.</p> <p>The impact will be on those older people with learning disabilities who may move as a consequence of the strategy which will not become apparent until detailed work on an individual basis in relation to the strategy is completed. The mitigation for any impact will be that the moves will be to alternative accommodation options that will be more suitable to the individual needs of the person. Also, any moves will be as a result of individual person centred assessments of need and conversations at an individual level with service users and their families/ advocates about any alternative accommodation options.</p>
<b>Armed Forces and Ex-Armed Forces Personnel</b>
<p>There should be no differential impact</p>
<b>Religion or Belief</b>
<p>There should be no differential impact</p>



<b>Sexual Orientation</b>
There should be no differential impact
<b>Gender Reassignment</b>
There should be no differential impact
<b>Pregnant Women or Those on Maternity Leave or Those who have given Birth in the Previous 26 weeks</b>
There should be no differential impact
<b>Marriage or Civil Partnership</b>
There should be no differential impact

### 8. Conclusions and Recommendations

<b>What are the main conclusions and recommendations from this analysis?</b>
<p>The main conclusions are as follows:</p> <ul style="list-style-type: none"><li>• There is a differential impact on people with learning disabilities as a result of this proposal</li><li>• There is a differential impact on older people with learning disabilities as a result of this proposal</li></ul> <p>The recommendations are as follows:</p> <ul style="list-style-type: none"><li>• Service users, families and advocates will be fully involved in the assessment and decision making process</li><li>• Any moves will be made on the basis of an individual assessment of the service user's needs and the adoption of a person centred approach in relation to what is the best option for the individual service users</li><li>• The assessments will include any relevant capacity assessments and best interest decisions</li><li>• Providers will be fully involved in the process because of their expert knowledge of the service users</li><li>• Market development for new models of provision that meet the needs of the protected groups</li></ul>

**9. In the box below please provide details of who you will consult with on the proposals, when you consult, and the methods which you will use to consult. In the box below**

***The Consultation and Inclusion Methodology Used***

**General Public-** Consult via the Consultation Hub

**Clients and their representatives-** Consult through providers, through care management, through e:mail, Learning Disability Partnership Board

**Learning Disability Partnership Board-**Feedback to be requested at meetings to be minuted and other chosen methods of feedback e.g. email

**Providers of Supported Living Services-**Face to face individual provider meetings with commissioners, Learning Disability Provider Forum

**Registered Social Landlords-**Through letter and individual requests to meet

**Service specific providers e.g. Advocacy-** Face to face meetings with individual providers

**Other Council Departments potential affected e.g.** Planning, Strategic Housing , Property Services

**Carers-**Consult with Carers Groups via the Carers Resource Centre and their carers groups. Feedback will be taken from their existing meeting groups and by email

**10. Produce an action plan detailing the mitigation measures that you propose to put in place to address any adverse impacts.**

Mitigation Measure	Action	Responsible Officer	Implementation Date	Review Date	Evaluation Measure
Service users, families and advocates will be fully involved in the assessment and decision making process	Care management to review needs and options with clients and their representatives  Keep all other relevant people updated e.g. commissioners and providers, as appropriate	XXXX X XXXXX	Savings proposal approval and onwards	November 2016 then monthly review of progress against targets	Are move on plans on target to meet savings and meet individual needs
Any moves will be made on the basis of an individual assessment of the service user's needs and the adoption of a person centred approach in relation to what is the best option for the individual service users	Care management to review needs and options with clients and their representatives  Keep all other relevant people updated e.g. commissioners and providers, as appropriate	XXXX X XXXXX	Savings proposal approval and onwards	November 2016 then monthly review of progress against targets	Are move on plans on target to meet savings and meet individual needs
The assessments will include any relevant	Care management to ensure that all required capacity	XXXX X XXXXX	Savings proposal approval and onwards	November 2016 then monthly review of progress	Are move on plans on target to meet savings

## Savings Proposals 2017/18 & 2018/19 – Group 1

capacity assessments and best interest decisions	assessments and best interest meetings are carried out as part of the individual reviews			against targets	and meet individual needs
Providers will be fully involved in the process because of their expert knowledge of the service users and will be kept updated and involved in the delivery of the plan.	Meet providers to update  Listen to Provider views  Improve plans for clients using feedback	XXXXXX XXXXXX	September - Nov 2016 and ongoing	19 <sup>th</sup> Sept 2016, then monthly review of progress against targets	Are move on plans on target to meet savings and meet individual needs
Market development for new models of provision	Take opportunities from providers in developing the new offers of service delivery e.g. Extra Care with appropriate cost models  Tender residential provision at the Springhill Resource Centre	XXXXXX XXXXXX	September - Nov 2016 and ongoing	19 <sup>th</sup> Sept 2016, then monthly review of progress against targets	Are new models of provision identified for the timescales in the plan