



NOTICE OF MEETING

HOUSING & SOCIAL CARE SCRUTINY PANEL

FRIDAY, 26 OCTOBER 2018 AT 2PM

THE EXECUTIVE MEETING ROOM - THIRD FLOOR, THE GUILDHALL

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If any member of the public wishing to attend the meeting has access requirements, please notify the contact named above.

Membership

Councillor Luke Stubbs (Chair)
Councillor Jason Fazackarley
Councillor Leo Madden

Councillor Claire Udy
Councillor Steve Wemyss
Councillor Tom Wood

Standing Deputies

Councillor Ben Swann
Councillor David Tompkins

Councillor Neill Young

(NB This agenda should be retained for future reference with the minutes of this meeting).

Please note that the agenda, minutes and non-exempt reports are available to view online on the Portsmouth City Council website: www.portsmouth.gov.uk

AGENDA

1 Apologies for Absence.

2 Minutes of the previous meeting. (Pages 3 - 6)

RECOMMENDED that the minutes of the meeting held on 8 March 2018 be agreed.

3 A review into models of supported accommodation for people with learning disabilities and whether similar provision can be extended to

others with a support need. (Pages 7 - 46)

RECOMMENDED that this report be signed off by the panel.

4 Consideration of potential review topics. (Pages 47 - 64)

Andy Biddle, Acting Deputy Director and Alison Cloutman, Supported Housing Business Partner will help the panel select its next possible review topic.

Attached is an overview of the Adult Services Sustainability Strategy.

Members of the public are now permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting or records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue.

Agenda Item 2

HOUSING & SOCIAL CARE SCRUTINY PANEL

Minutes of the meeting of the Housing & Social Care Scrutiny Panel held on Thursday, 8 March 2018 at 3pm at the Civic Offices, Portsmouth

Present

Councillor Darren Sanders (in the Chair)
Alicia Denny
Leo Madden

31. Apologies for Absence. (AI 1)

Councillors Colin Galloway, Gemma New and Steve Wemyss sent their apologies for absence.

32. Declarations of Members' Interests. (AI 2)

The Chair declared a personal, non-prejudicial interest: he is a member of Milton Neighbourhood Plan Steering Group which oversees the Neighbourhood Plan covering Langstone and St James Hospital sites.

33. Minutes of the meeting held on 15 February 2018. (AI 3)

RESOLVED that the minutes of the previous meeting be agreed as a correct record.

34. Review into models of supported accommodation for people with learning disabilities and whether similar provision can be extended to others with a support need. (AI 4)

Claire Upton-Brown, Assistant Director of Culture & City Development asked the panel to note that:

The Local Plan Review had just started and the council is examining the different evidence bases to understand housing need. This evidence must be up-to-date and relevant. Approximately 20% progress has been made.

Previously the evidence for housing need had not been broken down into categories.

Strategic sites, those that can support more than 250 dwellings, are reviewed to see if different housing needs can be accommodated as part of the site specific policies.

The council is required to demonstrate that any plans are evidence-based, deliverable, realistic, viable and compatible with other plans.

As the plan is for a minimum of 15 years, it is important that it is not too prescriptive.

All Local Plans that are going to examination are monitored by the council. Guildford council has drafted a policy for well-designed, special sites. It has encouraged generic, evidence-based on housing need. Bedford Borough

Council took a different approach. Its policy on housing mix for sites with more than 100 dwellings must include an element of special learning disabilities or health needs. Islington council is using its Housing Strategy to identify how to deliver specialised housing need. None of these plans have been submitted for examination, so the Inspector had not determined whether these are sound policies.

The new local plan will look at evidence of housing needs and how these might be accommodated.

In response to questions, she clarified the following points:

The Planning Committee considers the use of the land and not the needs or possible behaviour of the potential tenants or owners of a building.

In November 2013, NHS Property Services announced that it would release the St James' Hospital site. The council approached the Homes and Communities Agency which enables good planning. This site posed significant challenges including the infrastructure, a listed building and the landscape which need to be dealt with in order to achieve the best outcome for the whole site. The HCA acquired the site during phase 1. This took longer than expected. The council worked with all the organisations involved including Milton Neighbourhood Forum in order to develop a Neighbourhood Plan. This dovetailed with other work. The planning application will come to committee. It is not possible at the moment to say whether the council could insist that a minimum number of supported housing units be built on the site. She is very keen that the site retains health care facilities as there is evidence of demand for care users.

There are many competing objectives for land use including: environmental, housing, retail, employment, commercial and health services.

The draft National Planning Policy Framework had recently been published and proposes many changes. She needs to read it fully to understand the full implications.

The panel noted that:

Although a community centre was wanted in Tipner, none was put in. Better relationship with the landowners on SJH site.

The council should insist that developers include supported living accommodation on this site.

It could be easier to convert small, infill sites around the city could be used for supported living accommodation.

Residents can be apprehensive when planning applications are submitted in their vicinity for supported living accommodation.

The council could make a spend to save investment to build or convert more supported living accommodation.

In response to questions, Alison Cloutman, Supported Housing Business Partner, Property and Housing explained that:

There is a huge demand for flats with specialist accommodation and more supported living accommodation is required.

She would welcome a number of units being reserved for affordable housing and a proportion reserved for the supported living portfolio provided that it was viable for the development.

Converting business or retail premises can cost more than building a new building. However, many conversions have been carried out including a former public house and a rehabilitation unit.

She would recommend a maximum of 12-15 flats in one road in order to avoid the risk of developing ghettos.

If all the residents at a shared supported living accommodation that the panel visited earlier that day, decided that they wanted to move to independent accommodation, there would be a wait.

Action

It was agreed that a list of Property demands from Adult Social Care would be shared with the panel once Alison had received it.

The meeting concluded at 4:50pm.

Councillor Darren Sanders
Chair

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Portsmouth
CITY COUNCIL

Housing and Social Care Scrutiny Panel

A REVIEW INTO MODELS OF SUPPORTED ACCOMMODATION FOR PEOPLE WITH LEARNING DISABILITIES AND WHETHER SIMILAR PROVISION CAN BE EXTENDED TO OTHERS WITH A SUPPORT NEED.

Date published: 26 October 2018.

Under the terms of the council's constitution, reports prepared by a scrutiny panel should be considered formally by the cabinet or the relevant cabinet member within a period of eight weeks, as required by Rule 11(a) of the Policy & Review Procedure Rules.

Preface

Over recent decades, there has been a national push to move people with disabilities out of institutions and into more residential settings.

Driven by both a desire to improve care and a need to cope with an ever more challenging financial environment, local authorities across England are moving people with social care needs out of care homes and into Supported Living, a model that seeks to maximise clients' independence.

Portsmouth is ahead of the curve in this regard, with the large majority of its Learning Disability residential clients already living in Supported Living rather than care homes. That's good, but is there more that can be done? This report attempts to provide some answers to that question.

Partly through having its own housing stock, Portsmouth City Council has been able to develop a portfolio of properties, focused on Learning Disability clients. In the near future there will be opportunities to extend this to encompass people with mental health issues and perhaps to NHS clients in receipt of Continuing Healthcare, the latter being enabled by a close working relationship with local healthcare partners.

The review of the Local Plan may provide a means of securing extra Support Living accommodation through the planning obligations system, but much of the cost providing further units is likely to remain with the city council. The Cabinet may wish to consider making a long-term funding commitment, so that money is set aside in the Capital Budget every year to finance additional accommodation, in much the same way that the Landlord's and Schools' Maintenance are funded.

Overall, the panel considers that this authority is doing a good job at providing Supported Living housing and that the standard of the accommodation offered is high. There is however always more that can be done.

Membership changes in May meant that fully ten councillors have been involved as regular members of this committee during the preparation of this report. All deserve thanks for their input, as do the officers that gave evidence and those involved in putting together this document.

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Councillor Luke Stubbs
Chair, Housing and Social Care Scrutiny Panel
Date: 26 October 2018

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List of Abbreviations Used.

Abbreviation	Definition.
CCG	Clinical Commissioning Group
EHC	Education and Health Care
HCA	Homes and Communities Agency
LD	Learning Disabilities

Executive Summary.

1. To understand the context of the provision and changes made over the last ten years.

The Care Act 2014 strengthened the rights of service users to make their own decision about their lives and the Housing Strategy Programme which is part of the Learning Disabilities (LD) Transformation Programme sets out to address a number of critical pressures and deliver a clear set of outcomes related to people's housing and support.

The Local Plan will set out the planning strategy to meet future development needs for the period up to 2034. When reviewing this plan, the council will consider the different housing need including supported living across the city.

Educational Health and Care Plans identify educational, health and social needs of children and young people aged up to 25 and set out the additional support required to meet those needs. The EHC planning process is being developed and will in time enable more intelligent commissioning of housing and support.

2. To evaluate the current provision.

The process for allocating supported living accommodation was explained.

The recently renewed framework arrangement for dealing with providers provides more flexibility than the previous one. The number of providers is sufficient for healthy market competition but few enough to enable the service to maintain a good knowledge of the providers.

The majority of properties used by the LD service are owned by the council which means that there is more flexibility for the tenants' needs. A 100% occupancy rate is aimed for but at the time of this review there were some vacancies.

Inefficiencies may exist where there is a range of need in care delivery but more use of technological support might be a possible solution.

3. To analyse the different models available.

Forty eight council-owned properties currently provide homes for 231 adults with LDs and autism in the following models: shared living; residential homes; accessible housing; shared lives; own tenancy with floating support and ownership with support. The waiting time for the different types of accommodation varies.

Over the last six years, accommodation has been created for every pathway. Flexibility was key to achieving this. Different types of housing may be suitable at different times of people's lives.

Representatives from five providers explained the range of services that they provide for people with LDs.

The council currently supports 53 people who live outside the city at a cost of approximately £4m. There is insufficient accommodation in the city to rehouse them all if that were to be required.

Work is underway to try to improve the take up of support services by black, minority and ethnic communities and those with strong religious beliefs. Some people are reluctant to access even outreach support services as they feel it is their duty to look after relatives and there may be a perceived stigma to requesting help.

4. To consider the current and potential outcomes for people with LDs.

The council is the third highest achieving in the South East in terms of the proportion of people in supported living as opposed to residential care and consequently spends on average £100 less per week than any other authority in the South East on residential care places.

There has been a significant cultural shift in terms of the running of the council's LD service with the focus now on what people are able to do and what they want to achieve. The council revolutionised the manner in which the support services are commissioned and clear strategies were introduced. Having named workers, proactive work to identify desired housing and support outcomes and a positive working relationship with the Housing Department all contribute to the great steps forward that have been taken.

The LD team is integrated with other key professionals including health care officers to provide services tailored to the service users' desired outcomes. However, it was recognised that more needs to be done to build models around the needs of client groups and increased flexibility on the pathway.

Every council owned supported living property was assessed to ensure that it is up to standard and still required. Following that, some moves were made and consequently the waiting list was significantly reduced.

The Business Partner for Adult Social Care was appointed the Business Partner for Children's & Family Services in order to realise improvements and cost savings in this directorate once there was a better understanding of housing needs.

Discussions were underway with many organisations regarding possible internships for service users.

The panel visited tenants at their supported living home in Portsmouth who explained that they were very happy with the varying levels of tailored support that they receive.

The Housing and Support Transformation Strategy sets out a programme of development for the next eight years which will support substantial savings and improved outcomes. In 2018/19 the council is predicted to save £397,000.

The NHS England 'Transforming Care ' programme requires authorities to develop local alternatives to secure unit placements. There are very few people placed in secure units outside of the city; far fewer than would be indicated by population. This

is partly due to the proactive approach of the integrated LD Team in particular the Intensive Support Team.

5. To understand the increased demand, not just from people with LDs but from Adult Social Care as a whole.

The number of people with LDs is increasing for a number of reasons. The biggest single cause of LD is now foetal alcohol syndrome.

It is very difficult to predict future demand because people requiring support may move into the city at any time and supported living may be requested for adult children with LDs who currently live with their parents.

The revenue costs of future demand might be met from revenue funding. The complex needs service should make savings through economies of scale resulting from a larger setting. The future size of the capital fund in future is not known. Borrowing for viable schemes is permitted provided that the predicted savings would not exceed the cost of the debt. Both budgets will continue to be under pressure due to reductions in government grants. It is important that the potential impact on the providers is fully understood and minimised. There are opportunities for more efficiencies to be made.

The council currently spends £7,376,174 for support and accommodation within the city and £4,191,576 outside of the city. Costs have not increased proportionately to demand because projects are designed to make savings and some people have been transferred from out of city placements.

Many adults with LDs also receive Continuing Health Care support for on-going health needs and their living costs are shared between health and social care. However, many children's behaviour issues are not seen as a health issue so social care supports them.

In order to meet demand, more capacity is required in the pathway for people with physical and LD, more services to support people with challenging behaviour, more flats with specialist accommodation and more supported living accommodation for different cohorts including mental health services and continuing health care. It is not known whether the council could insist that a minimum number of supported housing units be built on the former St James' Hospital site in Milton.

The council as a housing provider follows its housing allocation policy. It is important that the general needs population is not treated as a poor relation. If everyone has a right to live independently, the impact on everyone must be considered.

6. To learn from other local authorities' LD services.

Hampshire County Council focusses on providing more for the most able service users and the less able attend traditional day services.

Some local authorities have successfully introduced Key Ring as a model where individuals with support needs are encouraged to join a support network.

Authorities are at different stages with the use of assistive technology and in Portsmouth a range of tools is being used.

GR8 is a national initiative to improve independence through training and facilitating shared knowledge between independent sector providers, carers, service users and at the moment one local authority Portsmouth. The council's approach is set out in the Housing and Support Strategy.

Although many local authorities have more providers eligible to bid for service provision than Portsmouth, they do not receive more bids. Portsmouth's costs are significantly lower than in neighbouring authorities.

Portsmouth is fortunate in being a unitary authority in that it does not need to collaborate with district councils regarding housing development.

The following councils had submitted plans to the Planning Inspectorate for approval:

- Guildford Borough Council drafted a policy for well-designed, special sites based on housing need.
- Bedford Borough Council took a different approach. Sites with more than 100 dwellings must include an element of supported living accommodation for people with LDs or health needs.
- Islington Council will use its Housing Strategy to identify how to deliver specialised housing need.

7. To consider whether this model of housing could be used to help other people with a support need.

There will always be a demand for supported accommodation for many types of service users including people with LDs, mental health issues, continuing health care needs or for looked after children.

The LD team's models of working would work equally well for people with mental health issues as the team deals with many of the same issues and has similar solutions. The team is developing its own housing support strategy and adult social care is keen to develop one too.

Service providers explained that although many carers find the work rewarding, recruitment is difficult because the pay is low and the work has a negative reputation. Consequently, all of them are reviewing the recruitment process. It is important to review staff's skills base to ensure that the right people are in the right positions. The Domiciliary Care agencies focus on unit costs and are not currently in a position to provide what the council requires e.g. more skilled staff and more focussed work. Providers are concerned about the effect of a recent ruling which gave care home staff the right to the national living wage for night shifts. The sector should work more closely together to raise the profile and share good practice.

More investment in assistive technology is required to enable savings, empower individuals and enable staff to focus on providing emotional support. In order to create smart houses, technological infrastructure needs to be hardwired when the houses are built.

There is no optimal model as service users' needs are diverse; a range of flexible options is required. Central to every model has to be a commitment to maximising independence and promoting social inclusion.

It might be possible to move 30 people with LDs back into the city provided a thorough needs assessment is carried out. Out of city placements are expensive because they are specialist services which are in short supply. Portsmouth is in the process of developing local alternatives that support reduction in costs and better outcomes through engagement with the local health and social care team.

Local authorities are required to look into providing suitable educational facilities in the city for pupils with LDs. This would mean that some of the children who are currently in residential education units outside the city could be brought back and live at home.

Conclusions.

The panel acknowledged:

1. The continued increase in demand for properties within the supported housing portfolio coming from but not limited to those with LDs, mental health issues, Continuing Health Care and Children's & Family services.
2. Adult Social Care had made and continues to make placements outside the city boundaries for a number of reasons and associated costs are increasing.
3. The increased use of technology is very useful and cost effective.

The panel welcomed:

4. The joint appointment of a Business Partner for Adult Social Care and Children's & Family Services as this should lead to savings.
5. The reduction of proportion of people in residential care and the resulting savings and better outcomes for service users.

The panel recommended that:

1. **Consideration be given to a specific capital allocation per year to enable the continual development of supported housing council wide. This budget could sit alongside successful grant funding within the financial appraisal to enable more developments to come to fruition earlier.**
2. **Any increase in provision of supported living be firstly used to repatriate individuals who are currently placed out of the city where it suits that individual. The savings generated from this could be used to offset the cost of borrowing for the scheme.**
3. **Increased use of technology be considered for all schemes, not just new builds or refurbishments. Those schemes already using technology should also be considered as it may be possible to adjust the care provision within the homes.**
4. **A financial appraisal be developed for each scheme and that the Business Partner Capital delivery undertake to deliver the schemes supporting Housing, Neighbourhood and Building Services own internal teams.**
5. **The Business Partner compile a yearly report detailing the demand and spend to support the decision for the allocated funding each year prior to the city council's budget meeting.**

6. Consideration be given to developing a policy with the core strategy to require a proportion of supported housing to be delivered in major developments.

7. Opportunities to work with the Portsmouth CCG to reduce Continuing Healthcare costs be investigated.

1. Purpose

The purpose of this report is to present the Cabinet with the recommendations of the Housing and Social Care Scrutiny Panel following its review into models of supported accommodation for people with LDs and whether similar provision can be extended to others with a support need.

2. Background

2.1 At its meeting on 14 December 2017 the Housing and Social Care Scrutiny Panel agreed the scope of the review:

1. To understand the context of the provision and changes made over the last ten years.
2. To analyse the different models available.
3. To evaluate the current provision and review the plan for the portfolio's future.
4. To consider the current outcomes for people with a LD and potential outcomes.
5. To understand the increased demand, not just from people with learning LDs but from Adult Social Care as a whole to extend the portfolio beyond its current remit.
6. To learn from other Local Authorities LD services.
7. To understand the potential to extend the current provision and develop an accommodation offer for adults with a wider range of social and health care needs.
8. To consider whether supported housing improves outcomes for people with a LD.
9. To consider whether this model of housing could be used to help other people with a support need.

On 26 October 2018 these objectives were amended to the following:

1. To understand the context of the provision and changes made over the last ten years.
2. To evaluate the current provision.
3. To analyse the different models available.
4. To consider the current and potential outcomes for people with LDs.
5. To understand the increased demand, not just from people with LDs but from Adult Social Care as a whole.
6. To learn from other Local Authorities LD services.
7. To consider whether this model of housing could be used to help other people with a support need.

2.2 From 16 November 2017 to 14 May 2018, the panel comprised:

Councillors: Darren Sanders (Chair)
Gemma New (Vice Chair)
Alicia Denny
Colin Galloway
Leo Madden
Steve Wemyss

The Standing Deputies were Councillors Lee Hunt, Hugh Mason, David Tompkins and Matthew Winnington.

From 15 May 2018 the panel comprised:

Councillors: Luke Stubbs, Chair
Jason Fazackarley
Leo Madden
Claire Udy
Steve Wemyss
Tom Wood

The Standing Deputies were Councillors Ben Swann, David Tompkins and Neill Young.

- 2.3 The panel met formally on 7 occasions between 16 November 2017 and 26 October 2018.
- 2.4 A list of the meetings held by the panel and details of the written evidence received are attached as appendix 1. The minutes of the panel's meetings and the evidence received are published on the council's website.

3. To understand the context of the provision and changes made over the last ten years.

The Care Act 2014

- 3.1 The Integrated LD Services Manager explained that this act sets out good practice and strengthens the rights of service users to make their own decisions about their lives. Previously, many decisions were made on behalf of service users in a rather paternalistic manner. Since then the person has been at the centre of the plans for their care and the decision-making process is clearer and more transparent.

The LD Transformation Programme 2017-20¹

- 3.2 This programme is based on three key principles:
- People with a LD have a right to work towards the same outcomes as anyone else.
 - The service works best when it works with people, understanding their needs, aspirations and assets and those of their carers.
 - Delivery of improved outcomes can support cost effectiveness.
- 3.3 The Housing Strategy is a key element of the LD Transformation Programme. It sets out to address a number of critical pressures and deliver a clear set of outcomes related to people's housing and support.
- 3.4 There are three over-arching aims that inform the strategy:
1. Change in shape and size of service provision.
 2. Change in culture to one of independence.
 3. Supporting people to be part of their community.

1

<https://democracy.portsmouth.gov.uk/documents/s15415/Transformation%20update%20April%202017.pdf>

- 3.5 The desired outcomes are to:
- Increase the range and choice of available housing and support options.
 - Maximise independence, sense of ownership, and, personal responsibility.
 - Be cost effective.
 - Develop and maintain a local market
 - Support transition into adulthood
 - Reduce financial vulnerabilities around limited provision for specialist services
 - Empower choice and decision making
 - Increase quality in both accommodation and support
 - Increase the sense of belonging, social inclusion and social benefit
- 3.6 One of the drivers of the Transformation Programme was to reduce the number of out of city placements and residential placements and to be more outcome-focussed. There is no conflict between these two aims. A significant amount of work has been carried out to create capacity in the city for vulnerable people.

The National Planning Policy Framework

- 3.7 The National Planning Policy Framework was published by the UK's Department of Communities and Local Government in March 2012, consolidating over two dozen previously issued documents called Planning Policy Statements and Planning Policy Guidance Notes for use in England. The consultation for a revised framework ended in May 2018.

The Local Plan

- 3.8 The Assistant Director of Culture and Leisure explained that the new Local Plan for Portsmouth will set out the planning strategy for meeting future development needs in the city for the period up to 2034. As part of the Local Plan review, the council is examining the different evidence bases it will need to understand the different housing need across the city.
- 3.9 The first stage in preparing the Local Plan is the Issues and Options consultation which set out the council's vision for the city's development, the issues facing the city and the city's proposed approach or options to address them. The consultation took place in August/ September 2017.²
- 3.10 The council is required to demonstrate that its plans are evidence-based, deliverable, realistic, viable and compatible with other plans. As the plan covers a 15 years period, it is important that it is not too prescriptive.

Assessing Housing Needs

- 3.11 Under the previous Local Plan, there was no requirement to break down the housing need into different types so there is currently little evidence on the different categories.

² <https://www.portsmouth.gov.uk/ext/documents-external/lplan-issues-and-options-paper-july-2017.pdf>

- 3.12 Each strategic site³ will be reviewed to see whether different housing needs can be accommodated as part of the site specific policies. There are many competing objectives for land use including environment, housing, retail, employment, commercial and health services. Evidence on housing needs will inform the new Local Plan policies which will shape how this housing need might be accommodated. The council will also learn from other Local Authorities' Local Plans. See section 8 for details of some other councils' policies.
- 3.13 When considering a planning application, the Planning Committee considers the use of the land but not the needs or possible behaviour of the potential tenants or owners of a building.

Educational Health and Care (EHC) Plans

- 3.14 EHC plans are for children and young people aged up to 25 who need more support than is available through special educational needs support. The plans identify educational, health and social needs and set out the additional support required to meet those needs⁴. The Commercial Property & Leasehold Service Manager and the Supported Housing Business Partner informed the panel that the EHC planning process was still being developed and would in time enable more intelligent commissioning of housing and support as information regarding the needs of young people is gathered.

4. To evaluate the current provision.

- 4.1 The Supported Housing Business Partner provided the following information to the panel:

The Process for Allocating Supported Living Accommodation

1. The service user completes the request form and their named worker recommends the type of property they feel will best suit them.
2. The named worker presents their client's case at a Supported Living Panel meeting. The panel comprises the Contracts Officer, the Learning Services Team Manager and the Supported Living Business Partner. They meet fortnightly to consider new applications and the progress made on previous decisions. If an individual's needs change or they have acquired the necessary skills for independent living, they can submit an application for new accommodation.
3. The panel considers the service user's life, work, support network, where they go and what they like to do. The most appropriate pathway is then identified. This may take more than one meeting to allow for further information to be considered or for the service user to visit different properties. Multiple visits may take place to a shared property so that the potential the service user can meet their potential housemates.
4. The individual makes their decision.

³ Strategic sites are those in the Issues and Options that have been identified as capable of accommodating more than 250 dwellings.

⁴ <https://www.gov.uk/children-with-special-educational-needs/extra-SEN-help>

5. The panel proactively plans services and accommodation tailored around the needs of the service user and requests new models of accommodation from the Housing and Property directorate as required.

6. Upon receipt of the referral, the providers carry out their own assessment to ensure that the property is suitable. Each organisation provides a different range of services. A referral may not be appropriate for a number of reasons e.g. if the individual does not get on with the other tenants. There is a broad section of support available. If one provision does not work, there would be other options.

4.2 The Integrated LD Service Manager added that no organisation precludes itself from a referral and no organisation limits itself by solely providing one type of support. It is a meeting of minds between the providers and the commissioners to understand what is needed. The commissioners respect the expertise of the providers and the whole process is more of a partnership.

4.3 The Supported Housing Business Partner explained that there are three levels of prioritisation which the Supported Living Panel will consider when making its decision:

High Priority

People who have the following profiles:

- They have been on the housing waiting list for over 12 months.
- They are currently without accommodation.
- They require unique and bespoke responses to their accommodation needs (e.g. a hoist).
- A Community Care and Treatment Review⁵ has required that they be housed.
- There is an imminent need to change accommodation (e.g. their provider has served notice).

Medium Priority

People who have the following profiles:

- They have been on the housing waiting list for between six and twelve months.
- Their housing has been recognised as not the most appropriate within the Deprivation of Liberty Safeguards assessment⁶ process.
- A known, planned change for the person or their accommodation will occur in three to six months' time (e.g. their family are moving away).
- There are safeguarding concerns about the viability of the placement in the longer term.
- There are increasing risks for the person or others within their current accommodation and a reduced ability to safely manage those risks.
- Their accommodation has been raised as an area of focus within a Best Interest Forum.

Low Priority

People who have the following profiles:

⁵ <https://www.england.nhs.uk/learning-disabilities/care/ctr/>

⁶ <https://www.scie.org.uk/mca/dols/at-a-glance>

- They are in a stable placement but would like to explore other options.
- They have been waiting for less than six months on the housing list.
- There are no concerns about the safety or appropriateness of the service that they are currently receiving.

4.4 The Operations Manager, Voyage Care added that some clients' parents club together to buy or rent a property for their children. People who make self-referrals to her service are at the more capable end of the spectrum and generally require a low level of support.

4.5 The Integrated LD Team Manager informed the panel that at the Kestrel Centre a specialist team of over 60 clinicians deliver services to people with LDs. The team refers individuals for placements via the Supported Living Panel by matching their needs and wishes to the vacancies available. It also facilitates the conversation between the service user and provider and monitors the individual's outcomes.

The Provider Framework

4.6 The Integrated LD Services Manager told the panel that in Portsmouth the LD team deals with a small number of key Supported Living providers via a framework arrangement. The number of providers is sufficient for healthy market competition but few enough to enable the service to maintain a good knowledge of the providers.

4.7 The Commissioning Contracts Officer explained that provider rates in the previous provider framework agreement were not flexible as providers were only able to bid at the rates that they had quoted during the initial tender exercise. Increased cost pressures resulted in progressively fewer bids being received.

4.8 The process of renewing the Supported Living Framework which will have 14 providers (10 main and 4 reserve) is ongoing. This framework was drawn up jointly with the Portsmouth Clinical Commissioning Group (CCG) which oversees the Continuing Healthcare Budget. All independent organisations undergo a series of tests, one of which assesses their financial viability.

Accommodation.

4.9 The Supported Housing Business Partner explained that the council owns the majority of the 48 addresses (with 90 front doors) which are used by the LD service. The council can sometimes be more flexible to service users' needs than housing associations e.g. by offering easy to read tenancy agreements or waiving the need for tenants to give notice when leaving their property. The team aims to have 100% occupancy rate but at the time of this review, there were some vacancies. Sometimes accommodation is held vacant whilst an issue is resolved.

4.10 The Integrated LD Service Manager added that the council has an agreement with providers that vacant places that it has commissioned are not given to other local authorities.

4.11 Work is being carried out with Supported Living providers to support the introduction of standards which facilitate a culture of promoting independence to provide a sustainable approach for better outcomes and lower costs.

4.12 Inefficiencies may exist where there is a range of need in care delivery, e.g. in one unit sleep-in support may be required for some tenants but not all. This inflates the cost because staffing has to be at a level that meets the greatest support need. In these cases, more use could be made of technology so that a member of staff is not required to stay overnight.

5. To analyse the different models available.

5.1 The Integrated LD Service Manager explained that although there are 670 service users, there is no need for that many different models.

5.2 The Supported Housing Business Partner explained that the 48 council-owned properties currently provide homes for 231 adults with LD and autism in the following different models:

- Supported living⁷
- Residential homes
- Accessible housing - with support or adaptations.
- Shared Lives⁸
- Own tenancy with floating support
- Ownership with support.

5.3 The Commercial Property and Leasehold Services Manager explained that different types of housing may be suitable at different times of people's lives. Over the last six years, accommodation has been created for every pathway. Flexibility was the key to achieving this e.g. permitting a tenant to move before their tenancy has expired.

5.4 The Integrated LD Service Manager, explained that as people's needs change, they move into different properties and the vacancies are taken up by others.

5.5 Shared Living.

Some people decide to remain in shared housing rather than move into independent accommodation.

5.6 The Supported Housing Business Partner explained the importance of having the right cohort living together as it is critical for economic reasons that their needs are compatible. Some accommodation is single sex.

Independent Living.

5.7 The waiting time for independent living can vary. The tenants in the 20 flats for single occupancy that the council uses do not tend to move on. More accessible accommodation for independent living in the city is required.

5.8 There are eight homes at Milton for 22 people in which 12 rooms have hoists and adapted baths. The total build cost £2.4 million. There is always a high demand for

⁷ Supported Living is used to describe the arrangement whereby someone who already has ,or who wants their own tenancy or own home, also has support from a "Care and Support" provider to help them live as independently and safely as possible.

⁸ Shared lives schemes support adults with learning disabilities, mental health problems or other needs that make it harder for them to live on their own. 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.

this type of accommodation. The council is land-rich but has many small pockets of land. Supported accommodation tends to have a very big footprint and it is normally not possible to adapt standard terraced houses. Money is an issue as is finding the land to build accommodation that is large enough.

Providers

- 5.9 The Commercial Property and Leasehold Services Manager reported that as supported living accommodation tends to last about fifty years, it must be used flexibly. A financial appraisal is conducted that includes maintenance and possible void periods over the whole lifetime of the property. Units have different returns depending on their use. Some have different client groups sharing on different floors.

You Trust

- 5.10 The Head of Disabilities explained that the trust provides floating support to people in both shared houses and independent tenancies. The support includes help with getting to work and to appointments, meeting friends, finding groups and community resources to access. The support level varies depending on the individual's need from two hours to ten hours a day in shared houses.

Dimensions UK

- 5.11 The Operations Director told the panel that they provide support to up to 52 people with all aspects of life including cleaning, preparing meals and getting out and about. The 14 properties they use are owned by either Housing Associations or the council. They are moving towards more active support to help people achieve their desired outcomes. Referrals are made by the council.

Community Integrated Care

- 5.12 The Regional Director informed the panel that this provides the same range of support as explained in the paragraph above for 43 people in three residency services and seven services flats that are shared accommodation. Referrals to their services are made by the council.

Aldingbourne Trust

- 5.13 The Head of Support explained that the trust runs a social enterprise in Fratton called MAKE which teaches people new skills and gives them the opportunity to use them in the community. There is one property that is divided into two homes where care leavers learn independent living skills. Referrals are made by the Community Team.

Voyage Care

- 5.14 The Operations Manager reported that the organisation supports 28 people who live in supported living accommodation owned by the council. The range of care provided includes personal care and numerous life skills. It also provides approximately 100 hours per week of support outreach. She also noted that the majority of referrals are made by the council's Care Management Team and the others are self-referrals or from friends on behalf of people with LDs.

Out of City Placements

- 5.15 The Supported Housing Business Partner explained that the council currently supports 53 people who live outside the city at a cost of approximately £4m. No pressure is put on people to move back into the city, as some have lived there for 30

years or more. Indeed, the council would not currently be able to accommodate all of these people if they wanted to return to Portsmouth. However, the council now strives to only place service users within the city.

Barriers to Accessing Services.

- 5.16 The Integrated LD Service Manager informed the panel that black, minority and ethnic communities are more reluctant to use the LD Team's services and work is underway to try to improve take up in these communities. Additionally, in the past, some people with strong religious beliefs had been reluctant to use respite services due to concerns that halal meat would not be served or prayers would not be observed. A Muslim consultant psychiatrist is visiting mosques in the city in order to improve relations.
- 5.17 The Operations Manager, Voyage Care noted that families may be reluctant to access even outreach support as they feel it is their duty to look after relatives. Too often, it is only when a crisis happens and the family member is hospitalised, that they consider accessing support services.
- 5.18 The Head of Disabilities, the You Trust added that there is a perceived stigma attached to requesting help.

6. To consider the current and potential outcomes for people with a LD.

Residential Care

- 6.1 The Integrated LD Service Manager stated that the council's LD Service is the third highest achieving in the South East in terms of the proportion of people in Supported Living as opposed to residential care. Five years ago, 60% of service users lived in residential homes and 40% received supported living packages. The proportion is now 30:70. The council spends on average £100 less per week than any other authority in the South East on residential care places.

Integrated Working

- 6.2 The LD team is truly integrated with many different professionals working together. Service users are asked what they want to achieve and their outcomes are monitored to ensure that they are moving at a pace that is right for them. If their needs or aspirations change, the team is very responsive and works well with the providers.

Cultural Change in Working Practices.

- 6.3 There has been a cultural shift in terms of how the council's LD service runs and the focus moved to people's aspirations and what they are able to do. They are active participants in society. The cultural change was a result of the changes in legislation which built on what is right and proper. The Cabinet Member for Housing⁹ reported that support is significantly more flexible to meet the individual's desired outcomes e.g. traditionally more people were placed in day care services and now there is more recognition that everyone has much to share with society.

⁹ The Cabinet Member for Housing who was in that role on 15 February 2018

- 6.4 The Operations Director, Portsmouth & Southampton, Dimensions UK explained that it had been standard practice in their organisation for a number of years to put the person at the centre of plans. However, more needs to be done to build models around the needs of client groups and increased flexibility on the pathway.
- 6.5 The Commercial Property & Leasehold Services Manager and the Supported Housing Business Partner reported that each council-owned supported living property had been assessed in order to identify those that are of a good standard, those that require some modification and those that are no longer required. A 'shopping list' was then drawn up and after consultation with the service users and their families, moves were arranged. There were some very easy wins and the waiting list for LD housing was reduced to approximately 10.
- 6.6 The Integrated LD Service Manager explained that many people feel limited because of their care label. Integrated working between health and social care professionals is addressing this problem. This work commenced in June 2018 after the Business Partner for Adult Social Care was appointed the Business Partner for Children's and Family Services with the view that improvement and cost savings could also be realised in this directorate once a better understanding of the housing they use has been completed.
- 6.7 Fourteen flats in a sheltered housing block were successfully let after a long period of being vacant following two simple changes to the eligibility criteria: tenants must have a lifestyle conducive to an older population and require some support. The tenants came from both LD service and Adult Mental Health.
- 6.8 The Head of Support, Aldingbourne Trust explained that the culture change had been an evolution rather than a revolution. However, the Managing Director South, Voyage Care noted that in Portsmouth the changes had felt like a revolution. The Integrated LD Services Manager for agreed that the council had revolutionised the manner in which it commissions its support services for people with LDs and introduced clear strategies.
- 6.9 The Integrated LD Services Manager added that discussions were underway between the council, colleges and social enterprises regarding internships for people with LDs.
- 6.10 As part of the review, the panel visited tenants at a Support Living home in Portsmouth. It was a single-sex house with 8 tenants who received varying levels of tailored support. The three tenants who the panel met were happy with their living arrangements. One had previously lived with her mother and was now considering moving to independent living.
- 6.11 The Integrated LD Service Manager explained that as part of the Housing and Support Transformation Strategy there is a programme of development setting out what is required over the next eight years. This programme will support substantial savings and improved outcomes. In 2018/19 the council is predicted to save £397,000.

6.12 Having named workers, proactive work to identify desired Housing and Support outcomes and a positive working relationship with an outstanding Housing Department all contribute to the great steps forward that have been taken in the city.

Secure Unit Placements

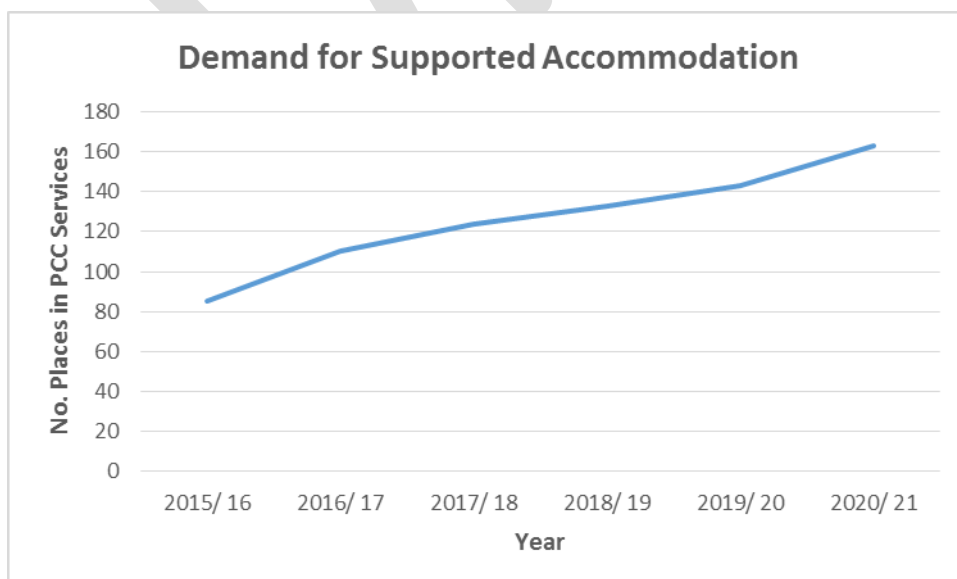
6.13 The NHS England 'Transforming Care ' programme requires authorities to develop local alternatives to secure unit placements. There are very few people placed in secure units outside of the city; far fewer than would be indicated by population. This is partly due to the proactive approach of the integrated LD Team in particular the Intensive Support Team.

7. To understand the increased demand, not just from people with LDs but from Adult Social Care as a whole.

7.1 The Integrated LD Service Manager reported that the number of people who identify themselves as having a LD is increasing due to a number of reasons:

- More premature babies survive birth and many have severe and multiple disabilities.
- The life expectancy for people with Downs Syndrome has increased significantly; however they are more likely to develop dementia in later life.
- Genetic causes used to be main cause of LDs. The biggest single cause of LD is now foetal alcohol syndrome which is caused by mothers drinking alcohol during pregnancy.
- People quite rightly, have higher expectations in terms of independent living and leading a more fulfilling life.
- There is more awareness of the support that is available to enable people to lead happy independent lives.

7.2 There are no significant problems related to people requiring support moving into the city.



This graph is based on data provided by the Commissioning Contracts Manager.

Predicting Future Demand.

- 7.3 The Cabinet Member for Health & Social Care¹⁰ explained that it is very difficult to predict future demand because factors change.
- 7.4 The Supported Housing Business Partner added that the council knows about children with LDs who are supported by schools or the nursing team and therefore plans can be put in place for their transition to adult support services. However, some parents care for adult children with LDs with minimal or no support. At any point, these parents or their children may request that the council find supported accommodation. The council cannot plan for this demand.
- 7.5 GPs in the city could be asked for the number of their patients with LDs. However, they cover a wider area than the city and their interpretations of LD may vary.

Costs.

- 7.6 The Integrated LD Service Manager explained that the revenue costs of future demand might be met from revenue funding. The complex needs service should make savings through economies of scale resulting from a larger setting.
- 7.7 The Cabinet Member for Health & Social Care reported that the future size of the capital fund in future is not known. Borrowing for viable schemes is permitted provided that the predicted savings would not exceed the cost of the debt. The council will continue to face challenges in terms of the Capital and Revenue budgets due to reductions in government grants. It is important that the potential impact on providers is fully understood and minimised. He also noted that there are opportunities for more efficiencies to be made.
- 7.8 The Commissioning Contracts Manager added that the council currently spends £11,567,750 on accommodation and support for the LD team's client group. The overall yearly costs of the services commissioned within the city are £7,376,174 therefore £4,191,576 is spent outside of the city.
- 7.9 The Integrated LD Service Manager, explained that costs have not increased proportionately to demand because projects are designed to make savings and some people have been transferred from out of city placements.
- 7.10 It is important to ask the individual what they want to achieve and whether they have any friends or family who could assist them. The council does not want to arrange paid support when natural support is available. Kinship and friendship is a priority. The service also uses the organisation Gig Buddies which arranges volunteers to accompany people with disabilities to go out to the theatre or concerts.

¹⁰ The Cabinet Member for Health & Social Care who was in position at the time of the meeting 15 February 2018.

7.11 The Cabinet Member for Health & Social Care explained that although cost must be considered when making decisions, it is not the only factor. Service users are encouraged to be more independent which is empowering for them.

7.12 Many adults with LDs also receive Continuing Health Care support for on-going health needs. This means that their living costs are shared between health and social care. However, many children's behaviour issues are not seen as a health issue so social care supports them. This year Children's Services has taken on 11 high cost cases.

Accommodation to Meet Demand

7.13 The Supported Housing Business Partner explained that in order to meet growing demand, the following is required:

- More capacity in the pathway for people with differing physical and LDs.
- More services to support people who have challenging behaviour.
- Flats with specialist accommodation.
- Supported living accommodation.

Building new accommodation can take up to four years. In order to ensure capacity to meet predicted demand, work needs to happen as soon as possible. It might be useful to include a target in the council's planning policies specifying a minimum number of supported accommodation that should be built.

7.14 Demand for new housing is made to the business partner; the form is detailed to include not only what is required but also potential savings so that a feasibility and financial appraisal can be completed for each scheme for the relevant cabinet member to sign off. Each scheme taken forward to be developed should provide homes for life, with the ability for them to be adjusted should the need arise in future years. As there is a potential for savings to be realised within the CCG and NHS through new developments a profit sharing agreement should be negotiated and agreed as soon as possible. This will then not only allow all departments to achieve savings but also to make schemes more financially viable.

7.15 The Assistant Director of Culture & City Development explained that in November 2013, NHS Property Services announced that it would release the St James' Hospital, Milton site. The council immediately approached the Homes and Communities Agency (HCA)¹¹ which plays an enabling role to facilitate good planning. This site posed significant challenges (e.g. the infrastructure, listed buildings and the landscape) which need to be dealt with in order to achieve the best outcome for the whole site. The HCA acquired the site during phase one. The council is working with all the organisations involved including the Milton Neighbourhood Forum in order to develop a Neighbourhood Plan¹². This dovetailed with other work that the council was conducting. The planning application will come to committee to determine when submitted. It is not possible at the moment to say whether the council could insist that a minimum number of supported housing units

¹¹ HCA is now Homes England

¹² Communities can make their own Neighbourhood Plans setting out where new houses, shops or businesses should go in their area. More details can be found here: <https://www.portsmouth.gov.uk/ext/development-and-planning/planning/neighbourhood-plans>

be built on the site. Part of the site will retain health care facilities as the NHS continue to have an operational need for part of the site.

- 7.16 The Supported Housing Business Partner said that she would welcome a number of units being reserved for affordable housing and a proportion reserved for the supported living portfolio provided that it was viable for the development.
- 7.17 Converting business or retail premises can cost more than building a new building. However, many conversions have been carried out including a former public house and a rehabilitation unit.
- 7.18 Supported housing models could be designed for service users from different cohorts including mental health services and continuing health care.

Mental Health

- 7.19 The Commercial Property Manager & Leasehold Services Manager and the Supported Housing Business Partner were of the opinion that there was significant work to be done to develop a range of suitable housing and support options for people with mental health issues.
- 7.20 The Supported Housing Business Partner explained that a bid to support the financial appraisal for Oakdene House¹³ submitted via the Care & Specialist Supported Housing Fund had been approved by the Department of Health in February 2018. This will be the council's first move into providing supported housing for adults with mental health issues.
- 7.21 The council as a housing provider follows its allocation policy. It is important that the general needs population is not treated as a poor relation. If everyone has the right to live independently, the impact on everyone must be considered. At the time of writing this report there were 1,400 people on the housing waiting list.
- 7.22 The Cabinet Member for Health & Social Care noted that since the Senior Management restructure in 2015, the council had a stronger working relationship with the Portsmouth CCG.

8. To learn from other Local Authorities' LD services.

- 8.1 The Integrated LD Service Manager provided the following information:

Services Provided

- 8.2 Hampshire County Council has focussed on providing more for the most able service users and the others attend traditional day services.

Supported Living

- 8.3 Most authorities are looking to develop Supported Living as a model of provision.

Key Ring Networks

¹³ Oakdene Unit provides Inpatient Mental Health Rehabilitation for people who are experiencing severe and enduring mental health difficulties.

- 8.4 Some local authorities have successfully introduced Key Ring as a model. This is where individuals with support needs are supported to join a network of support that often includes an element of paid support. There are differing models being developed across the country but the essential element is that the individuals agree who is included in the network and that they offer each peer support when needed. Traditionally one network is a paid carer who is provided with their own accommodation and is involved in providing the tenancy support that may be required by the others. This will be developed through Portsmouth City Council's Housing and Support Transformation Strategy.

Assistive Technology

- 8.5 Authorities are at different stages with the use of assistive technology and in Portsmouth a range of tools is being used including AutonoMe, helping service users develop and evidence their independent living skills in cooking, cleaning, safety and personal hygiene)¹⁴ and Just Checking, an activity monitoring service.¹⁵ This may be extended in conjunction with Adult Services more generally.
- 8.6 GR8 is a national initiative to improve independence through training and facilitating shared knowledge between independent sector providers, carers, service users and at the moment one local authority, Portsmouth. The council's approach is set out in the Housing and Support Strategy. In summary, it is about supporting people to learn to do things independently where they can and doing things with rather than for people who require ongoing support. The council's approach is set out in its Housing and Support strategy.

Providers

- 8.7 Many authorities have a different approach to commissioning with far more providers eligible to bid for service provision. However, local knowledge indicates that in fact they receive no more bids than Portsmouth City Council and many providers will be dissuaded from applying because of perceived lack of likelihood of success. The fact that Portsmouth has a limited number of providers ensures quality because they have been selected. It has led to the costs being significantly lower than in neighbouring authorities.

Housing Development

- 8.8 County councils are inhibited in the amount of development they can commission as they require the collaboration of District Councils for whom there is limited incentive to collaborate. Portsmouth is fortunate in being a unitary authority in terms of housing development.
- 8.9 The Assistant Director of City Development, Regeneration explained that the following councils had submitted plans to the Planning Inspectorate for approval:
- Guildford Borough Council drafted a policy for well-designed, special sites based on housing need.
 - Bedford Borough Council took a different approach. Sites with more than 100 dwellings must include an element of supported living accommodation for people with LDs or health needs.

¹⁴ <http://www.autono.me.uk/>

¹⁵ <https://justchecking.co.uk/>

- Islington Council will use its Housing Strategy to identify how to deliver specialised housing.

8.10 None of these plans had been submitted for examination at the time of this review, so the Inspectorate had not determined whether these were sound policies.

9. To consider whether this model of housing could be used to help other people with a support need.

9.1 The Supported Housing Business Manager explained that there will always be demand for supported accommodation for many types of service users including people with LDs, mental health issues, continuing health care needs or for looked after children.

Autism

9.2 People with autism do not necessarily come under the LD's criteria. Those with high functioning autism are not considered to have a LD.

Adult Mental Health

9.3 The LD team's models of working would work equally well for adult mental health. The Mental Health Team is developing its own housing support strategy and adult social care is keen to develop one too. The Cabinet Member for Health & Social Care noted that the Mental Health support team deals with many of the same issues and has similar solutions as the LD team.

Service Providers

The Regional Director, Community Integrated Care explained that provider organisations need to do more to empower their staff to take positive risks.

9.5 The Operations Director for Portsmouth & Southampton, Dimensions UK informed the panel that recruitment was difficult because the pay is low and support work is not valued in society.

9.6 The Integrated LD Services Manager reported that many carers had said that they wished they had discovered this career sooner as they found it very rewarding and exciting. All the providers are looking into doing things differently. The Cabinet Member for Housing noted the importance of reviewing the staff's skills base to ensure that the right people are in the right positions.

9.7 The Cabinet Member for Health & Social Care explained that following a recent court ruling, care home staff are now entitled to the national living wage for night shifts and this increase would be backdated. At a national level, some organisations have indicated that the cost of six years' additional payments could put them out of business.

9.8 The Integrated LD Services Manager informed the panel that more investment in assistive technology is required to enable savings and to empower individuals. Staff time could then be focussed on providing emotional support. In order to create smart houses, the technology needs to be hardwired when the houses are built rather than bolted on afterwards. The technological infrastructure is not currently being put into houses and more work must be carried out to recruit, train and retain a skilled

workforce. The sector should work more closely together to raise the profile and share good practice.

- 9.9 The domiciliary care agencies focus on unit costs and are not currently in a position to provide what the council requires e.g. more skilled staff and more focussed work which would be a departure from the business model.

Nursing Homes.

- 9.10 The Cabinet Member for Health & Social Care felt that as a general principle, nursing homes should be owned by the private sector. However, it helps to have in-house care homes for people with dementia to prevent charges being levied at between £1,000 -12,000 per bed. Conversations with the CCG, Public Health and Social Care regarding the 2019/ 20 budget had already started.

Possible Efficiencies.

- 9.11 It is important that new flexible models are developed e.g. if someone is living in a shared house, it could be possible to add their own private cooking facilities in their room, rather than move them into a self-contained flat.

Mixed Accommodation.

- 9.12 While mixed accommodation across client groups should generally be avoided as they can increase stigmatisation, there are models that are suitable for more than one client group. There is no optimal model as service users' needs are diverse so a range of options is required. Central to every model has to be a commitment to maximising Independence and promoting social inclusion.

Out of City Placements

- 9.13 Some people have been placed as far away as Wales and East Anglia. There will be some people who need to stay out of the city because they have a job and relationships in that area. It might be possible to move about 30 people with LD back into the city but a thorough needs assessment would be required. These placements are expensive because they are specialist services which are in short supply. Portsmouth is in the process of developing local alternatives that support reduction in costs and better outcomes through engagement with the local health and social care team.
- 9.14 Local authorities are required to look into providing suitable educational facilities in the city for pupils with LDs. This would mean that some of the children who are currently in residential education units outside the city could be brought back and live at home.

10. Conclusions.

The panel acknowledged:

1. The continued increase in demand for properties within the supported housing portfolio coming from but not limited to those with LDs, mental health issues, Continuing Health Care and Children's & Family services.
2. Adult Social Care had made and continues to make placements outside the city boundaries for a number of reasons and associated costs are increasing.

3. The increased use of technology is very useful and cost effective.

The panel welcomed:

4. The joint appointment of a Business Partner for Adult Social Care and Children's & Family Services as this should lead to savings.
5. The reduction of proportion of people in residential care and the resulting savings and better outcomes for service users.

The panel recommended that:

1. **Consideration be given to a specific capital allocation per year to enable the continual development of supported housing council wide. This budget could sit alongside successful grant funding within the financial appraisal to enable more developments to come to fruition earlier.**
2. **Any increase in provision of supported living be firstly used to repatriate individuals who are currently placed out of the city where it suits the individual. The savings generated from this could be used to offset the cost of borrowing for the scheme.**
3. **Increased use of technology be considered for all schemes, not just new builds or refurbishments. Those schemes already using technology should also be considered as it may be possible to adjust the care provision within the homes.**
4. **A financial appraisal be developed for each scheme and that the Business Partner Capital delivery undertake to deliver the schemes supporting Housing, Neighbourhood and Building Services own internal teams.**
5. **The Business Partner compile a yearly report detailing the demand and spend to support the decision for the allocated funding each year prior to the city council's budget meeting.**
6. **Consideration be given to developing a policy with the core strategy to require a proportion of supported housing to be delivered in major developments.**
7. **Opportunities to work with the Portsmouth CCG to reduce continuing healthcare costs be investigated.**

DRAFT

11. Recommendations and budget and policy implications.

The following table highlights the budgetary and policy implications of the recommendations being presented by the panel:

Recommendation	Action By	Budget & Policy Framework	Resource Implications
1. Consideration be given to a specific capital allocation per year to enable the continual development of supported housing council wide. This budget could sit alongside successful grant funding within the financial appraisal to enable more developments to come to fruition earlier.	The Leader with agreement of Full Council.	Within budget & policy framework.	None - this is a process which already occurs.
2. Any increase in provision of supported living be firstly used to repatriate individuals who are currently placed out of the city where it suits the individual. The savings generated from this could be used to offset the cost of borrowing for the scheme.	The Supported Housing Business Partner & the Supported Housing Panel.	Within the budget & policy framework.	None. The panel already exists, meeting fortnightly.

Recommendation	Action By	Budget & Policy Framework	Resource Implications
3. Increased use of technology be considered for all schemes, not just new builds or refurbishments. Those schemes already using technology should also be considered as it may be possible to adjust the care provision within the homes.	<p>The Supported Housing Business Partner in consultation with the client group at design stage of new build.</p> <p>Also by ASC in existing properties, where due consideration has been given.</p>	Within the budget & policy framework	None. There will be continual conversations and joint working with telecare.
4. A financial appraisal be developed for each scheme and that the Business Partner Capital delivery undertake to deliver the schemes supporting Housing, Neighbourhood and Building Services own internal teams.	Supported Housing Business Partner in conjunction with HNB Accountants for approval by Housing Portfolio member and director of Housing, Neighbours & Buildings.	Within the budget & policy framework	None. This is covered by existing posts.
5. The Business Partner compile a yearly report detailing the demand and spend to support the decision for the allocated funding each year prior to the city council's budget meeting.	Supported Housing Business Partner.	Within the budget & policy framework	None

Recommendation	Action By	Budget & Policy Framework	Resource Implications
6. Consideration be given to developing a policy with the core strategy to require a proportion of supported housing to be delivered in major developments.	Head of Planning	Within the budget & policy framework	None. All new developments require Planning permission, this recommendation already exists as an action in the stages of developing new properties
7. Opportunities to work with the Portsmouth CCG to reduce continuing healthcare costs be investigated.	The Supported Housing Business Partner in conjunction with CHC commissioners when looking at demand for new properties. Accountants within ASC & Solent in delivering a revenue profit share agreement.	Within the budget & policy framework	None. This is covered by existing posts.

12. Legal Comments

- 12.1 The report covers the legal construct for the provision of service across the relevant sector (LDs).
- 12.2 Given the need to balance the competing needs of all those able to apply for housing it will be necessary to be able to objectively justify allocation upon the basis of having considered the relevant protected characteristics of any applicable grouping.
- 12.3 If it is deemed necessary to obtain information from other agencies it will be appropriate to do so in a way that is compliant with the Data Protection Act and the General Data Protection Regulations.

13. Finance Comments

- 13.1 There is insufficient detail in the report to carry out a detailed financial appraisal of the recommendations. The initiatives in this report will require additional specific capital resources in order to deliver all of the recommendations.
- 13.2 The provision of Supported Housing however does present the opportunity to generate savings that could support the ongoing cost of the borrowing that they may require.
- 13.3 The decision about the allocation of corporate capital resources lies with the Council members, and bids for capital resources have to be made against a finite amount of resource with competing calls upon it.
- 13.4 Officers may be able to identify schemes that could offer a saving to the General Fund and a separate report can be taken to Full Council for these resources if it has sound financial business case that demonstrates that the proposal will fund itself, either through savings or additional income.

14. Equality Impact Assessment.

- 14.1 A preliminary Equality Impact Assessment (EIA) was completed.
- 14.2 A full EIA is not required as no specific information regarding protected characteristics was gathered and the scrutiny panel's role is to make recommendations to the Cabinet. If the Cabinet decides to implement the recommendations, individual EIAs would be carried out.

Formal Meetings Held by the Panel

DATE	WITNESSES	DOCUMENTS RECEIVED
16 November 2017	<ul style="list-style-type: none"> • Mark Stables, Integrated LD Service Manager • Jo Bennett, Commercial Property and Leasehold Services Manager • Alison Cloutman, Supported Housing Business Partner 	Presentation on the Housing Panel. Application form for the Housing Panel.
14 December 2017	<ul style="list-style-type: none"> • Alison Cloutman, Supported Housing Business Partner 	Presentation. Scoping Document.
18 January 2018	<ul style="list-style-type: none"> • Alison Cordwell, Head of Disabilities, You Trust • Tim Holland, Operations Director Portsmouth & Southampton, Dimensions UK • Sam Leath, Regional Director, Community Integrated Care • Lu Dash, Head of Support, Aldingbourne Trust • Kathryn Slater, Operations Manager, Voyage Care • David Green, Managing Director, Voyage Care • Roy Shipley, Commissioning Contracts Officer, • Ian Chalcroft, Team Manager, Adult Services 	
15 February 2018	<ul style="list-style-type: none"> • Councillor Jennie Brent, Cabinet Member for Housing. • Councillor Luke Stubbs, Cabinet Member for Health & Social Care. • Jo Bennett, Commercial Property & Leasehold Services Manager • Alison Cloutman, Supported Housing Business Partner 	Additional information that had been requested regarding service users and costs.
8 March 2018	Meeting with service users at a supported living house, Cosham.	
8 March 2018	<ul style="list-style-type: none"> • Claire Upton-Brown, Assistant Director of Culture & City Development. 	
26 October 2018	The report was agreed.	

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Equality Impact Assessment

Preliminary assessment form 2018

www.portsmouthccg.nhs.uk

www.portsmouth.gov.uk

The preliminary impact assessment is a quick and easy screening process. It should:

- identify those policies, projects, services, functions or strategies which require a full EIA by looking at:
 - negative, positive or no impact on any of the equality groups
 - How are going to mitigate or remove any potential negative impacts
 - opportunity to promote equality for the equality groups
 - data / feedback
- prioritise if and when a full EIA should be completed
- justify reasons for why a full EIA is not going to be completed

Directorate:

Community & communication

Service, function:

Democratic Services

Title of policy, service, function, project or strategy (new or old) :

A review into models of supported accommodation for people with learning disabilities and whether similar provision can be extended to others with a support need.

Type of policy, service, function, project or strategy:

- ☐ Existing
- ☒ New / proposed
- ☐ Changed

Q1 - What is the aim of your policy, service, function, project or strategy?

1. To understand the context of the provision and changes made over the last ten years.
2. To analyse the different models available.
3. To evaluate the current provision and review the plan for the portfolio's future.
4. To consider the current outcomes for people with a LD and potential outcomes.
5. To understand the increased demand, not just from people with learning LDs but from Adult Social Care as a whole to extend the portfolio beyond its current remit.
6. To learn from other Local Authorities LD services.
7. To understand the potential to extend the current provision and develop an accommodation offer for adults with a wider range of social and health care needs.
8. To consider whether supported housing improves outcomes for people with a LD.
9. To consider whether this model of housing could be used to help other people with a support need.

Q2 - Who is this policy, service, function, project or strategy going to benefit or have a detrimental effect on and how?

Clients with learning disabilities in supported accommodation and potentially clients with other support needs.

Q3 - Thinking about each group below, does, or could the policy, service, function, project or strategy have a negative impact on members of the equality groups below?

Group	Negative	Positive / no impact	Unclear
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marriage & civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other excluded groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note:Other excluded groups examples includes,Homeless, rough sleeper and unpaid carers. Many forms of exclusion are linked to financial disadvantage. How will this change affect people on low incomes, in financial crisis or living in areas of greater deprivation?

If the answer is "negative" or "unclear" consider doing a full EIA

If there are any potential negative impacts on any of the protected characteristics, What have you put in place to mitigate or remove the negative impacts/barriers?

Q4 - Does, or could the policy, service, function, project or strategy help to promote equality for members of the equality groups? e.g. A new service has been created for people with a disability to help them gain employment this would mean that this helps promote equality for the protected characteristic of disability only.

Group	Yes	No	Unclear
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy or maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marriage & civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other excluded groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If the answer is "no" or "unclear" consider doing a full EIA

Q5 - Do you have any feedback data from the equality groups that influences, affects or shapes this policy, service, function, project or strategy?
Please add in the text boxes below what feedback / meetings you have attended for each specific protected characteristic

Group	Positive or negative feedback
Age	None
Disability	The panel met with residents at a supported living accommodation who received varying levels of tailored support. They were happy with their living arrangements.
Race	None
Sex	None
Gender reassignment	None
Sexual orientation	None
Religion or belief	None
Pregnancy and maternity	None
Marriage & civil partnership	None
Other excluded groups	None

Q6 - Using the assessments in questions 3, 4 and 5 should a full assessment be carried out on this policy, service, function or strategy?

☐ yes ☒ No

PCC staff-If you have to complete a full EIA please contact the Equalities and diversity team if you require help Tel: 023 9283 4789 or email: equalities@portsmouthcc.gov.uk

CCG staff-If you have to complete a full EIA please email: sehccg.equalityanddiveristy@nhs.net if you require help

Q7 - How have you come to this decision? Summarise your findings and conclusion below

During the course of the review the panel heard the views of officers, Cabinet Members for Housing and for Health & Social Care, support providers and tenants in supported living accommodation. A full EIA is not required as no specific information regarding protected characteristics was gathered except from a disabled person that lives in one of the supported living facilities but also the scrutiny panel's role is to make recommendations to the Cabinet not to make decisions. At the present time we do not know the potential impact positive/negative these recommendations could have on the protected characteristics, this will be assessed by means of an EIA on individual projects if taken forward where the impacts will be assessed at that stage.

Q8 - Who was involved in the EIA?

Jane Di Dino, Local Democracy Officer

This EIA has been approved by: Vicki Plytas

Contact number: 023 92834060

Date: 16 October 2018

PCC staff-Please email a copy of your completed EIA to the Equality and diversity team. We will contact you with any comments or queries about your preliminary EIA.

Telephone: 023 9283 4789, Email: equalities@portsmouthcc.gov.uk

CCG staff-Please email a copy of your completed EIA to the Equality lead who will contact you with any comments or queries about your preliminary . Email: sehccg.equalityanddiversity@nhs.net

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Portsmouth
CITY COUNCIL

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Adult Services Sustainability Strategy – Housing & Adult Social Care Scrutiny Panel

26th October 2018

Agenda Item 4

What is the problem we need to fix

- Rate of admissions for people aged 65+ higher per 100,000 population than national and regional picture in 2016-17
- 71% of new service users aged 65+ who received a reablement service, went on to receive either a costed package of care or equipment /adaptation
- 61% of new service users aged 65+ who requested support were discharges from hospital
- Domiciliary care weekly average costs are rising, package volumes are increasing and people are receiving services for longer
- Overall cost basis at average package / placement levels present lower than national / regional but there are hidden costs in terms of numbers entering services, longer term use of resources, models of supported living, and increasing use of PCC bed base provision for short term use

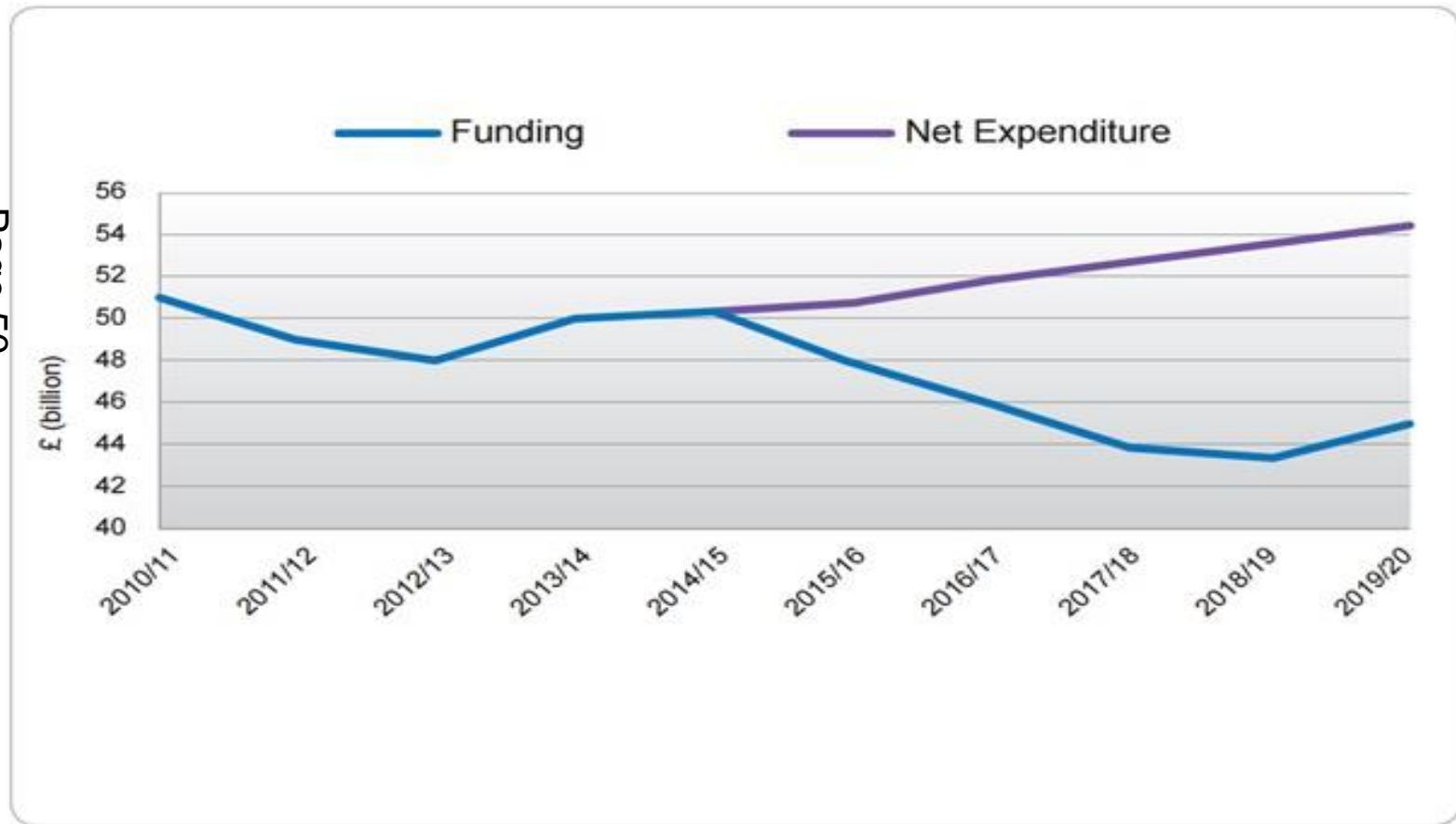
What is the problem we need to fix - Continued

- Draft accommodation strategy data analysis shows supply of residential and nursing home care exceeds demand and will continue to do so even with demographic changes
- The quality of residential and nursing homes in Portsmouth is a concern with a higher % of homes rated Inadequate or Requires Improvement by The Care Quality Commission regionally and nationally
- Work identified through various interventions has evidence of ineffective processes and systems, driving duplication and significant waste
- In summary: there is a challenge with
 - Money – reducing budget and significant overspend
 - Quality – how do we drive up quality and ensure what we commission is what we need
 - Outcomes – move to outcome focused commissioning and delivery with people at the centre

National trend

University of Birmingham work projected that there is a national gap between projected expenditure and funding of £9bn for Local Authorities by 2019/20, (May 2017).

Figure 5: Income against expenditure 2010/11 to 2019/20

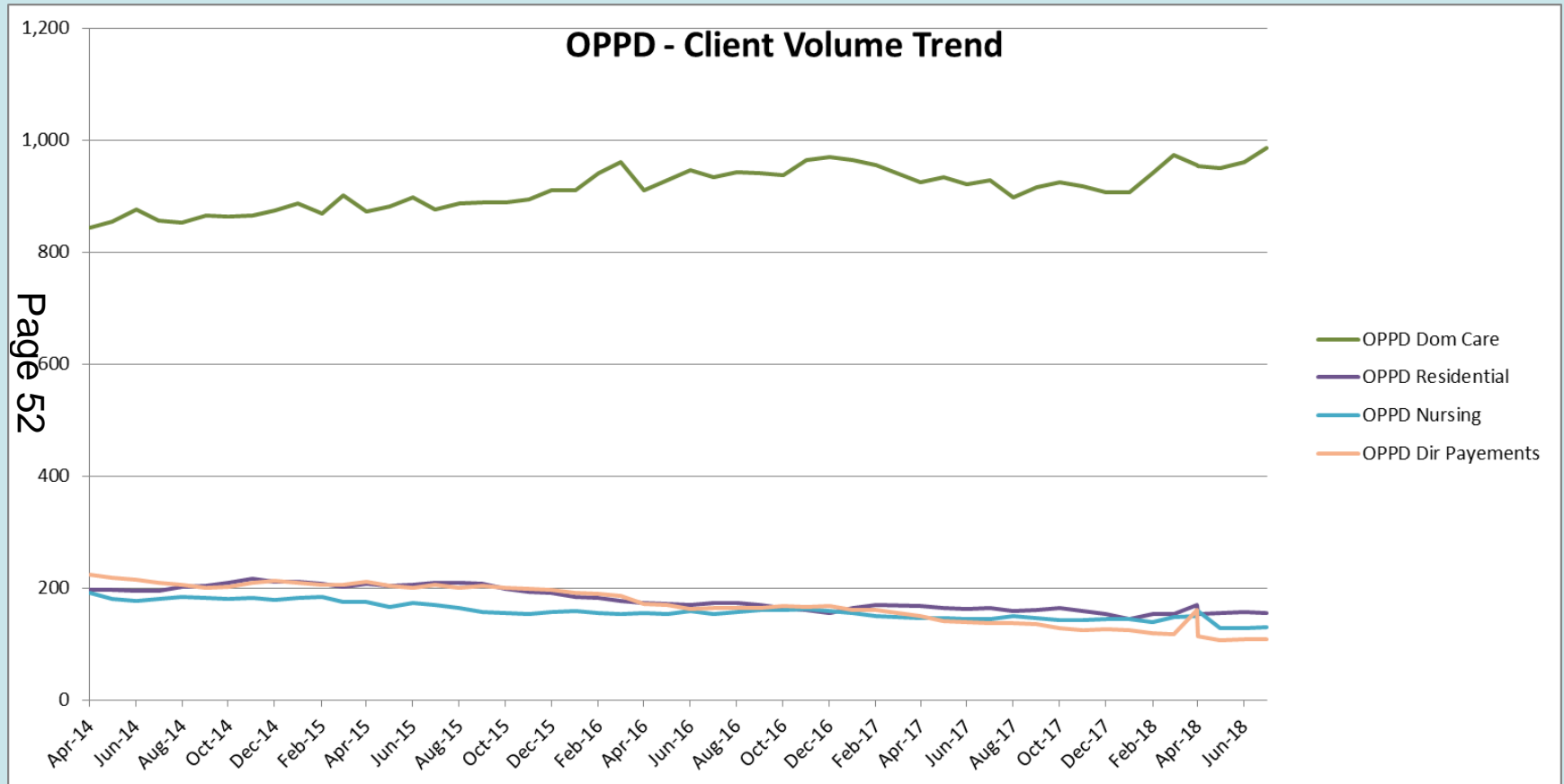


Changes April 18 to July 18

ASC					
Movement	Clients	£ weekly package	£ average package	Min	Max
End of 01/04/2018	2,231	876,304	392.79	6.63	5,250.00
Left care	-234	-79,881	341.37		
	1,997	796,424	398.81		
Increase in exisiting care	1,478	88,959	60.19		
Decrease in existing care	519	-27,303	-52.61		
Existing clients	1,997	858,080	429.68		
New care	238	70,911	297.94		
End of 01/08/2018	2,235	928,991	415.66	4.09	2,896.74
% increase / (decrease)			6%		

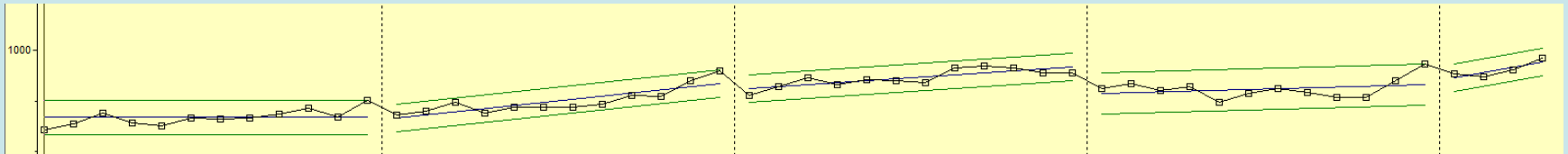
- Order information shows 1,997 clients from 2017/18 are still receiving support
- 1,478 of these clients have had **increases** in the size of their orders in 2018/19
 - 1,478 clients * £60.19 (average increase) * 52 weeks = **£4.6m full year cost increase**
 - **15% is above agreed supplier uplift rates ...**
 - **Is this an increase in complexity of care need or market cost pressure?**
 - **Going forward it will be necessary to:**
 - **understand the changes the service is experiencing**
 - **find creative solutions to locate savings to fund increased spend on orders**

OPPD Client volume trends

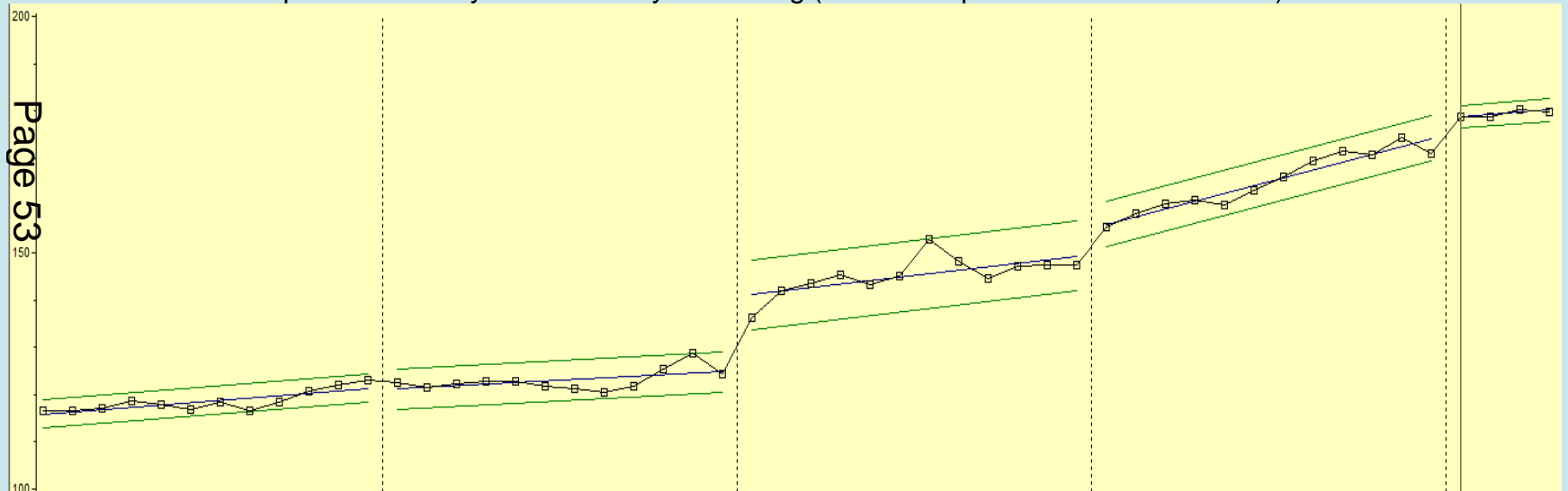


➤ Client Volumes April 2014 to July 2018 by Service

OPPD – Dom Care

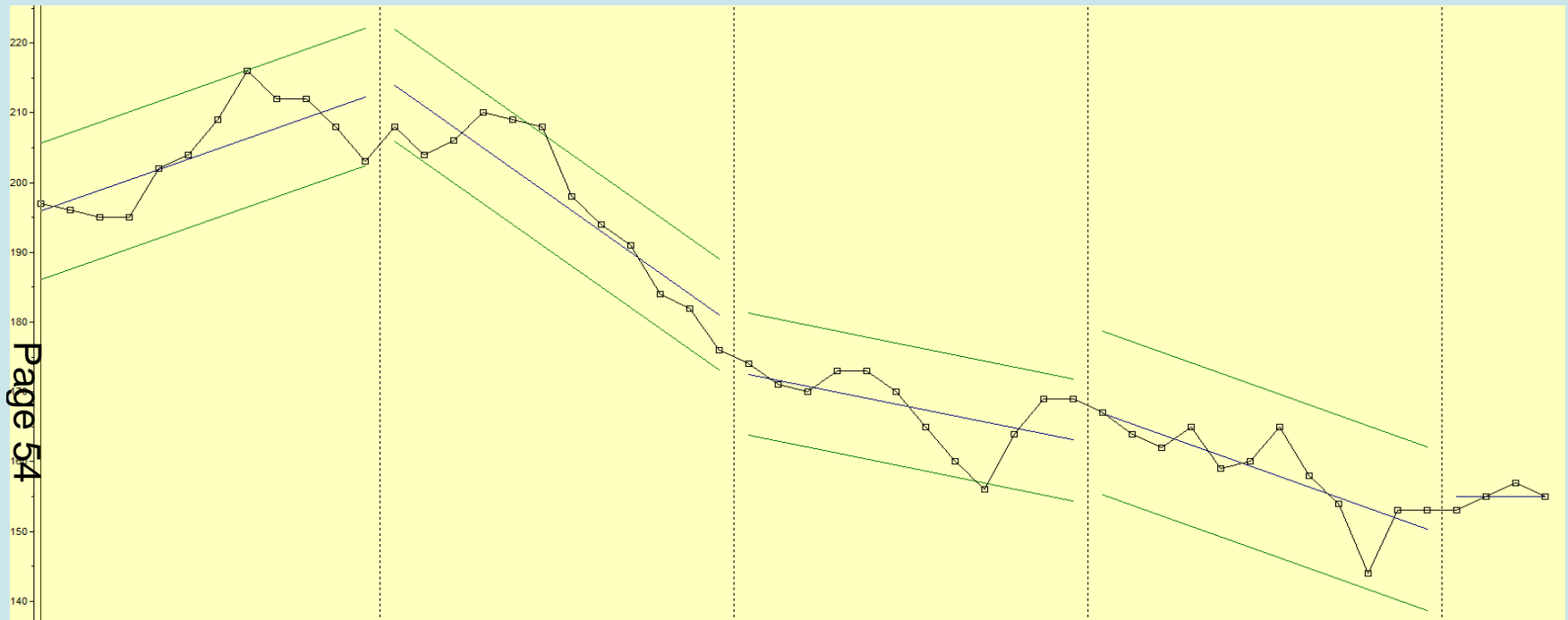


- Client Volumes April 2014 to July 2018 – slowly increasing (from 844 April 2014 to 985 Jul 2018)

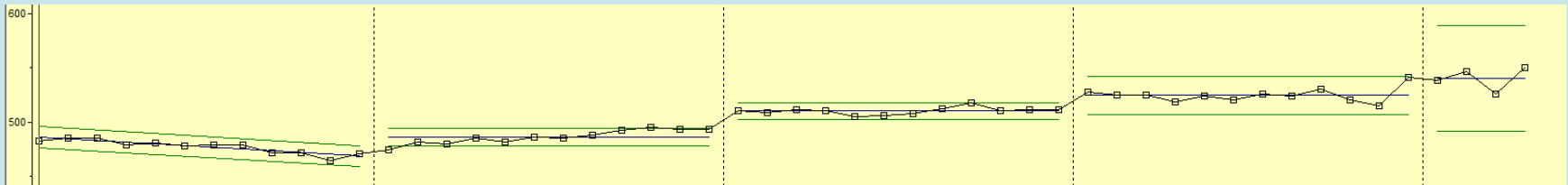


- Average weekly package sizes April 2014 to July 2018 – increasing (from £116.67 April 2014 to £179.90 Jul 2018)
 - Increase in average package cost of £63.23p.w (£116.67 to £179.90) = annual increase in costs of **£3.3m** on current client numbers.
 - Increase in client numbers has increased costs by **£855k**

OPPD – Residential (commissioned)

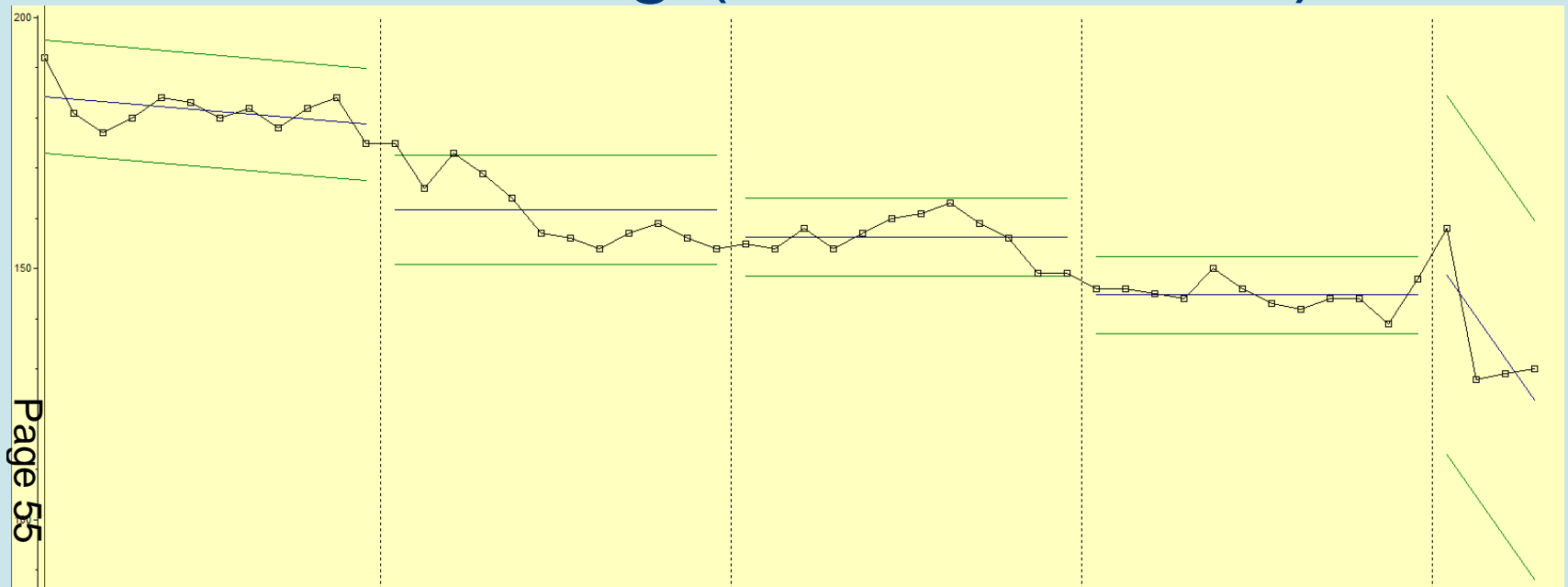


- Client Volumes April 2014 to July 2018 – decreasing (from 197 April 2014 to 155 Jul 2018)

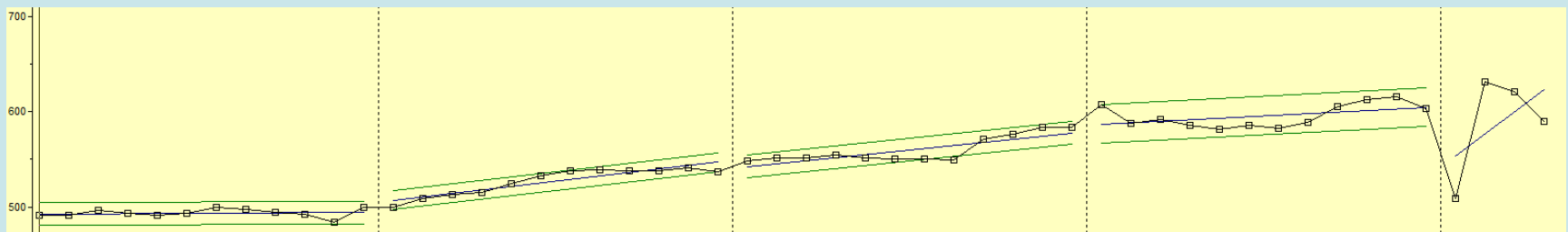


- Average weekly package sizes April 2014 to July 2018 – increasing (from £482.78 April 2014 to £550.64 Jul 2018)
 - Increase in average package cost of £67.86p.w (£482.78 to £550.64) = annual increase in costs of **£550k** on current client numbers, which has been offset by a reduction in clients amounting to **£(1.1)m**.

OPPD – Nursing (commissioned)



- Client Volumes April 2014 to July 2018 – slowly increasing (from 192 April 2014 to 130 Jul 2018)



- Average weekly package sizes April 2014 to July 2018 – increasing (from £491.09 April 2014 to £589.35 Jul 2018,
 - Increase in average package cost of £98.26p.w (£491.09 to £589.35) = annual increase in costs of **£664k** on current client numbers, which has been offset by a reduction in clients amounting to **£(1.6)m**.

What's the approach to addressing this problem?

There are 3 key drivers to addressing the sustainability problem:

- **Enabling a higher proportion of people to help themselves earlier** - this will support a longer term reduction in the number of people that the city needs to be providing services to, by empowering them to be more resilient and live independently.
- **Providing the right support for the right period of time**, to ensure that people continue to be enabled to independence.
- **Providing care and support** (including when we provide residential care) by working across the Local Authority, other public, private, voluntary, health and care economy organisations, to ensure quality and affordability.

Key Strategic Shifts

Driving change will require us to make five strategic shifts in the way we work, fundamentally changing practice and process to ensure we:

1. Position technology at the heart of the care and support offer
2. Shift and share responsibility with communities and allow people to have control
3. Target and focus PCC investment in effective reablement
4. Develop the health & care market to focus on meeting individual care and support needs. Incentivising providers to deliver outcomes not traditional time and task functions
5. Bring together all PCC regulated services into one service area to enable quality and maximum effectiveness.

Outcomes

If we achieve these strategic shifts, we should see:

- people more informed, enabled and independent
- more people who need care and support receiving it in their own home
- people actively involved, having choice and control around their care and support including for end of life decisions
- a high quality modern & sustainable social care service

This will ensure social care can sustain delivery of the purpose:

“help me, when I need it, to live the life I want to live”

What would this mean in affordability terms?

- More timely interventions will lead to less requirement for care and support, reducing package costs and reliance on statutory services
- Greater focus on use of technology will lead to greater independence for people and reduce / delay the need for long term care and support
- Care at home will reduce unnecessary admissions to hospital and shorten the length of time people are in hospital reducing ongoing costs and demand

What would this mean in affordability terms? - Continues

- More people will have access to a variety of options (including Direct Payments) to enable them to self-manage their care, improving access to services through better information and advice and reducing package costs through increased use of Personal Assistants.
- Maximise effectiveness and efficiency of quality in-house services.

Workstreams

- Developing universal access
- Reablement and rehabilitation
- Market development
- Personalisation
- Accommodation
- Provider services and care governance,

ASC Strategic Savings Plan

Page 62		2019-20	2020-21	2021-22
	1 Just Enough Support	(907,983)	(898,768)	(1,265,751)
	2 Personalisation	0	0	0
	3 Ordinary homes in the Community	(1,961,620)	(5,079,440)	(6,311,085)
	4 Vibrant Market Place	-	(376,500)	(376,500)
	5 Technology Offering	(336,336)	(336,336)	(336,336)
	Total	(3,205,939)	(6,691,044)	(8,289,672)

Asks of the wider organisation

- Enabling sufficient resource and space to transform services
- Framework to be agreed in which we can invest to change services (transformation fund revision)
- Work with corporate partners across the Council to support the delivery of transformation, including co-production and joint ownership where appropriate
- Flexibility in governance frameworks to enable Direct Payments to be a real choice
- Integrated working with internal and external partners to successfully deliver transformation
- To be brave, positive and supportive in seeing this through to enable effective delivery in medium term

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