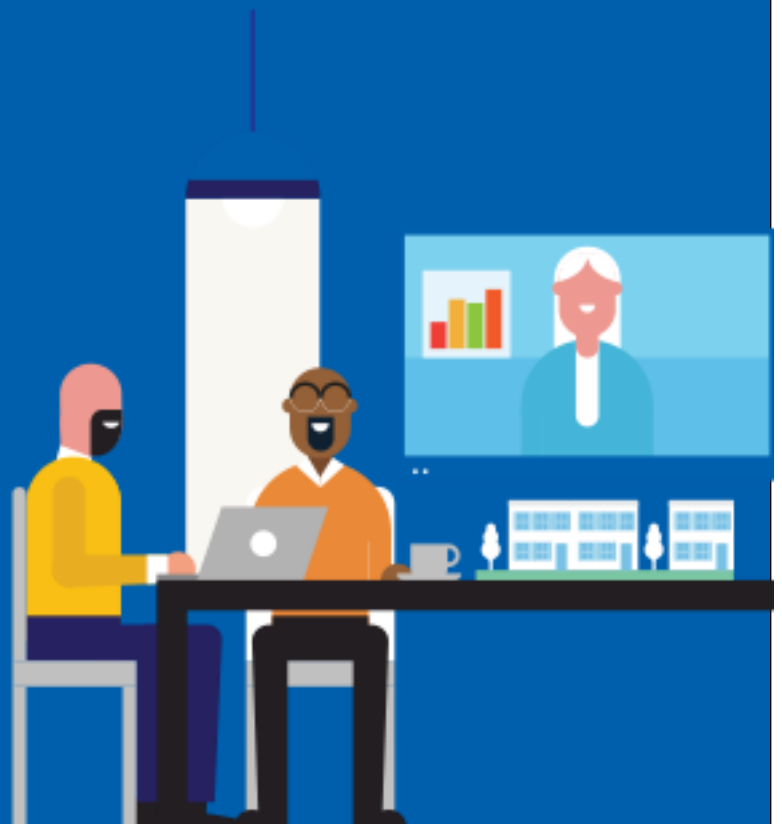


Cheshire and Merseyside Transforming Care Partnership

Assessment of future accommodation with support needs

Final Report

April 2023



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1. INTRODUCTION

- 1.1 This project has been commissioned by Cheshire and Merseyside Transforming Care Partnership. The aim of the project is to assess the future requirements for housing with support from people with learning disabilities and/or autism.
- 1.2 *Building the Right Support* and *Building the Right Home* state that people should have choice about where they live and who they live with. Inappropriate accommodation and a lack of robust support arrangements can potentially lead to a breakdown with living in the community and may result in an admission or re-admission to hospital.
- 1.3 The lack of suitable specialist supported housing to meet complex needs also prevents timely discharge following treatment, which can lead to people being longer in hospital than needed.
- 1.4 The project involves reporting on estimates of the need for accommodation with support over the next 10 years for a number of cohorts who are inpatients and/or eligible for social care services, with a focus on:
 - People identified as being part of the Transforming Care Programme (TCP) cohort i.e. people who are inpatients or at risk of inpatient admission.
 - People with learning disabilities including those with mental health needs.
 - People with autism including those with mental health needs.
- 1.5 The purpose of this project is to inform Local Housing Authorities of the need for specialist supported housing from these cohorts, so that they can develop a strategic approach to the delivery of this type of accommodation including purpose-built specialist accommodation. This project will also give a clear message to housing and care providers on what is needed and where.
- 1.6 We would like to acknowledge the support of Cheshire and Merseyside ADASS in delivering this project and the work of the local authority performance teams in providing anonymised data for this project from their case management systems.

Methodology

- 1.7 This project has involved a two stage process, which was as follows:

Stage 1: analysing NHS and local authority data on those who are inpatients and/or eligible for social care services. Standard Campbell Tickell assumptions on supported living needs were applied to this data based on previous research. These were used to model the needs.

Stage 2: discussions with health and social care commissioners and practitioners about supported living needs and the assumptions made. The needs have been adjusted as a result. Discussions also took place with housing leads in each authority.

1.8 The methodology for forecasting the need for accommodation with support, as well as carrying out a gap analysis, is summarised in the table below.

<p>Population in Need</p>	<p>The population in need is the total number of people who fall into the cohorts across the TCP area. PANSI and POPPI data has been used, which is based on prevalence rates in the population and shown by each participating authority. These figures show the overall ‘population in need’ for each authority, although not all this population will require accommodation with support.</p>
<p>Need for accommodation</p>	<p>The assessment of need is based on the number of people living in either institutional care, or in the community, who need to move to accommodation with support who are either inpatients and/or eligible for social care services. Inpatients under the TCP programme are recorded on NHS Digital and those eligible for adult social care are recorded on each authority’s case management system. Data has also been obtained from local authorities on the number of children and young people with learning disabilities and/or autism in receipt of C&YP services and/or under an Education Health Care Plan.</p> <p>Standard assumptions on the need for accommodation with support have been applied to each cohort, taking into account their current living circumstances, based on Campbell Tickell’s experience of similar projects elsewhere. Housing needs information on inpatients and those at risk at admission has also been used, based on assessments of individuals.</p> <p>Discussions with stakeholders have taken place to validate the assumptions and to make changes to the needs modelling where the assumptions did not to reflect the local situation</p>
<p>Supply of accommodation</p>	<p>The existing number of supported living placements has been analysed using each authority case management system, as well as other local data on supply. Voids and placement rates have been estimated to understand the number of supported living units that are available under nomination/placement arrangements each year to meet the identified needs.</p>
<p>Projections of need</p>	<p>The projections have taken account of the assessment of need that has been carried for the different cohorts, as well as the availability of accommodation, resulting in a gap analysis. PANSI and POPPI and other data have used to project needs over 10 years taking into account changes in the population. The gap analysis shows the</p>

	shortfall in the number of units of accommodation with support required over the next 10 years.
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- 1.9 Cheshire and Merseyside TCP carried out a baseline survey of the local authorities to obtain information on housing needs, housing supply and plans. Where appropriate this information has been used in this report.
- 1.10 The needs assessment has been structured into chapters covering the baseline population, assessment of accommodation with support needs, the current supply of accommodation with support, a gap analysis with projections over the next 10 years and recommendations for actions to meet needs. Charts and data tables are included in the report, with supplementary data tables in an appendix to provide greater detail for some of the charts.

2. POPULATION IN NEED

2.1 The needs analysis has involved reviewing PANSI and POPPI data to provide a baseline of the overall population in need. The baseline shows the population in need for learning disabilities and autistic spectrum disorders.

Learning Disability

2.2 The population in need for people with learning disabilities has been defined as those with a moderate or severe learning disability. These individuals are most likely to require care services. The population in need is based on estimates using prevalence rates.

2.3 The tables below show an estimate of those predicted to have a moderate or severe learning disability in each local authority area up until 2035. The data in these tables are taken into account in the projections shown in Appendix 1.

Table 1. People with severe or moderate learning disabilities 18-64			
Aged 18-64	2025	2030	2035
Cheshire East	1,198	1,197	1,192
Cheshire West & Chester	1,125	1,139	1,148
Halton	426	428	431
Knowsley	499	502	510
Liverpool	1,878	1,928	1,974
St Helens	594	601	605
Sefton	846	841	844
Warrington	693	688	681
Wirral	1,015	1,008	1,004

2.4 The above data shows a slight percentage growth for the 18-64 learning disability population for Chester West & Cheshire, Halton, Liverpool and St Helens and a slight decrease for Sefton, Warrington and Wirral. The increases and decreases reflect the total 18-64 population projections for these areas. The 2025 total population figures for each area are shown in Table 5.

Table 2. People with severe or moderate learning disabilities 65+			
Aged 65 and over	2025	2030	2035
Cheshire East	268	300	326
Cheshire West & Chester	229	257	280
Halton	76	84	88
Knowsley	84	95	99
Liverpool	229	251	263
St Helens	111	119	127
Sefton	198	217	228
Warrington	121	136	148
Wirral	214	234	248

2.5 The above data shows a significant percentage growth in the 65+ learning disability population for all areas, although the numbers are quite small. The increase reflects the growth in the total 65+ population for these areas. The 2025 total population figures for each area are shown in Table 5.

Autistic Spectrum Disorder

- 2.6 Some people with Autistic Spectrum Disorders (ASD) may never come to the attention of services, while others may need care services either because they have learning disability or because of the difficulties ASD creates in living independently. It is likely that more people with ASD will be identified over time as diagnostic services improve.
- 2.7 The tables below show the population in need for people with Autistic Spectrum Disorders based on prevalence rates.

Table 3. People with Autistic Spectrum Disorders 18-64			
Aged 18-64	2025	2030	2035
Cheshire East	2,144	2,122	2,109

Cheshire West & Chester	1,982	1,982	1,993
Halton	746	746	754
Knowsley	847	836	850
Liverpool	3,373	3,447	3,529
St Helens	1,067	1,067	1,077
Sefton	1,494	1,475	1,471
Warrington	1,258	1,237	1,224
Wirral	1,801	1,778	1,763

Table 4. People with Autistic Spectrum Disorders 65+			
Aged 65 and over	2025	2030	2035
Cheshire East	926	1,035	1,122
Cheshire West & Chester	791	883	959
Halton	254	278	299
Knowsley	271	302	320
Liverpool	757	827	880
St Helens	377	411	432
Sefton	657	727	772
Warrington	412	467	505
Wirral	718	791	843

Overall Population

- 2.8 To provide a wider context the total population figures for each authority area for 2025 are shown in the table below.

Table 5. Overall Population 2025			
	All ages	18-64	65 +
Cheshire East	394,500	217,600	98,200
Cheshire West & Chester	358,700	203,000	83,200
Halton	131,800	76,600	26,700
Knowsley	154,700	90,000	29,200
Liverpool	516,300	332,300	80,700
St Helens	185,000	107,200	39,800
Sefton	280,400	153,500	71,800
Warrington	212,700	125,000	44,000
Wirral	327,400	183,700	77,400

3. THE NEED FOR ACCOMMODATION WITH SUPPORT

3.1 Introduction

3.1.1 The needs assessment for supported living for people with learning disabilities and/or autism is focused on those individuals who are inpatients or at high risk of inpatient admission and/or those who are eligible for adult social care services. The cohorts are:

- Inpatients in hospital or specialist units
- Those on the Dynamic Support Databases who are high risk of placement breakdown/admission to hospital.
- New placements to care homes and existing residents of care homes
- Young people who are transitioning to adult services
- Living with a family carer
- Those in supported who need to move to alternative supported living but no option is available.

3.1.2 The following table provides an overview of people with learning disabilities and/or autism in receipt of care and support services from each local authority. The case management systems of the local authorities do not record autism as a separate primary needs category. Also, some of the systems record autism differently, which means that there can be variations from one area to another. The data in the table only takes account of those who have been deemed eligible following assessment under the Care Act. There are a number of people who may not meet these criteria for support.

Local authorities	People with Learning Disabilities only	People with LD and/or Autism ¹	People with Learning Disabilities and MH ²	Total
Cheshire East	493	117	56	666
Cheshire West & Chester	744	222	80	1,046
Halton	273	137	44	454
Knowsley	470	144	102	716

¹Excluding Asperger's Syndrome/High Functioning Autism where this need is identified in the data extract

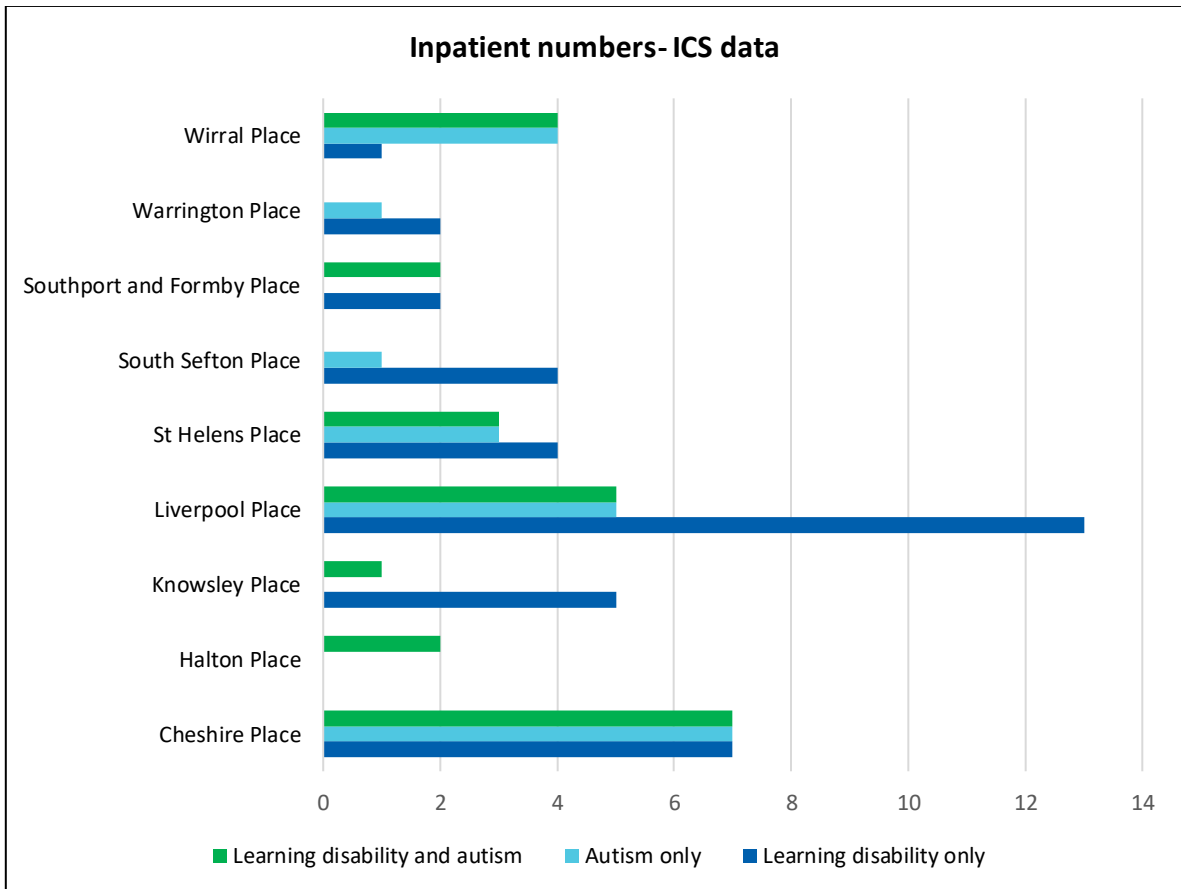
² Including mental health dementia. A prevalence rate for MH has been calculated for Liverpool, St Helens & Wirral

Liverpool	1335	67	151	1,553
St Helens	474	145	66	685
Sefton	537	162	21	720
Warrington	355	144	106	605
Wirral	722	224	101	1,047

3.2 Inpatients

3.2.1 The Transforming Care (TC) cohort comprises those people currently accommodated in an inpatient setting.

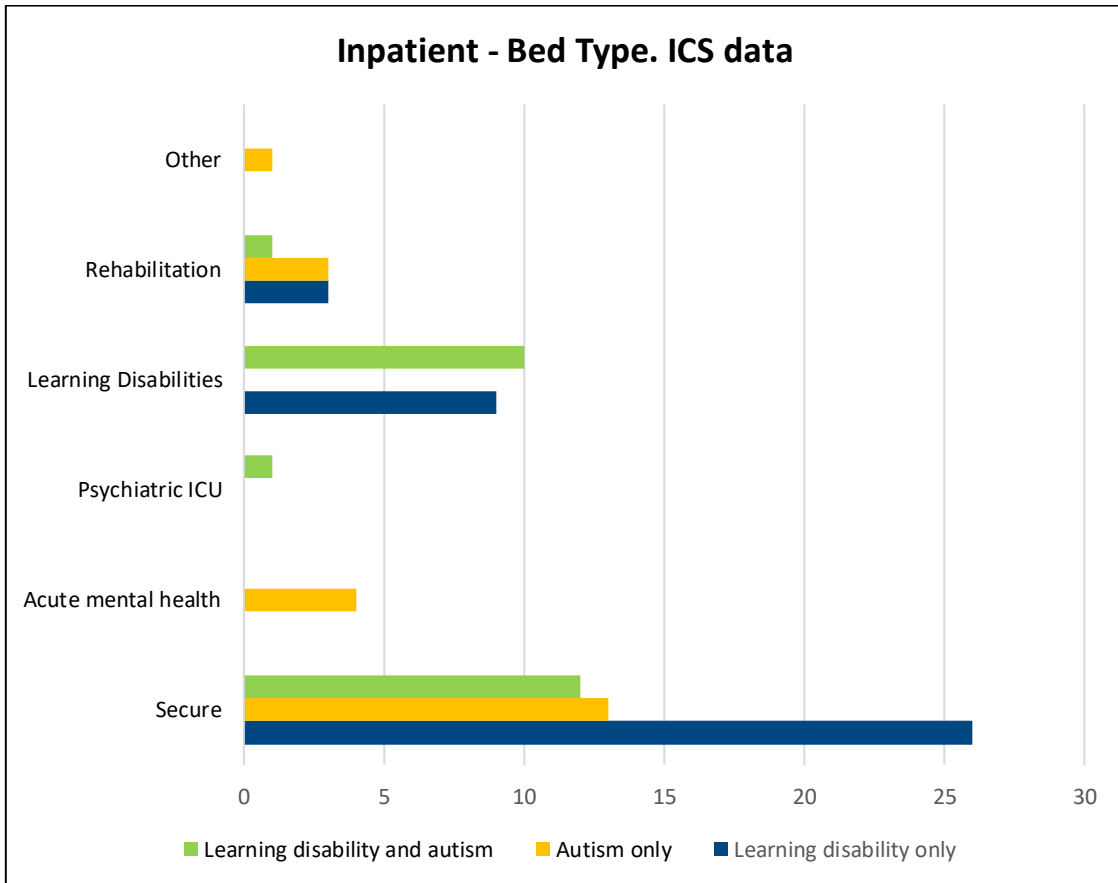
3.2.2 The chart below shows a snapshot of the number of adult inpatients with learning disabilities and/or autism at the 31 December 2021 across the Integrated Care System (ICS). There are a total of 83 inpatients for Cheshire and Merseyside ICS. See **Table 7** in Appendix 3 for more detail.



3.2.3 A number of adults who are in NHSE beds have forensic issues. Although not all these individuals are able to move to supported living schemes, some could move out of hospital if

they were located in areas that met criteria for discharge in terms of where they are allowed to live.

3.2.4 The chart below shows the inpatient bed type in which people with learning disabilities and/or autism are admitted by Cheshire and Merseyside. Most inpatients are placed in secure units. Only a few inpatients are placed in mental health beds. There is also a disproportionate number of people with autism in secure beds. See **Table 8** in Appendix 3 for more detail.

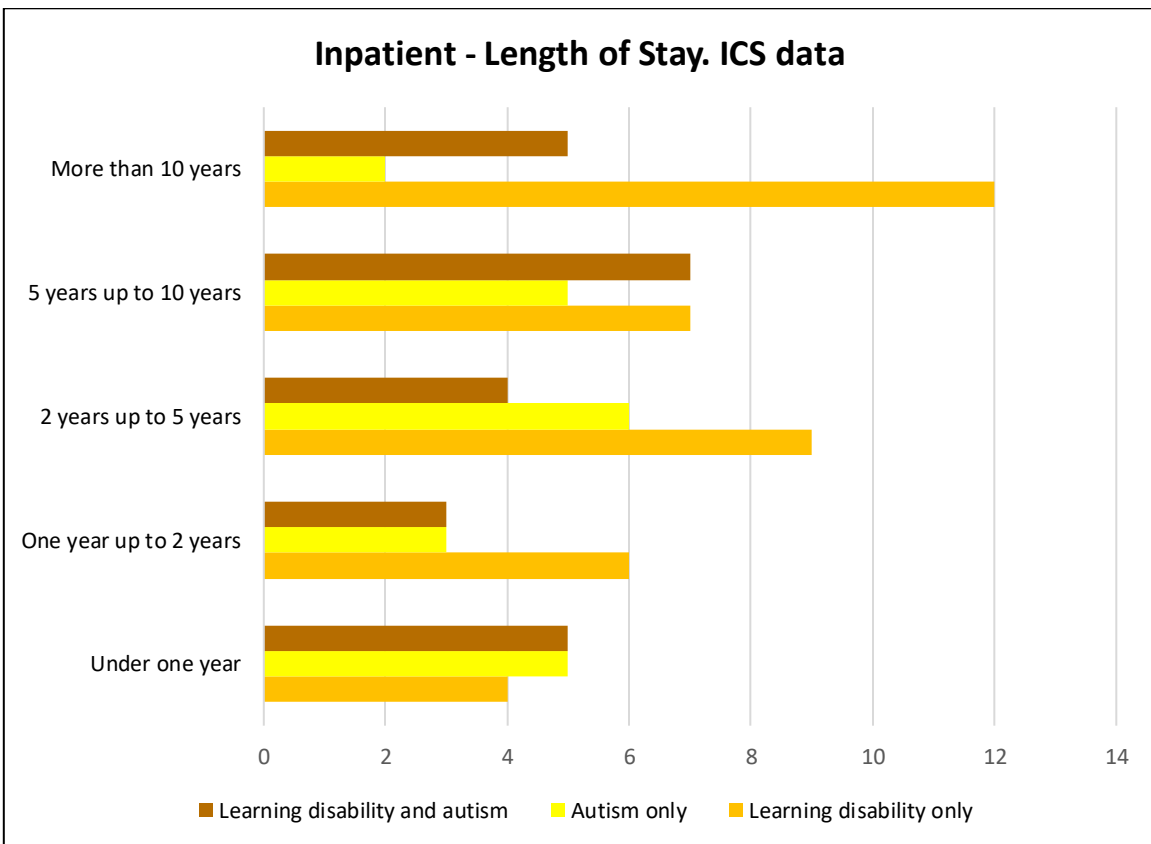


3.2.5 The table below shows inpatients admitted by Cheshire and Merseyside by age. Most inpatients who have autism only or autism with a learning disability tend to be in the younger age bands.

Table 9. In-Patients Age – ICS data	Learning disability only	Autism only	Learning disability and autism
18-24	5	10	6
25-34	9	8	9
35-44	9	1	6

45-54	2	1	3
55-64	10	0	0
65 and over	3	1	0

3.2.6 The chart below shows inpatients admitted by Cheshire and Merseyside by length of stay. There is a significant number of inpatients who are long stay, with 46% having stayed for 2 year or longer. Reviewing the need for housing with care should be done at the point of admission rather than at discharge stage to enable forward planning. See **Table 10** in Appendix 3 for more detail.



3.2.7 The housing needs of inpatients awaiting discharge is shown against each local housing authority in the table below. The table shows those who require a bespoke individual package (housing with care) and supported living.

Table 11. In-Patients with housing needs by LA – ICS data	ICS Beds Bespoke packages ³	ICS Beds Supported tenancies	Spec Comm Beds Bespoke packages	Spec Comm Beds Supported tenancies	Total
Cheshire East	5	0	1	3	9
Cheshire West & Chester	6	4	0	3	13
Halton	1	0	0	1	2
Knowsley	2	0	1	3	6
Liverpool	4	1	3	3	11
St Helens	3	0	1	1	5
Sefton	3	0	1	1	5
Warrington	1	2	0	0	3
Wirral	0	1	1	1	3
Totals	24	8	8	16	56

- 3.2.8 Of those inpatients who are awaiting discharge, 32 need a bespoke housing and/or care package and 24 need a supported living placement. Those placed in specialist commissioning beds are most likely to be subject to Section 117 aftercare and receive joint funded packages as this is a joint responsibility between health, social care and housing.
- 3.2.9 Going forward the intention is to reduce the number of inpatients each year. However, in the North West discharge and admission numbers are similar and for some groups admissions are on the increase. Therefore the projections show that there will continue to be a cohort of inpatients each year who will require housing to be discharged. These requirements should feature in Strategic Housing Development Plans of the housing authorities across C&M in order to ensure the right specialist housing is being developed and is available for those being discharged.

³ A housing and/or care package personalised to an individual.

3.3 High Risk of Inpatient Admission

- 3.3.1 As part of the national Transforming Care agenda, the Care and Treatment Review (CTR) Policy requested that commissioners held a local database of people with a learning disability, autism or both who are at risk of an inpatient admission.
- 3.3.2 The Dynamic Support Database (DSD) is a clinical support tool developed across Cheshire and Merseyside to support the flow of information to commissioners in a standardised and consistent manner. It provides an overall RAG (red, amber, and green) rating which reflects current levels of risk of admission to inpatient services.
- 3.3.3 As part of this project a snapshot of DSD data was collected across Cheshire and Merseyside to provide an understanding of the number of people aged 18 and over who were at risk of admission. NHS commissioners and providers were asked to provide an indication of the number of people who require access to housing with support to avoid an inpatient admission. This data is summarised below:

Table 12. Number of People with LD and/or autism on the DSD: ICS data	Total (RAG)	Amber	Red	Housing & Support Needs
Cheshire East	23	15	8	15
Cheshire West	19	17	2	11
Halton	5	2	3	3
Knowsley	5	1	4	1
Liverpool	80	15	52	18
St Helens	12	4	3	6
Sefton	23	5	18	2
Warrington	4	0	4	4
Wirral	12	6	6	7
Totals	183	65	100	67

- 3.3.4 There are 40 red rated individuals who require housing with support to avoid inpatient admission. Red rated individuals mainly have more complex needs with multiple diagnoses.

Those who are amber rated have needs which are more around a mental health crisis, or with a dip in their mental health, or a momentary increase in challenging behaviours.

- 3.3.5 Most of those who require specialist housing live in the community and need this type of accommodation to avoid an admission. The DSD data shows a reasonable correlation with each authority’s population, although the numbers are greater for Liverpool, with 18 people who require supported accommodation to avoid an admission. There are 7 red rated individuals who are hospital inpatients and require specialist housing to be discharged.
- 3.3.6 The needs assessment assumes that going forward a similar level of accommodation with support will be needed annually by those on the DSD who are living in the community. Those on the DSD who are living in the community are in variety of living circumstances including supported living, living with their family and in care homes. There are many reasons for being on the DSD including living in accommodation that is inappropriate for their needs that impacts on their health and wellbeing and therefore contributes to the risk of carer or placement breakdown.

Inpatients and those at risk of inpatient admission Feedback from Commissioners and Practitioners	
Cheshire East	<p>There is joint work in relation to the TC cohort with the local authority identifying potential accommodation schemes. There are individuals who fall outside the TC cohort who have complex needs, so potentially specialist supported accommodation could be developed for both groups.</p> <p>Supported living packages for local authority individuals are sourced through its brokerage team, with a separate health brokerage team sourcing similar services for the TC cohort with CHC packages. Steps are being taken to align these processes and a joint framework agreement for complex needs is currently being scoped.</p> <p>Provision providing step down from hospital and step up to prevent hospital admission was identified as a gap, with input from behavioural support teams and psychology. Also there is a gap for autism specific supported living providing ‘own front door’ within a more specialist environment.</p>
Cheshire West & Chester	<p>There are about 13 people who need to be discharged from inpatient care and who require supported accommodation to move to, some of which will need to be bespoke.</p> <p>Those who are red rated on the DSD are mainly the more complex individuals and they can on some occasions have multiple diagnoses (e.g. mental health disorder and LD) and/or may have a diagnosis of</p>

	<p>learning disability and autism. One of the biggest gaps is more bespoke accommodation and there have been a number of challenges in developing this type of accommodation through the exempt route.</p>
Halton	<p>Where a housing need is identified for those ready to be discharged from inpatient care, or those on the DSD, the local authority takes responsibility for sourcing the accommodation. A housing panel agrees any nominations to supported accommodation, which are sourced through a provider framework. Some of the individuals on the DSD are living in shared supported accommodation and need to be nominated to a single tenancy.</p>
Knowsley	<p>There is a joint approach to the TC cohort, with ASC identifying properties for people to move out inpatient care. This process involves ASC commissioning a care provider to work with a housing provider to source accommodation and then liaise with the ICB lead. There is a pooled LD budget across the LA and Health for Knowsley and this joint working has resulted in successfully moving people out of hospital into supported accommodation.</p>
Liverpool	<p>There are currently 10 inpatients who need housing to be discharged, although this number does vary over time. Bespoke accommodation is needed because of sensory needs and this may include detached accommodation that is not overlooked. This type of accommodation is very difficult to source.</p> <p>Some individuals are ready to move out of hospital but are not ready for the accommodation model being offered - these individuals often need a short term step down model in a quiet environment. There is some specialist step down in care homes but none in supported living.</p> <p>The core and cluster model is considered ideal for many of these individuals as it provides staffing cover from a 24/7 hub. There are a lot of young people needing to move out of inpatient care who have been detained since the age of 14 – there is a big gap in their lives in terms of developing independent living skills.</p>
St Helens	<p>ASC links with the complex care practitioner at the ICB in relation to the TC cohort. St Helens is in the final stages of completing an autism friendly supported living scheme funded by NHSE to provide 7 self contained flats for the TC cohort. One of the flats is transitional, either for someone who cannot be assessed in their own home, or where long term accommodation has been identified and they need a short</p>

	<p>term solution to be discharged. This scheme will meet the needs of the TC cohort for a couple of years and further schemes will need to be planned.</p>
<p>Sefton</p>	<p>Based on their bed tracker data Sefton has had 5 people ready to move from inpatient care, with one recently moving. There is a multi-disciplinary approach to moving inpatients out of hospital into supported living, with the local authority taking responsibility for sourcing the accommodation. The local authority is usually able to source appropriate accommodation, although the process can be quite complex as properties often need to be adapted based on an OT assessment and DFG funding obtained.</p> <p>Some individuals need specialist accommodation, which involves high levels of staffing, with some needing specialist equipment, sound dampening measures and robust accommodation, particularly for people with autism.</p> <p>In addition to hospital discharge the health and social care system is dealing with other complex clients and overall the TC cohort numbers are increasingly slightly, including those with behaviours that challenge who need specialist accommodation.</p>
<p>Warrington</p>	<p>The number of inpatients is low due to the work of the intervention teams. There is now only one inpatient who needs supported living accommodation to be discharged. Accommodation is sourced through an accommodation panel, which tenders out the supported living needs of inpatients to providers on a Dynamic Purchasing System. If someone needs a bespoke package, the authority will select a care provider to work with a housing partner to provide the accommodation and support required. The authority is developing a two unit supported living scheme with NHSE funding for the TC cohort.</p>
<p>Wirral</p>	<p>Where inpatients are unable to return to a supported living service, it can be quite difficult to source specialist accommodation through the supported living framework, as there is an insufficient supply. Supported living services provided in independent flats are required for this cohort, but with easy access to staff on site – this means that flats need to be clustered together so that providers can staff them more easily.</p> <p>For this complex cohort there are compatibility issues with both shared accommodation, as well as schemes with communal areas. There is sufficient demand to develop a new ‘own front door’ supported living</p>

scheme for a mix of people with complex needs. Based on a recent piece of work about 7 to 8 people were identified - this included a few inpatients, those whose existing placements were at risk of breaking down and people placed in high cost single tenancies. These needs will inform the gap analysis that can then lead to a bespoke one off accommodation development.

3.4 Care Homes for People with Learning Disability and/or autism

- 3.4.1 The needs assessment has assumed that existing placements in nursing homes are unlikely to be able to move to housing with care and support, due to the requirement to have nursing staff on site⁴. This would include CHC placements in care homes.
- 3.4.2 The needs assessment is therefore focused on the number of people who could potentially move from local authority funded or joint funded placements in residential care homes to supported living, including new placements who could be diverted to supported living.
- 3.4.3 The table below shows the number of people with learning disabilities and/or autism who are placed by each local authority in care homes as well as the number of residential care placements including out of area placements.

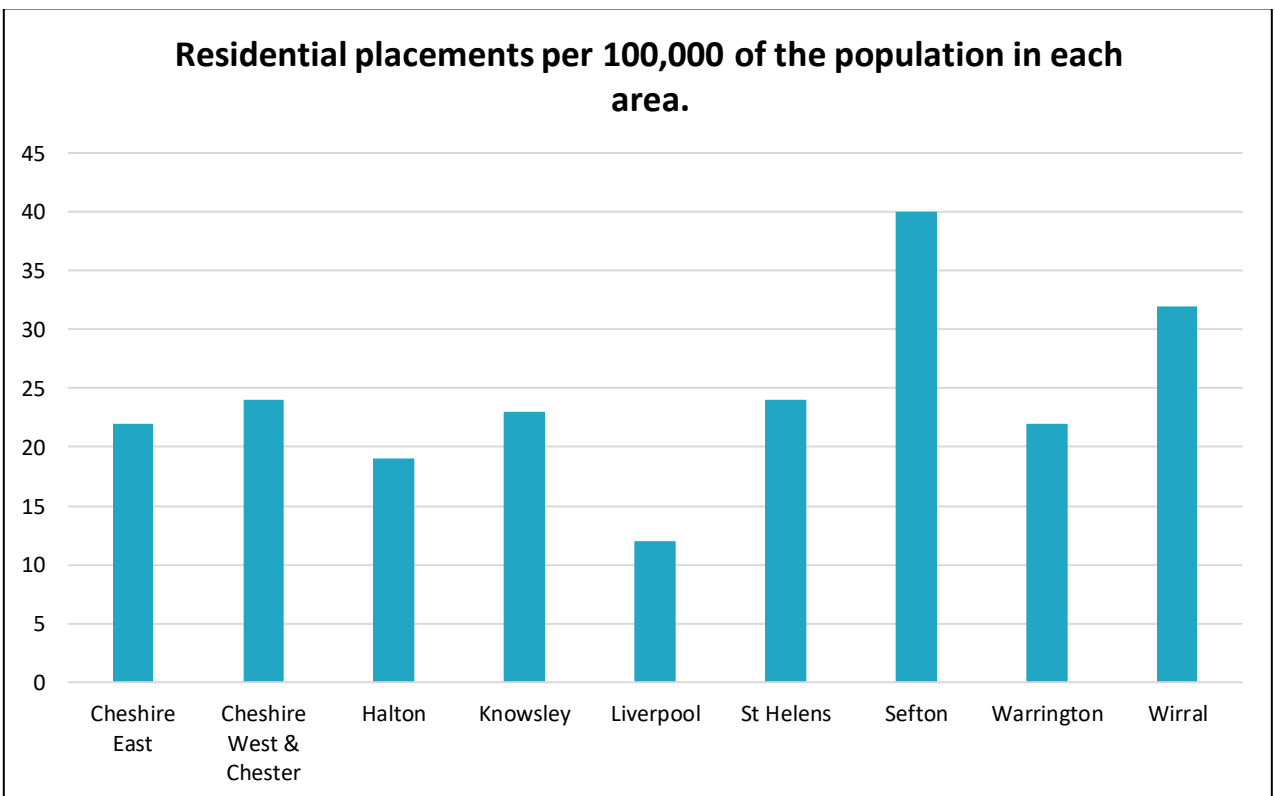
Table 13. Care home placements: LA or joint funded placements	Total number of care home placements (nursing and residential placements)	Total number of residential placements including OOA	Out of area (OOA) residential placements
Cheshire East	98	86	44
Cheshire West & Chester	92	84	42
Halton	32	24	8
Knowsley	50	35	27
Liverpool	99	61	12

⁴ There are some examples of people in extra care housing whose nursing care needs can be met by the community nursing teams, e.g. tissue viability needs, end of life care, peg feeding, controlled injections.

St Helens	51	43	26
Sefton	133	110	17
Warrington	59	47	16
Wirral	111	103	31
Total	686	562	220

3.4.5 The table shows that 220 people are people placed in residential care out of area. There is a policy imperative to repatriate people to bring them closer to home, creating closer links to family and communities and better outcomes in terms of oversight by social workers, which may also result in savings. The extent to which people can be repatriated will depend on how long they have lived in these placements and their connections to the area in which they are living. Often it is difficult for local areas to review care quality and work to move people back who are living out of areas in placements.

3.4.6 The chart below shows significant variations in the use of residential care across the TCP for people with learning disabilities and/or autism. Some areas have low rates of placements in residential care homes, which may be related to the use of supported living to divert people from being placed in residential care. Sefton and Wirral have the highest rate of placements in residential care homes.



**Placements in residential care homes
Feedback from Commissioners and Practitioners**

<p>Cheshire East</p>	<p>There is some potential to divert people from being placed in residential care. One of the reasons for placing people in residential care is the physical environment, so some could be placed in supported living instead if the accommodation had suitable physical adaptations e.g. wet rooms, accessible accommodation. The Complex Needs Framework has enabled more supported accommodation to be provided as an alternative to residential care, but there is still a gap for more specialist accommodation for those with the most complex needs.</p> <p>In terms of existing placements, a lot of the older cohort have been placed for a long time in a residential care setting quite far away. There is resistance from families to moving people back and the costs of bespoke packages are high.</p> <p>Cheshire East wants to actively move people living in residential care in area to supported living. The main issue is being able to share care to replicate the background support provided in a residential care setting – this would mean moving away from single tenancies and will involve clustering units together. Also, the physical environment in supported living needs to be suitable for those with LD who have physical disabilities i.e. the accommodation needs to be provided to accessibility standards.</p> <p>Cheshire East is in the process of mapping out LD needs with the intention of a developing a pipeline of suitable specialist supported accommodation.</p>
<p>Cheshire West & Chester</p>	<p>The strategic approach is to divert people from being placed in a care home to a more independent type of supported living. However, sometimes a care home placement may be appropriate, for example older people with LD with early onset dementia.</p> <p>There have been discussions about bringing back those placed out of area, although some people have made links locally and there can be opportunities for greater independence where they live e.g. moving to greater independence on the same site. The complex care team is reviewing people placed out of borough to assess whether any can return.</p>

<p>Halton</p>	<p>There are some people who could move from care homes to supported living. For example, a couple of people were placed in nursing care during the pandemic, as the authority was not actively placing people in supported living as providers were struggling to accept new referrals.</p> <p>Also, the authority is considering working with one of their care home providers to deregister their care home and change it to supported living.</p> <p>Generally, the cohort in care homes is quite static, although there is potential to move some placements.</p>
<p>Knowsley</p>	<p>There is an overarching council strategy to reduce the number of care home placements for all groups including older people. Some people need to be placed in a care home where there is no suitable supported living option, although this rarely happens. Knowsley is considering bringing people back from out of area placements, although a high proportion have been placed in these care homes for a good reason and many have established community links. There is potential to bring young people back in area, although some are placed out of area in a school setting. Some residential care providers will try to place young people in their own residential care following an educational placement, which can be costly.</p>
<p>Liverpool</p>	<p>About 10 years ago there was a push for the authority to reduce the use of residential care for LD and this resulted in a number of homes being deregistered. Now most people living in care homes are placed appropriately.</p> <p>There are a number of young people living in residential care and the aspiration is to move some of this group to a less restrictive environment, particularly those who moved into a care home as step down.</p> <p>Two newly planned residential care developments could support complex patients that need to be discharged e.g. those with complex autism – these will provide 16 units across two developments.</p>
<p>St Helens</p>	<p>Some individuals from care homes have been moved into a new supported living scheme. Residential care homes can provide a step down where an individual first moves out of hospital into a care home and then onto moves onto supported living. Most of those who have</p>

	<p>the potential to move are generally younger or have not been placed for a long time.</p>
<p>Sefton</p>	<p>Some people living in residential care could move to a less restrictive setting – this includes longstanding placements as well as recent admissions. There is some resistance, both from professionals and families, to moving people from residential care to supported living due to a perception that they are safe where they are.</p> <p>From a performance perspective Sefton is an outlier in terms of the use of care homes, so the strategic focus of the council is to improve that picture. Sefton scrutinises new assessments of those under 65 to ensure that they not placed in residential care, which is usually a last option. Sefton uses the LCR framework and its own local framework to source supported living, as an alternative to residential care placements.</p> <p>Those who are older and have been living in residential care for some time have become institutionalised and would be the most difficult cohort to move on. Most people placed out of borough require a specialist placement.</p>
<p>Warrington</p>	<p>Some of those placed in out of area residential care homes are settled and may have family nearby. Others were placed out of area as there was no provision in the borough.</p> <p>The pathway is just being developed to bring people back in area to supported living – it will be very similar to the accommodation panel process. There are some very complex people placed out of area and there is no complex supported living in area. One possibility is to consider a cross authority complex needs supported accommodation scheme with neighbouring authorities.</p> <p>Those placed in residential care in borough could potentially move to supported living – possibility about 2 people a year.</p>
<p>Wirral</p>	<p>Regular reviews are carried out of those who are placed in care homes, with most of those out of area living in specialist placements. The feedback suggests that most are settled.</p> <p>Some people have been assessed as needing to step down from residential care to supported living but the numbers are not large.</p>

3.4.7 The key factor in bringing back out of area placements is the provision of suitable specialist accommodation with appropriately skilled support staff. Repatriating out of area residential care placements is a complex process as it involves a best interest assessment and dialogue with families, as well as identifying or developing alternative provision.

New Placements to Care Homes

3.4.8 Department of Health and Social Care (DHSC) Short and Long Term (SALT) data on care homes placements has been reproduced in the tables below showing trends in the number of new placements made each year by the local authorities, during the most recent three year period.

3.4.9 The number of new placements for adults aged 18-64 each year is shown in the table below:

Table 14. New care home placements aged 18-64 with LD and/or Autism: LA or Joint funded				
18-64		18/19	19/20	20/21
Cheshire East	Residential	8	3	5
	Nursing	2	4	0
Cheshire West & Chester	Residential	6	2	10
	Nursing	0	1	1
Halton	Residential	1	0	2
	Nursing	0	0	0
Knowsley	Residential	0	1	2
	Nursing	0	2	0
Liverpool ⁵	Residential	4	12	9
	Nursing	2	3	1
St Helens	Residential	4	2	1
	Nursing	0	2	1

⁵ For Liverpool the dates from the case management system have been used and not SALT data. These dates may show the start of the most recent care package review rather than the date of the placement

Sefton	Residential	3	2	1
	Nursing	0	1	0
Warrington	Residential	19	2	2
	Nursing	8	1	1
Wirral	Residential	3	5	4
	Nursing	0	0	0
Average No of placements p.a		7	5	4

3.4.10 The table below shows the trend in new placements to care homes for people aged 65 and over.

Table 15. New care home placements aged 65 + with LD and/or Autism: LA or Joint funded				
65+		18/19	19/20	20/21
Cheshire East	Residential	1	0	1
	Nursing	0	1	1
Cheshire West & Chester	Residential	2	0	0
	Nursing	0	0	1
Halton	Residential	0	0	1
	Nursing	1	0	0
Knowsley	Residential	2	0	0
	Nursing	0	0	1
Liverpool	Residential	4	2	2
	Nursing	1	1	0
St Helens	Residential	0	2	0
	Nursing	1	5	0
Sefton	Residential	2	0	0

	Nursing	0	0	0
Warrington	Residential	1	0	1
	Nursing	7	0	0
Wirral	Residential	1	0	1
	Nursing	1	1	1
Average No of placements p.a.		3	1	1

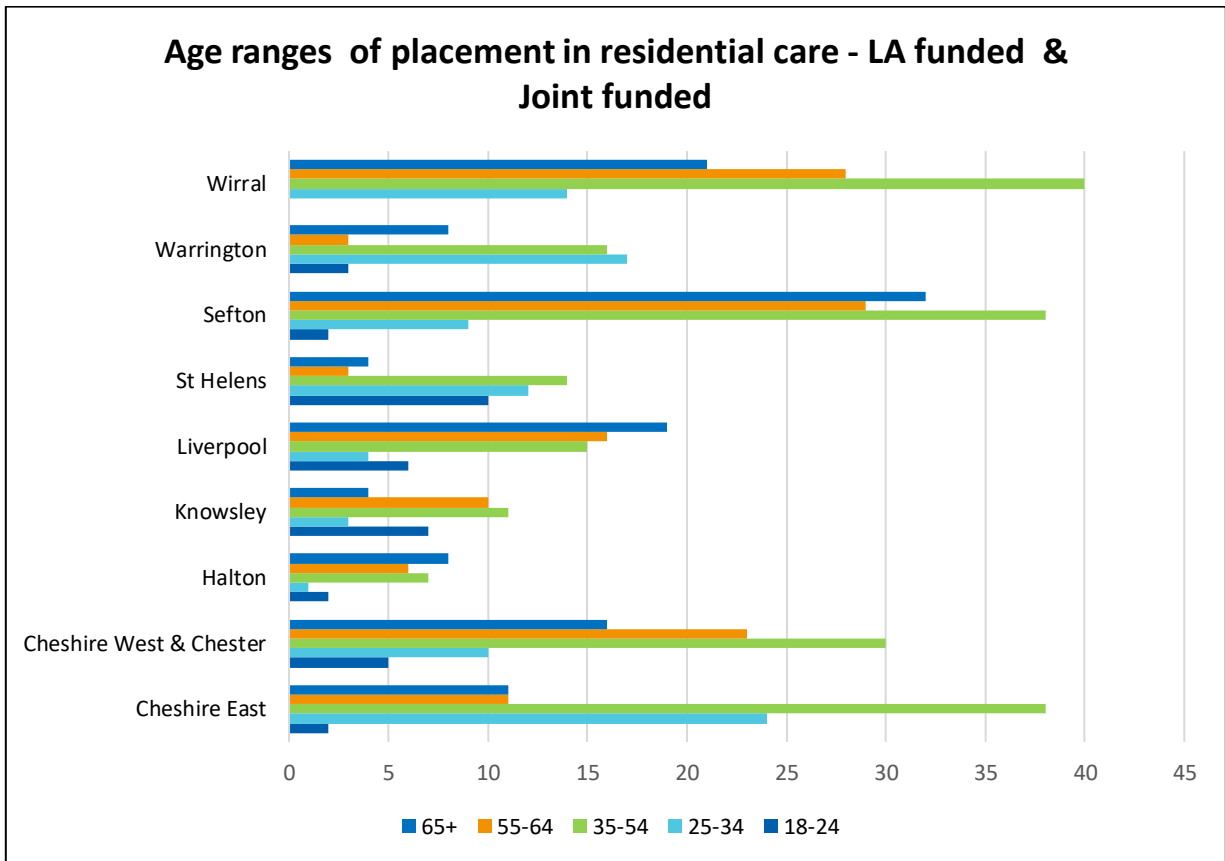
3.4.11 The tables show that the overall trend in the number of people placed in residential care homes is at quite a low level, although in some years there are high spikes in numbers for a few authorities. Covid is likely to have had an impact on the number of new placements in care home for 19/20 and 20/21.

3.4.12 Some new placements to residential care for those aged 18-64 could potentially be diverted to supported living, with the vast majority of new placements aged 65+ requiring a care home placement.

Age of people living in residential care homes

3.4.13 An analysis of the age profile of those in residential care homes is summarised in the chart below. See **Table 16** in Appendix 3 for more detail.

3.4.14 The chart shows that a number of authorities have significantly more adults of working age in residential care than other authorities. This could be a reflection of the availability of housing options locally. All these placements are Care Act eligible and have received a formal diagnosis of learning disability and/or autism.



3.4.15 The needs analysis assumes that most of those aged 65 and over living in residential care are less likely to be able to move to a new setting, although some potentially could. The needs analysis is therefore focused on those aged 18-64 living in residential care homes, as the cohort with the most potential to move to supported living. Some of those aged 55-64 may require extra care housing, where they have relatively low needs.

3.4.16 The analysis of residential care placements per 100,000 of the population shows that Sefton and Wirral have the highest rates of working age placements in residential care.

Complexity of needs of people living in residential care homes

3.4.17 Another factor that needs to be taken into account is the complexity of care needs. The weekly placement fees have been used as a proxy for the complexity of the care needs (with those with fees in excess of £2,000 a week assumed to have highly complex needs), as shown in the table below.

Table 17. Cost per week for Residential Care: LA or Joint funded placements				
	Over £2,000	£1,000-£2,000	£500-£1,000	Under £500
Cheshire East	42	29	8	7
Cheshire West & Chester	35	32	14	3

Halton	3	12	5	4
Knowsley	18	9	8	0
Liverpool	12	20	22	6
St Helens	11	27	4	1
Sefton	10	12	66	22
Warrington	30	12	3	2
Wirral	35 ⁶	21	43	4

- 3.4.18 The needs assessment has assumed that those who are over 65 with highly complex needs are more likely to remain living where they are, while those who are younger are more likely to be able to move to a more independent setting. Many individuals with complex needs are placed in specialist residential care homes out of area and may be settled in these areas.
- 3.4.19 An analysis of high cost placements by 100,000 of the population shows that Cheshire East, Cheshire West & Chester, Knowsley, Warrington and Wirral have the highest rates of these types of placements.
- 3.4.20 Table 13 below shows the number of people with highly complex needs by age.

Table 18. Numbers living in residential care with complex needs by age: LA or joint funded placements					
	18-24	25-29	30-64	65+	Out of area
Cheshire East	1	10	31	0	29
Cheshire West & Chester	5	2	22	6	25
Halton	2	1	0	0	2
Knowsley	6	2	10	0	16
Liverpool	2	0	9	1	6
St Helens	2	2	6	1	10

⁶ A separate report was provided by Wirral on the weekly costs of residential care for high cost placements where the main data report showed costs over £10,000 p.w.

Sefton	1	0	6	3	5
Warrington	3	10	15	2	12
Wirral	0	5	29	1	15

3.4.21 An analysis of high cost placements by 100,000 of the population shows that Cheshire East, Knowsley, Warrington and Wirral have the highest rates of complex working age adults' placements.

3.4.22 The number of people who are most likely to be able to move to supported living each year is based on the feedback from stakeholders. Generally, those out of area are more likely to be placed in specialist provision, with only a few being able to move back in area to supported living. Those with complex needs placed in area, who are younger and are not long stay residents, are more likely to be able to move (see length of stay below).

Length of Stay

3.4.23 The length of time that an individual has lived in a care home is a factor that has been considered by the needs analysis, as it may not be in best interest of individuals to move from a care home where they have lived for a long time.

3.4.24 The needs analysis has assumed that those who have lived in a care home for 5 years or less are more likely to be able to move to supported living. The needs assessment has estimated the number who have lived in a residential care home for 5 years or less as follows⁷.

Table 19. Length of stay of 5 years or less for those aged 18-64 & 65+: LA or Joint funded placements			
	18-64	65+	Out of area ⁸
Cheshire East	27	3	6
Cheshire West & Chester	19	6	13
Halton	6	3	5
Knowsley	5	3	2

⁷ The number of new placements of 5 years or less has been based on an annual rate derived from the SALT new placement data for the past 3 years apart from actual care package start dates over the past 5 years for Liverpool and Wirral.

⁸ The proportion of out of area placements has been derived from the actual data for Liverpool and Wirral as the data for other authorities showed the start of the placement from the review date.

Liverpool	35	16	9
St Helens	12	3	3
Sefton	10	3	3
Warrington	26	4	9
Wirral	33	5	9

3.4.25 The needs assessment has made assumptions about the number of placements who have the potential move to supported living each year, based on the feedback from stakeholders. This cohort will have different levels of care needs, including low support needs and complex needs.

3.5 Young People Transitioning to Adult Services

3.5.1 Data has been obtained on the number of young people with profound or severe learning disabilities aged 8 to 17, who are either in receipt of local authority Children’s and Young Persons (C&YP) services or under an Education and Health Care Plan (EHCP). Some of this cohort will have both a learning disability and autism.

3.5.2 This data is shown in the table below and can provide a basis for projecting the number that may transition to adult services at the age of 18 over the next 10 years, although the actual numbers each year may be higher or lower.

Table 20. Young People with learning disabilities and/or autism in receipt of C&YP services or under an EHCP ⁹										
Ages	8	9	10	11	12	13	14	15	16	17
Cheshire East	45	45	45	29	29	29	29	29	36	36
Cheshire West & Chester	20	21	14	26	26	23	20	17	11	13
Halton	13	13	13	10	10	10	10	10	12	12
Knowsley	20	20	14	14	14	14	14	20	20	20
Liverpool	48	58	52	58	43	48	39	42	41	31

⁹ The ECHP data for 5 authorities has been calculated by applying a prevalence rate for profound and serious LD to the total number of people with an ECHP in the relevant age groups. These authorities are Cheshire East, Halton, Knowsley, St Helens and Sefton.

St Helens	16	16	16	11	11	11	11	11	16	16
Sefton	21	21	21	18	18	18	18	18	29	29
Warrington	30	26	25	32	23	22	31	32	33	41
Wirral	47	35	36	39	14	31	29	29	29	25

- 3.5.3 Adult social care has different assessment criteria to C&YP services, which means that some young people who receive children’s services may not be Care Act eligible for adult services. A number of authorities pointed out that young people often have large care packages through C&YP services and if they transition their care packages usually reduces following an assessment.
- 3.5.4 Transitions teams can be involved with young people from the age of 16 and up to the age of 25. This housing needs assessment has concentrated on those who are aged 18 and 19 and are on the point of transitioning or have recently transitioned. The housing needs of those who have transitioned and are aged 20-25 are picked up in the other sections of this assessment e.g. living with family, in a care home.
- 3.5.5 Most young people will continue to live with their family carer once they have transitioned and may want to move to supported accommodation at a later stage. Others may experience carer breakdown when they transition and need to move to supported accommodation straightaway. Some will be looked after children who need to move from a placement in a children’s home and others will be placed in educational residential placements where some will remain after they have transitioned.
- 3.5.6 The table below summarises the needs of those who transition, based on discussions commissioners and with practitioners in each authority. Where information has not been obtained on the housing needs of those that have transitioned an assumption has been made about the number who require supported accommodation, taking into account the number in receipt of an ECHP and the number of 18 or 19 years olds recorded in the case management systems.

Young People Transitioning Feedback from Commissioners and Practitioners	
Cheshire East	There is an estimated need for about 7-10 units of supported living from the 18 to 19 year old cohort who have transitioned. Those who have had a high level of respite care through C&YP services are more likely to go straight into supported living when they become 18, as the families cannot provide this level of support. For those with moderate needs there appears to be sufficient supported living in Cheshire East,

	<p>but there is limited robust bespoke accommodation for those most challenging needs which is a gap in provision.</p> <p>People can continue in residential education up to the age of 25, although most these placements end when they are 19 or 20. Some providers move these individuals into their own supported living, making it difficult to move them back to their original community as they are located in different parts of the county. There is a need to engage with these providers so that individuals can be supported to move back to their previous community.</p>
<p>Cheshire West & Chester</p>	<p>There have been challenges sourcing suitable specialist supported living for those coming through transitions as there is no provision in the area. Many of these individuals are in residential education placements.</p> <p>The transitions team has worked with commissioning to identify the need for supported accommodation. Several projects are being planned for those transitioning to adulthood, including hub and spoke accommodation, own front door apartments and some bungalows – these have been based on the needs coming through transitions and will accommodate 12 people.</p> <p>There is now greater planning between C&YP and ASC taking place for those coming through transitions and an intervention team is being created for people who are transitioning and have autism only.</p>
<p>Halton</p>	<p>The transitions team in Halton works closely with ASC commissioning , where housing needs are identified. Young people who are referred to the housing panel include those where there has been a breakdown in carer arrangements, as well as those needing to move on from a residential educational establishment. Most want their own front door, either in single tenancies or accommodation that is clustered. This is a gap in provision as the authority struggles to accommodate young people who are 18+ who have transitioned.</p>
<p>Knowsley</p>	<p>There is an estimated 1-2 people coming through transitions who need accommodation. The number who transition does not capture those who are not in receipt of services and where there has been carer breakdown due to their behaviours escalating after they have left specialist schools. The council is developing a 0-25 team that will include children’s and adult social workers and this will enable work to take place with transitions cases much earlier.</p>

<p>Liverpool</p>	<p>There are significant numbers of young people coming up to 18 who will transition to adult services. Those that are placed by C&YP in accommodation tend to be placed in a restrictive environment with a high level of support – these services are particularly expensive. ASC assessment processes are focused on promoting independence, so the aim is to place individuals in a less restrictive environment.</p> <p>About 10 young people who transition to adult services require accommodation, either immediately to replace a high-cost C&YP placement or at a later stage during the transition process – some will be looked after children and some will have been detained in hospital from the age of 14 and will need to be discharged when they 23/24 years old. It was acknowledged that more joined up work is needed when young people are 17 and coming up to 18 to prepare for transitions and source suitable accommodation with support.</p>
<p>St Helens</p>	<p>There are about 2-3 people who have transitioned and are awaiting accommodation through the housing panel, although these numbers are slightly inflated as they been waiting for some time. ASC is working with a housing provider to turn four properties, each with 6 self contained flats, into supported living – one of the properties will be a hub for transition cases.</p>
<p>Sefton</p>	<p>About 20-25 young people transition to adult services each year. The authority works with about 12 transition cases at any one time who require supported accommodation. The environment needs to be made suitable for those whose behaviours challenge, as well as for adaptations for physical disabilities. These young people are either living with the families or need to move on from a residential school.</p>
<p>Warrington</p>	<p>The number that transition from Children’s with Care Act eligible needs is about 15 a year. About 5 a year need supported living accommodation, with the majority moving into shared accommodation. During the past 18 months clustered ‘own front door’s schemes were developed for people with autism and the transitions cohort; one 5 with units and another with 13 units. Those who require supported accommodation when they transition are mainly looked after children and those in residential colleges. Many of this cohort want to live in shared accommodation but some are too complex to share their environment.</p>

Wirral	<p>There are about 25 young people a year who transition to adult services each year, with most living with their families. The numbers of young people who need to move into supported living straightway is about 2 to 5 each year, mainly those who are looked after children.</p> <p>People with complex who are living with their families may require supported living earlier than necessary, due to a lack of access to respite services for complex needs. This includes those who have moved back to their family home when their residential educational placement has ended. These individuals are aged up to 25.</p> <p>Wirral has developed a transitions supported living scheme for 8 people aged 18-25 to meet these needs.</p>
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3.6 Living with a Family Carer

3.6.1 This section of the needs analysis looks at those with learning disabilities and/or autism who are living with a family carer. The table below shows the number people with learning disabilities and/or autism living with a family carer by age band. All those aged 50+ are likely to be living with at least one elderly carer aged 75+ ¹⁰.

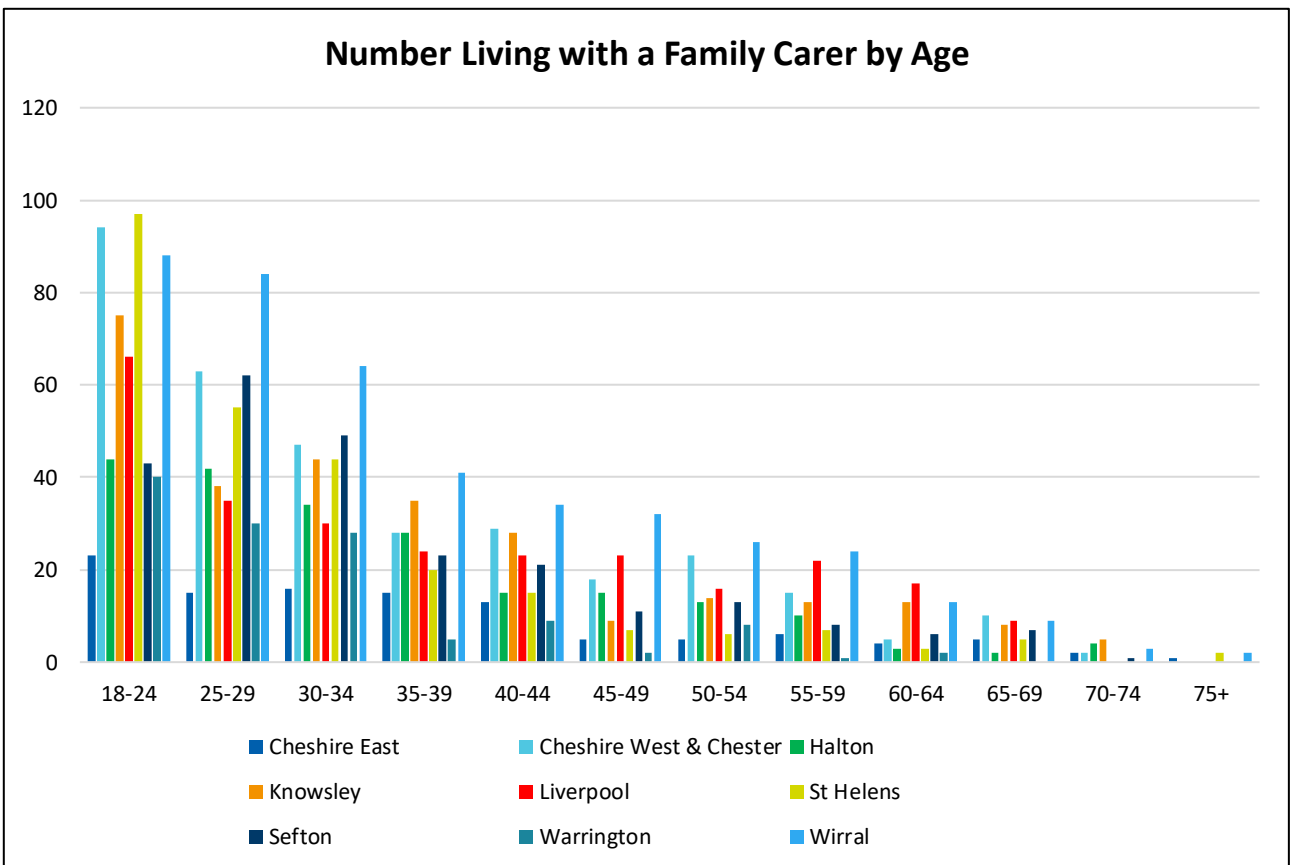
Table 21. Age bands for people with learning disabilities and/or autism who are living with a family carer: LA or Joint funded					
	18-19	20-24	25-29	30-49	50+
Cheshire East	4	19	15	49	23
Cheshire West & Chester	21	73	63	122	55
Halton	4	40	42	92	32
Knowsley	14	61	38	116	53
Liverpool	13	53	35	100	64
St Helens	22	75	55	86	23

¹⁰ Based on an average age of 25 for giving birth to a first child in the early 1970's.

Sefton	6	37	62	104	35
Warrington	3	37	30	44	11
Wirral	17	71	84	171	77

3.6.2 Young people in their 20’s and 30’s living with their families have been identified by the needs assessment as a group who could potentially move to supported living as part of the process of becoming more independent, although their housing opportunities may be limited with some ending up in inappropriate accommodation. Those aged 50+ who are living with elderly parents may require supported living as their carers age, with some requiring extra care housing.

3.6.3 The chart below illustrates that the number of individuals living with their family declines by age, as they move into alternative options such as supported living, shared lives, independent tenancies and care homes. Appendix 3 includes **Table 22** with detailed figures.



3.6.4 The need for supported living for those living with their families has been based of the feedback from stakeholders. The main cohorts who require supported living are young people wanting greater independence and those living with older carers who end up in crisis and need to move.

- 3.6.5 One of the issues identified by stakeholders is that family carers are often reluctant for their child to move into a more independent setting. However, some stakeholder feedback suggests that the younger generation of family carers may be more willing for their children to live more independently than the older generation of family carers.

People living with a family carer/s Feedback from Commissioners and Practitioners	
Cheshire East	There are not many young people who want to move from their families to supported living. Cheshire East has a respite service based on a supported living model, which enables young people to develop life skills. Most of those who use the respite service are aged 17/18 and this is resulting in more young people gaining experience of a supported living setting. This service enables a smoother journey into supported living for those who want to move from their family home. For the cohort living with older parents, the need for supported living usually occurs when there is a crisis – the number over the past few years has been high due to parents dying or becoming seriously ill as a result of Covid.
Cheshire West & Chester	There are some young people who want to move from the family home to greater independence. Also there are cases of people living with older carers, where a crisis can occur for a number of different reasons. The immediate response is to try to place the individual in an emergency bed, although there is a lack of emergency bed capacity available.
Halton	The younger group, who are living with their family and need supported accommodation, tend to be those up to the age of 25 who have already transitioned when a crisis occurs. There is less demand from the younger group over the age 25, with the demand for supported living tending to be from those who are living with an older carer and experience a crisis.
Knowsley	There is demand for supported living both from those in their 20's and 30's living with their family who want greater independence, as well as from those who have had a crisis and need their own accommodation. For the older cohort, living with older parents, the need for supported living is usually the result of a crisis. This cohort has not built up independent living skills so are more likely to need a shared housing model – however, they could also be supported to live in a more independent setting where this type of model is

	<p>available. Providing more independent supported living is the intended approach being adopted by the council to developing new provision.</p>
<p>Liverpool</p>	<p>There is a need for young people to move on from the family homes; however parents can become quite concerned about such a move. The approach involves sourcing supported accommodation that provides a level of independence, as well as ongoing support, as some individuals can be exploited if they move to general needs housing in the community. In particular the core and cluster model was identified as being suitable for meeting these needs.</p> <p>There is a piece of work being done around planning such moves with carers, to try to prevent crisis interventions. Another issue around planning is the need to avoid a crisis where an older carer has health problems, or their partner dies, and they cannot look after their child. One solution suggested is to try and house them together e.g. in adjacent flats in an extra care housing setting. There is a need to expand the older person's extra care housing model in Liverpool to include supporting those with LD.</p>
<p>St Helens</p>	<p>There appears to be a demand for people who are living with a family carer, covering a spectrum of ages. ASC co-produced a supported living service with parents and a housing partner in 2020 – the scheme is a 24/7 supported living service including those with autism but not complex needs. The accommodation is in self contained refurbished social housing with some communal space. The same process could be replicated where further demand is identified.</p>
<p>Sefton</p>	<p>For young people the demand for supported living depends on what is discussed at assessment stage and the options presented. A lot of young people who are living at home attend day centres and this can result in setting up a service around a group who know each and is specific to them. However, most family carers like to keep young people at living at home, although some realise that they cannot manage as they become older. For older people with learning disabilities supported living is considered a better option than residential care. The authority has ambitions around extra care housing for older people, which could also accommodate some people with learning disabilities over the age of 55.</p>

Warrington	Generally, people are moving to independence younger, so there is some demand for supported living. Parents of younger people tend to have different lives to the older cohort of parents. Crises do occur for those who are living with older family carers – Warrington has two respite services, with one service providing a longer stay which allows time to find alternative accommodation.
Wirral	There doesn't appear to be a huge demand from the cohort in the 20's and 30's for supported accommodation, but there is a steady number who want to move out of their family home each year. Those living with older family carers tend to need supported accommodation when an emergency occurs e.g. their carer is admitted to hospital or dies. Most older people with learning disabilities living with a family carer tend to have moderate needs. Some are placed in standard residential care for older people, others may be placed in specialist LD residential care and others may go into extra care housing for older people or supported living.

- 3.6.6 A strong theme has emerged around people reaching crisis before alternative accommodation options are considered, especially for older people living with elderly carers. There is a need to explore interventions that enable a planned move to supported accommodation before a crisis occurs.
- 3.6.7 Extra care housing for older people is a useful option for those with learning disabilities and/or autism who do not have behaviours that challenge. As most ECH for older people requires applicants to be aged 55+, only those who meet this criterion can be accommodated. Some ECH scheme for older people can be flexible with their age criteria, although most young people with learning disabilities prefer to live in age appropriate accommodation.

3.7 Supported Living

- 3.7.1 The number of people who are living in supported living for people with learning disability and/or autism based on the case management snapshot is as follows:

Table 23. Number of People with Learning Disabilities and/or autism placed in Supported Living	
	Number of placements
Cheshire East	359
Cheshire West & Chester	405

Halton	124
Knowsley	221
Liverpool	817
St Helens	214
Sefton	283
Warrington	241
Wirral	363

- 3.7.2 An individual may need to move from supported living if there are compatibility issues or the property is no longer suitable. Where an individual moves from one supported living placement to another, it is equivalent to a transfer – so the demand is effectively neutral.
- 3.7.3 Some individuals want to move to a different model of supported living but are unable to do so where no provision is available. This can be the case where a person needs to move from shared accommodation to an ‘own front door’ supported living model - for example people with complex needs who are having problems sharing with other people. Also, the properties may no longer be suitable for those who have developed physical disabilities and can no longer live there.
- 3.7.4 This demand is difficult to quantify as most people will continue to live in their existing supported accommodation, until an alternative is sourced. Some of these individuals may be recorded on the DSDs, where they are at risk of inpatient admission, due to the need to move. This needs assessment includes an estimated figure for new supported living provision to meet this demand, taking into account the number of people on the DSDs.
- 3.7.5 Each authority is in the process of replacing or remodelling existing supported living stock. This can be for the following reasons:
- High levels of voids due to the accommodation being shared. There can be difficulties making a compatible match where a void occurs. For example most young people do not want to share with people in their 60’s and 70’s.
 - The properties are not future proofed for people who are becoming older and more frail and have problems with their mobility.
- 3.7.6 Generally the authorities want to grow their supported living provision alongside replacing or remodelling existing supported living stock. The growth is intended to meet new needs (e.g. coming through from transitions) and unmet needs (e.g. living in residential care or

with a family carer). The replacement programmes are intended to meet the needs of those already living in supported living, as well as future proof the housing stock.

3.8 Other Circumstances

3.8.1 There are a number of other living circumstances, where people may need to move to supported living instead.

3.8.2 The analysis of the case management data has found that some people are living in a temporary situation. All these individuals have care packages so the temporary situation is different to that for homeless households living in temporary accommodation. These individuals are often living in the following circumstances:

- Guest of family or friends
- Placed in an acute health care facility/temporary placement

3.8.3 It has been assumed that about 20% of these individuals will need to move to supported living each year, with the remainder either moving back to a family carer, or into local authority general needs accommodation, or placed in a care home (see table 22).

Table 24. People living in temporary circumstances: LA or Joint funded care package	
	Apportioned based on population of LA
Cheshire East	11
Cheshire West & Chester	10
Halton	4
Knowsley	4
Liverpool	14
St Helens	5
Sefton	8
Warrington	6
Wirral	9
Total	71

- 3.8.4 As the number of people with learning disabilities and/or autism who live in a temporary situation fluctuates over time and from one authority to another, the needs assessment has apportioned the total number from the snapshot on the basis of the population for each authority.

4. HOUSING SUPPLY ANALYSIS

4.1 Living Circumstances

4.1.1 The living circumstances of people with learning disabilities and/or autism, based on a snapshot of each local authority's case management system, are as follows:

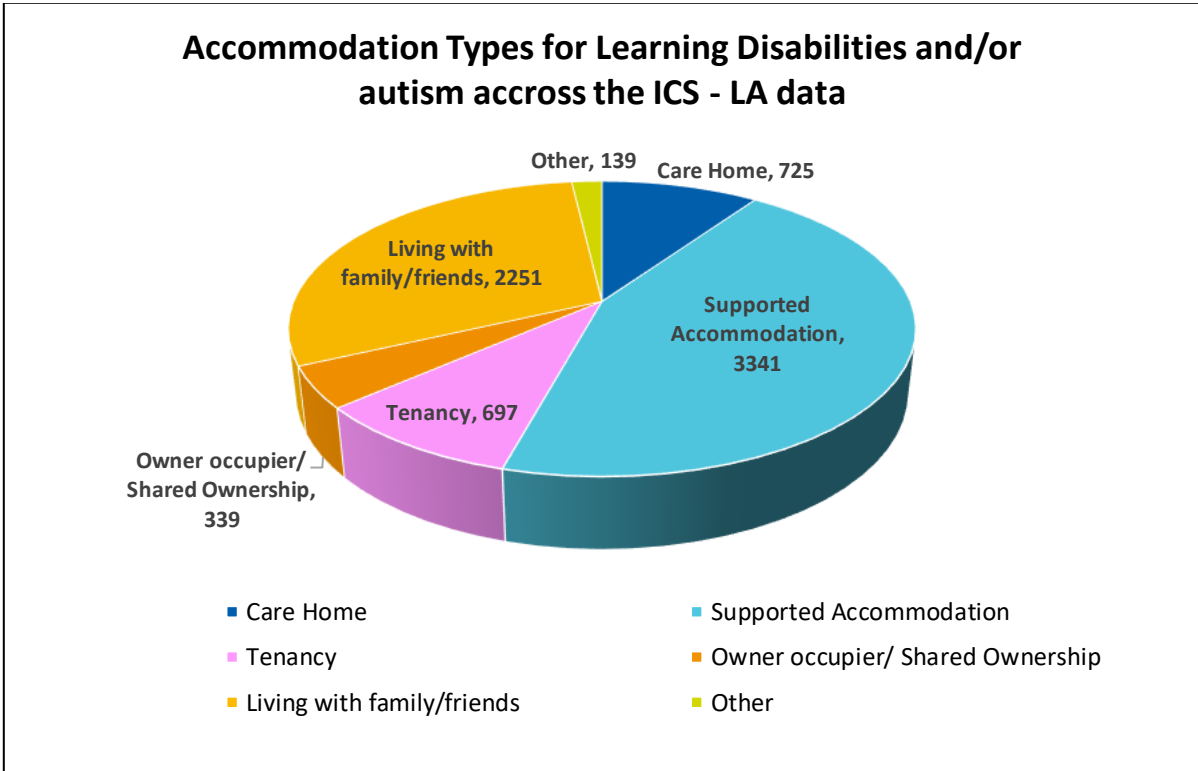
Table 25. Accommodation LA data	Cheshire East	Cheshire West	Halton	Knowsley	Liverpool	St Helens	Sefton	Warrington	Wirral
Residential Care	86	84	24	35	61	43	110	47	103
Nursing Care	12	8	8	15	38	8	23	12	8
Shared lives	2	12	6	36	59	0	5	32	30
Supported Living ¹¹	359	405	124	221	817	214	281	241	363
Extra care or sheltered	5	17	3	30	34	13	2	10	20
Tenancy: LA/RP	42	90	31	72	108	63	26	56	41
Tenancy: PRS	30	48	4	12	0	18	14	20	22
Owner/Shared Ownership	12	25	18	13	155	48	6	51	11
Living with family	110	334	210	282	265 ¹²	261 ¹³	244	125	420
Temporary stay	5	10	26	0	1	0	9	4	10
Community – not recorded	3	13	0	0	15	16	0	7	18
Other	0	0	0	0	0	1	0	0	1

¹¹ The figures for supported living are those recorded on each authority's case management system

¹²As 'living with family' was not recorded we assumed that the 'unknown' entries were living with family. This data was only used where there was a corresponding Liverpool post code.

¹³ It has been assumed that those with no accommodation status recorded and who have direct payments/day care were 'living with relatives' (86 in total).

4.1.2 The pie chart below provides an overview across the ICS of the accommodation types for people with learning disabilities and/or autism who are in receipt of a care package, either fully funded by the local authority or joint funded with health.



4.1.3 Supported living involves accommodation being provided separately to care and support. This means that an individual retains their accommodation even where the care provider changes. Supported living accommodation can be provided in purpose built accommodation or designated ordinary accommodation, either as shared accommodation or self contained flats/bungalows. Where an individual obtains a tenancy through the housing register or a private landlord the accommodation has been defined as ‘tenancy’ for this report.

4.1.4 As supported living can be recorded under a number of categories, the analysis has primarily used the data recorded under ‘accommodation status’ to identify this type of accommodation. The information recorded as ‘care package’ has provided a secondary source of data, which has either been used as a validation check or for accommodation type where there was no record under ‘accommodation status’ ¹⁴.

4.1.5 Some of those recorded as ‘tenants’ in the case management systems may be living in supported accommodation. A tenant is defined as someone who is living in general needs local authority and Registered Provider (RP) housing or Private Rented Sector (PRS) accommodation, which is not designated for learning disability and/or autism. The analysis

¹⁴Care package data was used extensively to identify those in Liverpool living in residential care.

has validated the data as far as possible to ensure that only those living in general needs tenancies are shown under the category ‘Tenancy’¹⁵.

4.1.6 The data shows lower numbers living in a PRS tenancy than a social housing tenancy, which would be expected as the PRS sector generally does not provide secure accommodation. Three authorities have a relatively high numbers living in owner occupied/shared ownership accommodation, which may either be related to the promotion of shared ownership locally, or the tenure of the individual being misunderstood e.g. some may be tenants rather than shared owners.

4.1.7 Some case management systems have a category ‘living with family/friends’. Previous CT research has found that the category ‘living with family/friends’ almost exclusively records those living with a family carer, as households living with friends are normally living in a shared tenancy or shared supported living.

Supported living involves accommodation being provided separately to care and support. This means that an individual retains their accommodation even where the care provider changes. Supported living accommodation can be provided in purpose built accommodation or designated ordinary accommodation, either as shared accommodation or self contained flats/bungalows.

4.2 Living Circumstances of People with Autism

4.2.1 The case management systems of the local authorities do not record autism as a separate primary needs category. However, the systems do allow for health conditions to be recorded under the main category of learning disability, which includes autism.

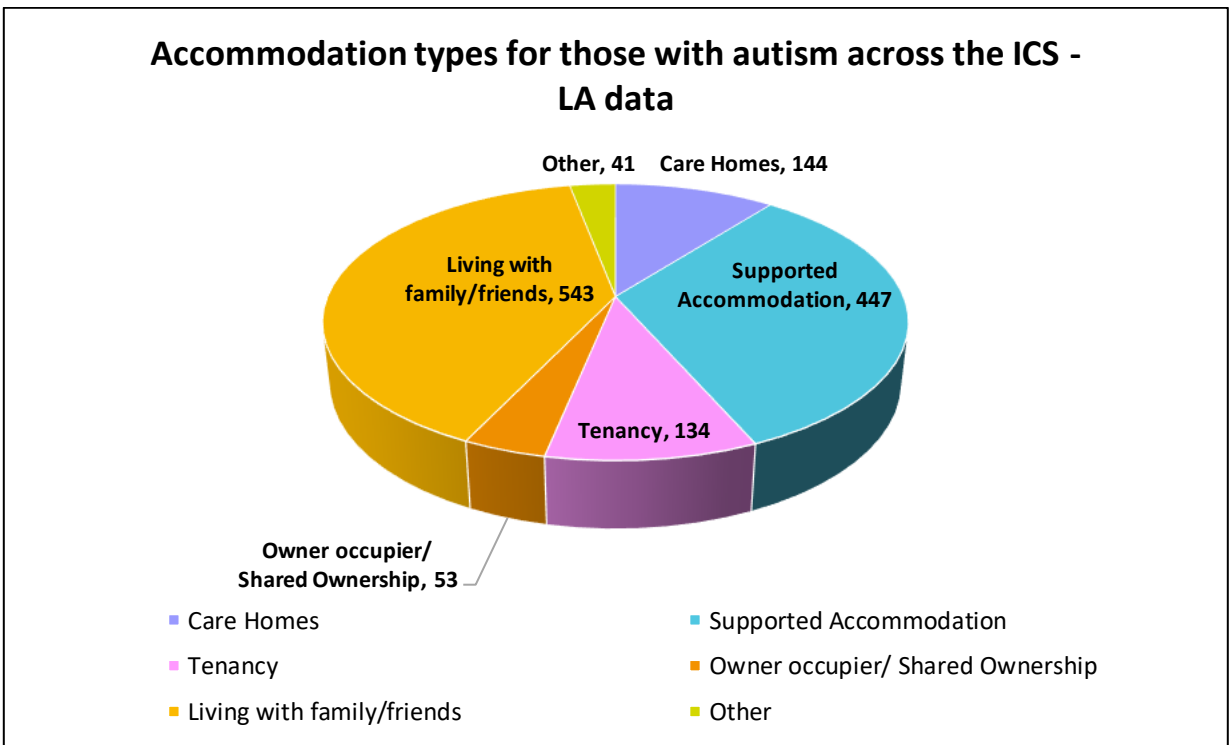
4.2.2 The table below provides a summary of the living circumstances of those recorded with autism in the local authority case management systems (not including people with Asperger’s syndrome or high functioning autism).

Table 26. Accommodation of people with Autism . LA data	Cheshire East	Cheshire West	Halton	Knowsley	Liverpool	St Helens	Sefton	Warrington	Wirral
Residential Care	27	31	4	8	1	16	15	14	18
Nursing Care	3	1	2	1	0	0	2	1	0
Shared lives	1	3	1	4	1	0	0	0	4

¹⁵ Tenancy type was not recorded by Liverpool therefore it has been assumed that all are LA/RP tenancies

Supported Living	49	72	39	41	35	30	49	35	76
Extra care or sheltered	1	1	0	3	1	0	0	0	1
Tenancy: LA/RP	4	16	8	15	5	13	6	31	6
Tenancy: PRS	4	8	1	3	0	0	4	5	5
Owner occupier/ Shared Ownership	3	6	5	2	14	6	5	12	0
Living with family	21	79	71	67	10	67	78	38	112
Temporary stay	4	2	6	0	0	0	3	1	1
Community – not recorded	0	3	0	0	0	13	0	5	1
Other	0	0	0	0	0	0	0	2	0

4.2.3 The pie chart below provides an overview across the ICS of accommodation for people with autism who are in receipt of a care package, either fully funded by the local authority or joint funded with health. Most of these individuals will also have a learning disability.



4.3 Commissioned Supported Living

- 4.3.1 Each authority has commissioned a significant number of supported living services. Some supported living placements are commissioned from providers on a volume basis with nomination or referral rights. Most placements, however, are sourced from approved providers on a framework agreement or Dynamic Purchasing System, either for an individual or for a group of individuals.
- 4.3.2 Supported living care and support packages are either exclusively funded by the local or joint funded with health. Where new supported living accommodation needs to be developed, local authorities mainly source this provision through an approved care provider working in partnership with a not for profit Registered Provider who leases properties from a developer. The capital costs of the accommodation are met through private finance, with the RP claiming higher rates of exempt Housing Benefit to cover the lease payments and other housing costs.

Commissioning Supported living Feedback from Commissioners	
Cheshire East	Supported living services are called off from a Complex Needs Dynamic Purchasing System (DPS). A lot of existing supported living has been decommissioned where there were nomination and void arrangements in place. There is flexibility in the DPS to call off volume services e.g. a cluster of supported living flats. The vast majority of new supported living developed through DPS providers is based on the own front door model, as this is the message that the authority has given to the market.
Cheshire West & Chester	All commissioned services are sourced through the Dynamic Purchasing System (DPS) with 90+ providers contracted to supply supported living. The existing supported living accommodation is mainly provided in shared housing, although the authority has been moving towards more 'own front door' units - one of the scheme currently being developed has 17 units of self contained one and two bed flats. The intention is to source more own front door supported living and over the past 2 years the authority has begun to exert a stronger influence over the market, in particular requiring any lease arrangements to be with non for profit RPs.
Halton	The council has a number of 'framework' supported living properties – there are about 4/5 properties with nomination agreements in place. The majority of the accommodation is shared supported living. There are a few properties which are own front door schemes, with 9, 10 and

	<p>12 flats in each property. There is currently no pipeline as the council is working on an LD housing strategy. Going forward the council will commission providers from the Liverpool City Region’s framework, which is intended to delivery the requirements of the LD housing strategy once it has been published.</p>
<p>Knowsley</p>	<p>Knowsley has historical shared supported living stock commissioned with nomination and voids agreements; although the council struggles with voids and matching, most of this accommodation is occupied. More recently the council developed a scheme of self contained flats and bungalows, which is now fully occupied. Also, the council is looking at integrating more options for people with learning disabilities alongside extra care housing e.g. a block of 8 flats for LD has been developed on the side of an extra care block.</p>
<p>Liverpool</p>	<p>All supported living is commissioned through the care and support providers on the Liverpool City Region framework, with the care provider having a separate arrangement with the Registered Provider around nominations and voids for rents. The council doesn’t have any formal agreements for nominations or voids. This arrangement reduces liabilities to the council, although there is less control.</p> <p>The council has had conversations with care providers and housing partners about not commissioning shared housing going forward, unless it is for a specific targeted small group of individuals. 160 core and cluster units have been developed over the past 3 years for new people coming into the system and for reprovision. In addition, there is a pipeline of about 100 core and cluster units.</p>
<p>St Helens</p>	<p>The council has commissioned supported living schemes with voids and nomination agreements, as well as a framework agreement of approved supported living providers. Placements can be sourced through the provider framework, where there are no suitable voids in commissioned services. There are 123 placements in 63 properties, including commissioned and framework supported living services. In addition, there is a large number of inhouse supported living units. A new supported living development is at planning stage, which will deliver 7 ground floor apartments for LD/autism with the first floor providing general needs housing for the over 55’s.</p> <p>One of the most significant findings from a recent service review is that the supported living housing stock in St Helens is not suitable for meeting people’s future needs. People’s mobility needs are changing</p>

	<p>and the properties are not lending themselves to being adapted. Framework providers are keen to work with the council to develop supported living as clustered flats to better meet needs and improve economies of scale.</p>
Sefton	<p>Sefton currently uses the Liverpool City Region (LCR) framework to commission supported living care packages from the approved providers. Where specialist accommodation needs to be secured quickly, Sefton can approach the RPs it works with and can make a direct award to an approved provider.</p> <p>Sefton has been considering the future approach to commissioning care and support services for supported living. This is likely to involve continuing to use the LCR flexible purchasing framework, as 90% of Sefton’s supported living providers are registered on this system</p>
Warrington	<p>Warrington commissions supported living by calling off placements from approved providers on a DPS. Where an individual needs supported living the providers will be approached to bid through the DPS. If a bespoke accommodation solution is needed, for one or more people, a care provider is selected from the DPS who then works with a housing partner.</p> <p>The council is going through a process of RAG rating supported living services to assess whether they are fit for purpose for the future, particularly for people aged 50+. Some of the supported living services will need to be decommissioned and replaced with ground floor accommodation and level access. People will need to move out and will be accommodated through the accommodation panel process.</p> <p>Warrington not only want to decommission/replace existing provision but also want to grow the market to meet new needs or unmet needs.</p>
Wirral	<p>The Council is going through a process of decommissioning 2,3 and 4 bed shared supported living schemes and replacing them with ‘own front door’ supported living schemes involving clustering self contained flats together – Wirral Council define this accommodation as specialist LD extra care housing (for all ages). Wirral’s own front door developments have had an impact on reducing the level of voids in supported living. Currently there are 85 own front door units with another 22 coming on line in 2023. The council’s approach is not to grow the supported living market and instead develop more capacity through replacing existing provision resulting in lower voids.</p>

4.3.3 The table below shows the number of supported living placements in each authority, either made as a result of nomination rights to commissioned services or called off from a framework agreement or DPS.

Table 25. Supported Living for people with learning disabilities and/or autism ¹⁶	Number of units	Per 100,000 of the population ¹⁷
Cheshire East	359	93
Cheshire West & Chester	405	117
Halton	124	96
Knowsley	221	146
Liverpool	817	163
St Helens	214	118
Sefton ¹⁸	283	102
Warrington	241	114
Wirral	363	112

4.3.4 The number of supported living placements are shown as a rate per 100,000 of the population to enable comparisons to be made.

4.3.5 The comparison shows that per head of population the number of supported living units for Cheshire East is quite low compared to other authorities, while Liverpool has the highest number of supported living placements per head of population.

4.3.6 The local authorities have various processes for placing people in supported living. Generally this involves a panel process for referrals/nominations into existing supported living, which may include representatives from social care, health and OTs. Fully funded health clients are not usually able to access local authority commissioned supported living.

¹⁶ The data is from a snapshot of each authority's case management systems.

¹⁷ Total population in each area.

¹⁸ Stakeholder interviews suggested that there were over 300 placements. The different may be due to fluctuations in the number of placements.

Placing People in Supported Living Feedback from Commissioners and Practitioners	
Cheshire East	A dedicated brokerage team calls off services from a complex needs DPS. The indicative costs are sent to providers and they bid for the care package. When the bids come back the social workers will assess the bids against a matrix. Although the process works well, the care providers have problems sourcing sufficient staff and properties.
Cheshire West & Chester	The process for placing people in supported living first involves filling any voids that have arisen in commissioned services. If there is nothing suitable then the providers on the DPS would be approached with a pen portrait of the individual who requires supported living. Those providers that respond are interviewed and the successful provider is contracted at the DPS rate, depending on the needs of the individual. No voids are paid by the authority nor are there any nomination rights. Generally, there is less response from DPS providers to individual packages and more response to groups of people who need supported accommodation, which can then lead to a new development. There are particular challenges in sourcing specialist supported living placements for transitions, especially for those whose residential educational placements are ending.
Halton	<p>There is a two stage process for referrals to supported living. The needs of referrals are first discussed by a housing needs group – if there is a suitable vacancy the referral goes to the housing panel. If someone needs general needs housing, they are advised to apply to through the property pool. If someone needs specialist accommodation, then the framework providers will be approached to find out if they have any specialist accommodation available in their portfolio.</p> <p>The housing panel also receives referrals from people who are living in supported living where the current setting is not suitable. Often, they are in shared accommodation and need a single tenancy. Generally, the needs of the supported living population is quite stable and where there is a need it is usually about finding the right void for the person to move to rather than the person moving out to emergency or other accommodation.</p>
Knowsley	Knowsley use the Liverpool City Framework for placing people in supported living, with brokerage in ASC managing the placement process. Social workers approach the brokerage service when they are looking for a placement. Existing voids in commissioned supported

	<p>living are considered first and if there nothing suitable the brokerage team go out to providers on the framework. However, there are not that many providers on the framework that have properties in Knowsley, which have not already commissioned by the council.</p>
Liverpool	<p>There are plans to move to an accommodation panel. The current brokerage approach is not sufficiently targeted about linking people to voids and providers are not putting themselves forward to potential opportunities to provide supported living placements. So the intention of a panel is to move to an approach that is more considered in terms of how the person is matched to supported living provision and takes account of issues such as geography and compatibility, where shared housing is provided.</p>
St Helens	<p>St Helens has an accommodation panel which meet fortnightly. The accommodation panel look at voids in commissioned services for those who need supported living, to assess whether they can be matched. There is also a framework of providers for calling off supported living placements where voids are not suitable to meet needs.</p>
Sefton	<p>Sefton has set up a housing needs panel and those who need supported living are referred to the panel. Where a need is identified the authority calls off providers from the LCR framework to provide a supported living service. Where something more bespoke is required to meet specific needs a soft market test is carried out with the approved care providers.</p>
Warrington	<p>Warrington has established an accommodation panel to place people in supported living. The process first involves a social work assessment, with the social workers attending a pre-panel meeting to gain an oversight of the person's needs. The panel looks at whether there are any voids in commissioned supported living and, if not, calls off a placement through a provider DPS.</p>
Wirral	<p>Wirral has an ebrokerage referral system for supported living whereby referrals are made electronically and then considered by a panel. There can be between 1 and 10 referrals considered by each panel and a decision on nominations to a supported living provider is communicated through the ebrokerage system. The contractual arrangements involve people being placed in supported living on an individual placement basis.</p>

- 4.3.7 The needs assessment has involved estimating the number of placements made each year, either as a result of relets to commissioned schemes or through calling off a placement in an existing scheme from a framework/DPS. The number of new placements made each year will vary depending on the level of voids in existing supported living schemes.
- 4.3.8 A notional figure has been calculated for the number of new supported living placements made each year, as the number can fluctuate considerably - this calculation is intended to smooth out the fluctuations. It is estimated that the number of new placements made annually is about 7% of existing placements, as shown in the table below:

Cheshire East	25
Cheshire West & Chester	28
Halton	9
Knowsley	15
Liverpool	57
St Helens	15
Sefton	20
Warrington	17
Wirral	25

- 4.3.9 Some of the authorities have supported living schemes that are in development but have not yet been let. When these schemes come into management the new placements will reduce the needs identified for the year in which they are let.
- 4.3.10 New lettings have not been taken into account in the projections as these units are not yet available. Going forward new schemes will generate voids over time, although voids are unlikely to be available in the first few years of a new supported living scheme, as these schemes are intended to provide long term accommodation.

4.4 General Needs Housing

- 4.4.1 There is a demand from people with learning disabilities and/or autism for ordinary general needs housing. Access to general needs social housing is through a local housing register. The feedback suggests that those who need access to general needs housing have lower care and support needs that can be met through visiting support.

- 4.4.2 This needs assessment is focused on the demand for supported living, including specialist accommodation, purpose built accommodation and general needs housing that has been designated for people with learning disabilities and/or autism. Supported living is more appropriate for people with moderate and severe needs, including those with very complex needs.
- 4.4.3 General needs housing can be designated as a specific supported living scheme for people with learning disabilities and/or autism. A small block of general needs flats can be designated so that it is allocated outside the housing register process, for example through a learning disabilities accommodation panel. Single bespoke tenancies are sometimes needed for people who are unable to live near to others – in these circumstances the property often has to be located so that it is not overlooked and there are no neighbours close by.
- 4.4.4. Some of the feedback received suggests that it can be difficult to access general needs housing through the housing register and that people with learning disabilities and/or autism who are living with their family are not a high priority. Where an individual requires general needs housing there needs to be support for making an application and reasonable adjustments made to the lettings process. Other feedback suggest that some individuals can become exploited and isolated where they are allocated a general needs social housing tenancy, putting them at risk.

5. GAP ANALYSIS AND PROJECTIONS

- 5.1.1 This section of the report draws together the findings of the needs assessment including the assumptions used, the gaps identified and the projections over a 10 year period.
- 5.1.2 The needs assessment does not take account of those currently living in supported living who want move to general needs housing, nor those living in general needs housing who are unhappy with their accommodation. These are not treated as ‘new needs’ for supported living as they require a transfer to/within general needs housing stock.
- 5.1.3 The needs assessment and projections are based on the following assumptions:

Inpatients	The ICB data has been used on those who are inpatients and have been identified as needing supported accommodation. It has been assumed that inpatient numbers will slightly decline over the period for most places, although one place will slightly increase.
At risk of inpatient admission and placed on DSD	It has been assumed that the number of people on the DSDs, who required accommodation with support, will remain at a similar level. Although early prevention services may reduce the number of actual hospital admissions, and prevent crises, it has been assumed that those identified as requiring accommodation with support will continue to need this option. The interventions arising from being placed on the DSDs may enable a planned approach to sourcing accommodation with support. The needs assessment has taken into account any overlap between those identified as needing supported accommodation on the DSDs and those identified as needing supported accommodation who are living in residential care, with family etc.
New placements to residential care aged 18-64	The SALT data shows the number who are placed in residential care homes annually aged 18-64. Stakeholder feedback has informed the number of new placements aged 18-64 who could potentially be diverted to supported living.
New placements to residential care aged 65+	The SALT data shows the number who are placed in residential care homes annually aged 65+. Stakeholder feedback has informed the number of new placements aged 65+ who could potentially be diverted to supported living.

Residential care – aged 18-29 with complex needs	Stakeholder feedback and previous CT research has informed the number of young people aged 18-29 with complex needs who could potentially move from a residential care home to supported living each year. Complex needs supported living would need to be developed for this cohort.
Residential care – 18-64	Stakeholder feedback and previous CT research has informed the number living in residential care aged 18-64 who could potentially move to supported living each year. Most of these will have been placed for less than 5 years, although others could also move with the right support and accommodation.
Residential care – 65+	Stakeholder feedback and previous CT research has informed the number living in residential care aged 65+ who are not long term residents and could potentially move to supported living each year. Some may need extra care housing for older people to live independently.
Young people transitioning to adult services aged 18-19	Stakeholder feedback and previous CT research has informed the number of young people who transition to adult services each year and are likely to require supported living when they transition, with the vast majority continuing to live with their families, foster placements or other options. ECHP and C&YP data for those aged 8-17 has been used for the projections.
Young people aged 20-29 living with their family	Stakeholder feedback and previous CT research has informed the number of young people aged 20-29 who are living with their families and are likely to require supported living each year.
Living with their family aged 30-49	Stakeholder feedback and previous CT research has informed the number of people aged 30-49 who are living with their families and are likely to require supported living each year.
Living with elderly carer	Stakeholder feedback and previous CT research has informed the number of people aged 50 and over who are living with elderly carer/s and are likely to require supported living each year.
Living in supported living and need to move to other supported living	Those who are currently living in supported living and need to move to another supported living unit, but there is no suitable accommodation to meet their needs. This demand requires new provision to be developed. The estimate takes into account that some of those on the DSDs who need to move are living in supported living.

Living in temporary accommodation	Based on previous CT research it has been assumed that 20% of people living in temporary accommodation are likely to require supported living each year, with others returning to their family carers or moving into local authority housing or moving into a care home.
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Gap analysis by local authority area

5.1.4 The gap analysis involves taking the data collected for each cohort, applying the estimated need for supported living to each, taking into account an average number of placements made annually and then calculating a net demand for supported living p.a.. The estimated number of supported living units p.a. required to meet net demand is shown in the table below:

Table 28. Supported Living	Number of new units required p.a.
Cheshire East	18
Cheshire West & Chester	19
Halton	7
Knowsley	11
Liverpool	14
St Helens	10
Sefton	16
Warrington	6
Wirral	8
Total	109

5.1.5 The picture is complicated because each authority is involved in decommissioning and/or remodelling existing supported living provision, to rebalance their property portfolio. This replacement process generally involves moving from shared accommodation to the ‘own front door model’ including reconfiguring existing housing.

5.1.6 The replacement process will reduce voids and potentially release some capacity to meet future needs for supported living. The replacement process usually involves an authority

retaining a similar level of supported living housing stock, depending on the extent to which decommissioned services are replaced or remodelled.

- 5.1.7 The supported living market can also be grown to meet the future needs identified by this report. Although the overall learning disability population will not grow significantly over the next 10 years, a programme of growth will be needed to provide greater choice and appropriate housing options for those who would ordinarily live with their family or be placed in a care home or be admitted as an inpatient.
- 5.1.8 The scope of the needs assessment does not involve a detailed analysis of the remodelling or replacement programmes. However, reference is made to these programmes in the next chapter of this report.
- 5.1.9 Another aspect to the gap analysis is the type of supported living models required to meet net demand. Discussions were held with stakeholders about potential models, some of which are still evolving and others that are actively being developed. The supported living models discussed with stakeholders are outlined below:

Models of Supported Living	
Cheshire East	Bespoke purpose built units for the TC cohort in clustered flats or a group of bungalows with facilities for staff and no shared space– for LD/autism and autism only A cluster of six bungalows built to a high specification is at concept stage.
	Intensive step down/step up supported living – interim accommodation for discharge from hospital and prevention of hospital admission with the input of behavioural support teams, psychology etc.
	Own front door clustered supported living flats with communal areas, both for younger and older cohorts. A few blocks of flats to be planned each year with about 8 units in each block with a care hub/communal space.
	Access to extra care housing for older LD cohort
Cheshire West & Chester	Bespoke purpose built units for the transitions cohort in clustered flats and some shared flats Three projects at the development stage but held up due to HB issues. One with 6 units, one with 7 units and one with 6 units.

	<p>Own front door clustered supported living flats with communal areas – including meeting the needs of the older cohort living with a family carer</p> <p>17 units currently in development comprising one bed and two bed flats.</p>
	<p>Bungalows clustered together that can be linked to supported living flats nearby</p> <p>12 flats and 5x2 bed bungalows at the development stage but held up due to HB issues. The 2 bed bungalows are to allow for carers.</p>
Halton	<p>Bespoke purpose built units for the TC cohort in clustered flats or bungalows with facilities for staff and no shared space</p> <p>Exploring the development of a couple of new build properties.</p>
	<p>Bungalows clustered together</p>
	<p>Own front door clustered supported living flats with communal areas</p>
Knowsley	<p>Bespoke purpose built units for the TC cohort in clustered flats or bungalows</p>
	<p>Bungalows clustered together – one and two bed</p> <p>Exploring a new scheme to provide 6 specialist bungalows for complex needs with one as an emergency unit. Two person units include a carer.</p>
	<p>Own front door clustered supported living flats with communal areas /linked to clustered bungalows</p>
	<p>Access to extra care housing for older LD cohort</p> <p>A new extra care scheme is due to come into management in 2025 with two wings – one for 55+ and the other 12 units for LD and MH. Older people with LD could access the 55+ wing.</p>
Liverpool	<p>Bespoke purpose built units for the TC cohort</p>
	<p>Own front door clustered supported living flats with communal areas</p>
	<p>Core and cluster based on the own front door model</p> <p>There is a pipeline of about 100 core and cluster units.</p>

	Bungalows clustered together
	Access to extra care housing for older LD cohort
St Helens	Bespoke purpose built units for complex cases including single tenancies for those who cannot live in clustered housing
	<p>Own front door clustered supported living flats with communal areas</p> <p>A new supported living development is at planning stage which will deliver 7 ground floor apartments for LD/autism with the first floor providing general needs housing for the over 55's.</p> <p>ASC is working with an RP to turn four properties, each with 6 self contained flats, into supported living – one of the properties will be a hub for transition cases.</p>
	Bungalows clustered together so that background support and night care can be shared
Sefton	Bespoke purpose built units for those with complex needs in clustered flats including TC cohort
	Using DFGs to adapt properties for those with more complex needs including some from TC cohort
	Hub and spoke scheme with the hub providing support to more independent flats using a Key Ring model
	<p>Access to extra care housing for older LD cohort</p> <p>There are plans to develop 5 large ECH schemes during the period up to 25/26. People with LD over 55 will be eligible</p>
Warrington	<p>Bespoke purpose built self-contained units clustered together for complex cases including TC</p> <p>The authority is developing a two supported living bungalows with NHSE funding for the TC cohort</p> <p>4 fully accessible bungalows for adults with LD</p>
	Single tenancies with Key Ring support (to step down from 24/7 provision)
	Own front door model with clustered supported living flats and communal areas with background support (e.g. similar to ECH)

	Core and cluster accommodation with the core providing background support to independent units nearby
Wirral	Bespoke purpose built own front door hub and spoke model for people with autism and people with complex needs including the TC cohort
	Own front door clustered supported living flats with communal areas (this is known as specialist extra care for LD) Ongoing programme of replacement units with 22 new units due to be completed

5.1.10 One of the main themes coming through the discussions with stakeholders was the need to move away from single tenancies to clustered ‘own front door’ models, to enable care to be shared and to provide economies of scale. Some individuals may still need single tenancies away from other people and neighbours, but this type of supported living is considered the exception for a few individuals.

5.1.11 The views from commissioners and practitioners confirms that most people with learning disabilities and/or autism want to live in self-contained accommodation and would like to have a range of housing options including:

- Bespoke accommodation for people with complex needs, clustered together as flats or bungalows with staff facilities and no communal space
- Own front door model with self contained flats clustered together with staff facilities and some communal space. Some stakeholders have referred to this as specialist extra care for LD
- Some single tenancies for those who are unable to live near other people or do not want to be overlooked e.g. 2 bed bungalows that include a room for a carer. However, stakeholders pointed out that the care provided for this model is more expensive and can result in staff burn out.
- Core and cluster accommodation with dispersed supported living located near to a care hub.
- Step down and step up supported living either to prevent hospital admission or move people out of hospital, with the intention that the individual then moves to a less staff intensive supported living option.

5.1.12 There is a need for more purpose built provision, as existing properties can become damaged as they were not designed for people with challenging behaviours. Purpose built provision needs to be built to a larger footprint and also meet sensory needs. Also existing supported living provision needs to be either replaced or remodelled and retrofitted to meet needs more effectively.

Projected Needs

- 5.1.13 **Appendix 1** shows the estimated projected needs for supported living for learning disabilities and/or autism over a 10 year period for each authority across the Cheshire and Merseyside ICS. The projections take account of the number of new placements using existing supported living provision. Pipeline supported living units have not been included and when these units come into management, they will reduce the need in the year in which they come into management.
- 5.1.14 PANSI and POPPI projections have been used to analyse any growth/decrease in the learning disabilities population. These projections show no significant impact on the numbers included in the needs analysis over the next 10 years. Assumptions about the number young people who will transition to adult services over the next 10 years have been applied to C&YP data and Education and Health Plan data.
- 5.1.15 The table below shows that a total of **1,094** supported living units will be required across the Cheshire and Merseyside over the next 10 years to meet the needs that have been identified (including some adjustments to take account of the projected learning disability population). This is an indicative number of units and the actual number required could vary upwards or downwards, depending on the number of placements/relets and other factors.

Table 29 Supported Living	Number of new units required over 10 years – Not including replacement units
Cheshire East	181
Cheshire West & Chester	194
Halton	72
Knowsley	108
Liverpool	141
St Helens	96
Sefton	157
Warrington	63
Wirral	82
Total	1,094

5.1.16 Replacement of existing supported living by new supported living has not been included in this report, as this provision is intended to meet the needs of those living already living in supported living. However, one of the outcomes of commissioning replacement units will be an increase in the utilisation of the stock as a result of less voids. This means that a replacement programme may contribute to meeting future needs for supported living through better use of available capacity, although the remodelling of existing stock may also result in a reduction of units.

6. DELIVERING SUPPORTED LIVING

- 6.1 Local authority programmes for the delivery of supported living accommodation need to take account of the demand identified by this needs assessment as well as any existing programmes for replacing existing supported living accommodation.
- 6.2 The following summarises each local authority’s strategic commissioning intentions in relation to the delivery of supported living for people with learning disabilities and/or autism.

Delivering Supported Living Feedback from Commissioners	
Cheshire East	<p>The intention is to develop a forward plan for a pipeline of supported living, so that planned developments can be available to meet future needs. A five to ten year supported living housing strategy will be produced using data on those who are coming through TC, transitions and those who need to move from their current living circumstances.</p> <p>The council is producing an advice note for developers about the supported living models required to give a clear message to the market to prevent the council from receiving speculative approaches.</p>
Cheshire West & Chester	<p>The strategic approach involves the complex care team carrying out holistic reviews to understand the housing support needs of groups of individuals, so that the council can forward plan future needs, such as those who are coming through transitions. This approach enables a supported living scheme to be called off from the DPS that can meet the needs of more than one individual and to plan accommodation for those who are transitioning e.g. those who are due to leave residential schools.</p> <p>One of the main barriers to developing new supported living has been the difficulties in securing Housing Benefit eligible rents for proposed schemes. This financial model relies on the developer financing and developing the scheme and then transferring the property to a not for profit Registered Provider through a lease; however the model is not viable unless appropriate rent levels are secured.</p>
Halton	<p>Halton is developing a Learning Disability Strategy which includes housing needs data to inform the strategic supported living requirements going forward. Also Halton is carrying out a review of supported accommodation and the findings will feed into the strategic requirements for this type of accommodation.</p>

	<p>As Halton has not completed the LD Strategy, developers continue to approach the authority with speculative proposals. Where a development is considered to be viable and meets specific needs then the authority will take it forward. The authority intends to use the Liverpool City Region’s (LCR) flexible purchasing system to commission supported living, which will involve the care and support provider linking with not for profit Registered Providers, rather than the housing developers approaching the council directly. This will enable the authority to manage the market more effectively as the only developments will be those called off from the LCR.</p>
<p>Knowsley</p>	<p>Knowsley in the process of developing a direct relationship with not for profit Registered Providers to deliver more supported living. The strategic approach to commissioning supported living is to replace the existing model over time with a new own front door model.</p> <p>The council has increasingly relied on housing providers to purchase properties on its behalf, through approved care providers. As the authority’s direct relationship is with the care provider, and not the housing provider, it has been difficult to ensure that the housing provider delivers what is required. There have also been issues with the financial viability of some new developments, where the rents have not covered the costs.</p> <p>Knowsley has worked directly with Registered Providers that bid for Homes England funding for supported living. Under this arrangement the council enters into nomination and care voids agreements. Moving away from the model of shared housing model will mean that housing providers will not experience high rental voids, as the ‘own front door model’ is easier to let.</p>
<p>Liverpool</p>	<p>Historically supported living has been in shared housing and the council has been trying to rebalance its portfolio by shifting away from shared housing to self contained apartments over the past 2 or 3 years. There have been a number of shared houses that have been decommissioned as a result.</p> <p>Going forward the council is not intending to commission shared housing, unless it is for a specific targeted small group of individuals. The council has worked with the care and housing market to create a number of core and cluster schemes – about 160 units have been developed over the past couple of years to replace existing shared provision. Liverpool has a pipeline of about another 100 units.</p>

	<p>The council intends to replace existing unsuitable supported living properties as well as grow the market.</p>
St Helens	<p>St Helens’ strategic approach is to replace existing unsuitable supported living provision, as well as grow the market to meet new needs. The council recognises that their spend on LD supported living is more than that for other comparative authorities. As the current supported living model is not as efficient as it could be the strategy is to develop own front door clusters. The intention is that not only will there be financial efficiencies, but also individuals will be able to achieve their outcomes more effectively – this has been the experience of a recent development of clustered supported living apartments.</p>
Sefton	<p>Sefton has recently carried out a large scale public consultation exercise about the types of supported living provision required for the future. This has resulted in the development of a specification for future models.</p> <p>Sefton wants to use the data from the housing needs panel to understand trends in needs that can be reflected in the types of supported living developed. This approach is about forward planning and knowing who is coming through and what the demand is.</p> <p>Sefton has been using the LCR on an interim basis and the route to market is likely to remain with the LCR with a bespoke Sefton specification. Sefton also see their strategic relationships with housing providers developing so that they can bring them together with the approved Sefton care providers on the LCR.</p>
Warrington	<p>Warrington is going through a process of RAG rating supported living services to assess whether they are fit for purpose for the future, as there is a large number of older people living in these schemes. Some of the supported living services will need to be decommissioned and replaced with ground floor accommodation and level access. People will need to move out of those services that are being decommissioned and will be accommodated through the accommodation panel process that will allocate places in both existing and new supported living schemes. The intention is to both grow the supported living market as well as replace unsuitable provision</p>
Wirral	<p>Wirral’s strategic approach is to replace most of its shared supported living with the own front door model of supported living (Wirral uses the term ‘specialist extra care housing’). Wirral is already a good way down</p>

the road to achieving this strategic aim. The new model has had an impact on voids with a much improved occupancy rates.

Wirral works collaboratively with the care provider, housing partner and developer to ensure that they bring forward proposals that are linked to decommissioning small supported living schemes and replacing them with 'own front door schemes'. All the cohorts have been reviewed who are living in these schemes and if eligible they will move to the replacement scheme.

The intention is not to grow the supported living market and instead replace existing properties with more appropriate properties and meet new need through a more efficient use of the stock i.e. lower voids.

6.3 A number of delivery issues arose from the meetings with stakeholders. These can be summarised as follows:

- **Fire regulations.** A number of new developments have had to incorporate extensive fire protection measures, as well as increase staffing levels on site to enable buildings to be evacuated more quickly in the event of a fire, based on fire officer requirements. These requirements have been challenging and costly to implement. The development of more purpose built 'own front door models' should mitigate most of the concerns raised by fire officers, as these types of development can more easily incorporate higher fire standards and enable more time to be available for evacuations.
- **Exempt Accommodation.** Most of the new supported living that has been developed across Cheshire and Merseyside has been delivered through the exempt accommodation route. This involves a developer entering into a lease with a Registered Provider to enable higher rates of Housing Benefit to be claimed to cover the higher housing costs of these developments. Most of the authorities understand the importance of ensuring that these arrangements are leased a not for profit RP, otherwise full HB subsidy will not apply.
- **Finance and Housing Benefit (HB).** Some authorities are experiencing problems developing new specialist provision through the exempt accommodation route. This is due to these schemes not being financially viable – this is often as a result of house price increases in the local market and/or increased development costs. Some HB departments can be reluctant to approve rents and service charges for new exempt developments where the levels are considered to be too high e.g. on the basis that there is no other comparable rent levels in the area.
- **Approved Registered Providers.** The exempt accommodation arrangements involve supported living being commissioned through an approved care provider who generally work in partnership with a not for profit Registered Provider (RP). This means that the local authority does not have a direct relationship with the RP making it difficult manage the market, as developers often develop properties on a speculative basis and enter into

arrangements directly with RPs. To ensure that these developments meet demand some commissioners try and to manage the market through the planning process and working with their HB colleagues. Other commissioners are developing a strategic relationship with specialist RPs to ensure that the right type of schemes are developed in the right location. One way in which to manage this market is to have an approved list of specialist not for profit RPs that care providers can work with.

- **Size of schemes.** Some developments have not proceeded where the CQC has considered that these might be defined as a ‘campus’. It appears that the guidance in ‘Building the Right Home’ is being applied quite rigidly, at times, to relatively small sized developments. On the whole a variety of ‘own front’ doors schemes have been developed across Cheshire and Merseyside providing non-institutionalised schemes up to 12-15 units, although some areas have been restricted by the CQC to a maximum of 6-8 units.
- **Assistive Technology (AT).** AT will be essential for the own front door models of supported living to support shared care arrangements. Technology such as Just Roaming can enable shared care to work effectively in self contained supported accommodation, with night cover workers being able to monitor each flat from a central on-site location through the use of motion sensors.

6.4 There has been some engagement with the strategic housing leads in each local authority about their housing strategies and investment plans and how supported living can fit into their strategic approaches. These discussions are summarised as follows.

Strategic Housing Feedback from Housing Leads	
Cheshire East	ASC has developed a strategic housing role to take forward a supported accommodation programme. The strategic intention is to plan a few blocks of supported living flats for each year. This is to ensure that there is pipeline of supported living provision rather than relying on developers to be reactive. The intention is also to develop new build accommodation, some of which could be developed through the planning process (Section 106).
Cheshire West & Chester	The authority’s housing strategy is due to be updated from April 2023. To be able to incorporate supported living into the strategy data on needs will be required, as well as the types of models required. Adopting a strategic approach will potentially enable other sources of capital funding to be accessed for supported living such as Homes England, as well as integrated developments on social housing sites.

<p>Halton</p>	<p>Halton’s strategic approach to the development of new supported is to have a separate LD strategy alongside the housing strategy. Halton is currently developing a Learning Disability Strategy which will include housing needs data to inform the strategic supported living requirements going forward.</p>
<p>Knowsley</p>	<p>The recently published housing strategy recognises that there is a lack of provision of supported living. The intention is that the forthcoming Market Position Statement will provide the evidence of the need for supported living, including the models required. Knowsley has set up a Housing Investment Fund from Section 106 commuted sums and there may be potential for some of this funding to top up the capital costs of specialist supported living schemes.</p>
<p>Liverpool</p>	<p>Liverpool’s housing strategy is still in the process of development. The housing directorate envisage that the TCP housing needs assessment will feed into the new housing strategy and improve information on the need for supported accommodation. There is land available in Liverpool for housing developments but there are competing interests and the main purpose of the new housing strategy is set priorities that will be agreed by the Housing Programme Board.</p> <p>There are huge pressures on the council’s general needs housing stock with 1,200 households in temporary accommodation, so those needing accommodation to move from living with their families will not achieve the highest priority.</p>
<p>St Helens</p>	<p>The housing strategy has recently been rewritten and specialist housing and the TCP agenda are referenced. The housing department has quarterly meetings with ASC and health, but need more precise data on the number and types of units required in a format that is easy to understand. Although there is capital funding available for specialist housing the housing department wants to ensure that there is sufficient revenue to operate these services – this will mean moving high cost care packages to new provision e.g. out of borough placements.</p> <p>The borough has a large number of exempt accommodation units, although most are provided through RPs with no loss of</p>

	<p>subsidy; however there has been an increase in this type of accommodation being provided by non RPs resulting in an increase in subsidy loss year on year.</p>
<p>Sefton</p>	<p>Sefton carried out a strategic market assessment 2019 which has fed into a revised housing strategy. The borough also has an investment plan, which it is intending to update i.e. what type of accommodation required and where in the borough.</p> <p>The borough produced a prospectus on extra care housing for older people to facilitate engagement with the housing market. As this approach has been very successful, the borough hopes to replicate this approach with a specialist and supported housing prospectus. Any changes made to an updated investment plan could also focus on specialist supported accommodation.</p>
<p>Warrington</p>	<p>Warrington’s new housing strategy is in the process of being finalised and includes a section on specialist accommodation. The TCP strategic needs assessment could add relevant information to the strategy.</p> <p>The council is looking at building some new specialist developments itself on an invest to save basis. The council is an Registered Provider and has been in discussions with Homes England about 4 bungalows for adults with LD – these will be generic fully wheelchair accessible schemes with appropriate AT. The council is also developing in house two specialist bungalows with NHSE funding for people with severe autism.</p> <p>The council will be bidding for homelessness funding that is intended to provide supported accommodation for people with chaotic lifestyles that may include adults with learning disabilities who present as homeless.</p>
<p>Wirral</p>	<p>Wirral’s housing strategy requires evidence of demand to be able to incorporate supported living expectations into their strategy. Where evidence of demand can be provided there would be a case for housing investment. The main information required is the number and type of supported accommodation units to meet the demand identified. There will also need to be a flexible approach about how supported living is developed as there is not much land available in the Wirral for new housing developments.</p>

7. CONCLUSIONS AND RECOMMENDATIONS

7.1 This report draws together the conclusions of the needs analysis and makes a number of recommendations.

7.2. Conclusions

Moving people out of inpatient care and preventing admissions

7.2.1 The number of inpatients who will require accommodation and support over the next 10 years is assumed to gradually decrease each year for most places, although the number of admissions may be greater than the number of discharges due to complexity of need. The number of people recorded at risk of inpatient admission on the DSDs, and who require accommodation and support to prevent admission, is assumed to remain the same annually over the period for each place.

7.2.2 The needs assessment has projected the number of supported living units, or bespoke housing with support packages, required over the next 10 years as shown in the table below.

Need for Supported Living 2023-2033	Inpatients	At risk of admission
Cheshire East	72	150
Cheshire West & Chester	97	110
Halton	20	30
Knowsley	44	10
Liverpool	97	180
St Helens	43	20
Sefton	59	10
Warrington	10	40
Wirral	26	70
Total	468	620

7.2.3 A need was also identified by some areas for short term step down supported living to enable people to be discharged from hospital to a more staff intensive setting before moving into longer term supported living. As there may be compatibility issues and risks related to

forensic inpatients, any step down provision may need to be provided in clustered self contained units.

Moving people out of residential care and preventing new placements

- 7.2.4 The number new placements made by local authorities to residential care homes is quite low. A proportion of new placements for those aged 18-64, could be diverted to supported accommodation. A few new placements for those aged 65+ could also be diverted from a residential care home placement.
- 7.2.5 Some existing placements in care homes could move to supported accommodation, particularly those who are not long term residents (the needs assessment has defined this cohort as those who have lived in a residential care home for 5 years or less). Some people with complex needs may be able to move to specialist supported living, particularly the younger cohort aged 18-29.
- 7.2.6 The table below summarises the number of new placements who could be diverted from a residential care home placement and the number of existing placements who could potentially move to supported accommodation over the next 10 years.

Need for Supported Living 2023-2033	New Placements	Existing Placements
Cheshire East	21	40
Cheshire West & Chester	21	28
Halton	10	14
Knowsley	11	18
Liverpool	45	29
St Helens	11	26
Sefton	11	34
Warrington	11	31
Wirral	11	29
Total	152	249

Young people transitioning to adult services

- 7.2.7 The needs assessment identified that some young people need to move to supported accommodation at the age of 18/19 years, when they have transitioned to adult services. Those who are most likely to need accommodation with support will be living in a residential educational placement prior to becoming 18 and/or are looked after children.
- 7.2.8 The estimated number of young people who transition to adult services, and are most likely to require accommodation with support when they are 18/19 over the next 10 years, is set out in the table below.

Need for Supported Living 2023-2033	Young people transitioning
Cheshire East	58
Cheshire West & Chester	57
Halton	22
Knowsley	15
Liverpool	117
St Helens	14
Sefton	83
Warrington	41
Wirral	46
Total	453

Living with a family carer

- 7.2.9 The table below shows the estimated number of people living with a family carer who have been identified as most likely to need accommodation with support over the next 10 years. The table includes people living with older family carers.

Need for Supported Living 2023-2033	Living with a family carer aged 18+
Cheshire East	60

Cheshire West & Chester	130
Halton	35
Knowsley	120
Liverpool	150
St Helens	100
Sefton	110
Warrington	60
Wirral	90
Total	855

- 7.2.10 Young people aged 18-29 living with their family is a cohort who could potentially move to supported living as part of the process of becoming more independent. There is also a need for those who are 30+, particularly where there is family relationship breakdown.
- 7.2.11 People living with elderly carers also need to move to accommodation with support, where their carers are no longer able to manage due to health problems or for other reasons. The option of extra care housing for older people may be appropriate for some of those who do not have challenging needs.
- 7.2.12 A need was also identified by some areas for emergency accommodation to prevent family breakdowns and provide immediate access to short term provision where a crisis occurs.

Living in Supported Living

- 7.2.13 People who are already living in supported living may need to move to another supported living placements e.g. due to compatibility issues. For most individuals a suitable alternative placement can be sourced from the provider market, through an accommodation panel or brokerage. However, for some individuals, particularly those with complex needs, new supported living provision will need to be developed, either as a bespoke package or as new scheme e.g. a clustered own front door scheme.
- 7.2.14 The table below shows the estimated number of people who need to move from their supported living placement and there is no suitable existing alternative This means that there is a demand for new supported living to be developed to meet these needs. As some of these needs are included within the DSD figures and the table shown below has taken this into account.

Need for Supported Living 2023-2033	Living in SL and unable to move
Cheshire East	10
Cheshire West & Chester	10
Halton	20
Knowsley	30
Liverpool	60
St Helens	20
Sefton	30
Warrington	30
Wirral	40
Total	250

7.2.15 The needs assessment found that some local authorities have programmes under way to replace or remodel much of their shared supported living stock. Those who are living in existing supported living schemes, due to be replaced or remodelled, will either be rehoused in the new provision or moved to another supported living placement through an accommodation panel or brokerage process. These needs are not included within the needs analysis, unless an individual needs to move from their existing placement and there is no alternative provision available or in a replacement pipeline.

Living in Other Circumstances

7.2.16 Some people with learning disabilities are living in temporary circumstances and need to move to accommodation with support e.g. living as a guest of family. The table below identifies the number who are likely to need this type of accommodation over the next 10 years. The number of people currently living in a temporary situation has been apportioned on a per population basis – this assumes that each authority will experience an equal level of demand from people living in other circumstances.

Need for Supported Living 2023-2033	Living in Temp Accommodation
Cheshire East	20
Cheshire West & Chester	20
Halton	10
Knowsley	10
Liverpool	30
St Helens	10
Sefton	20
Warrington	10
Wirral	20
Total	150

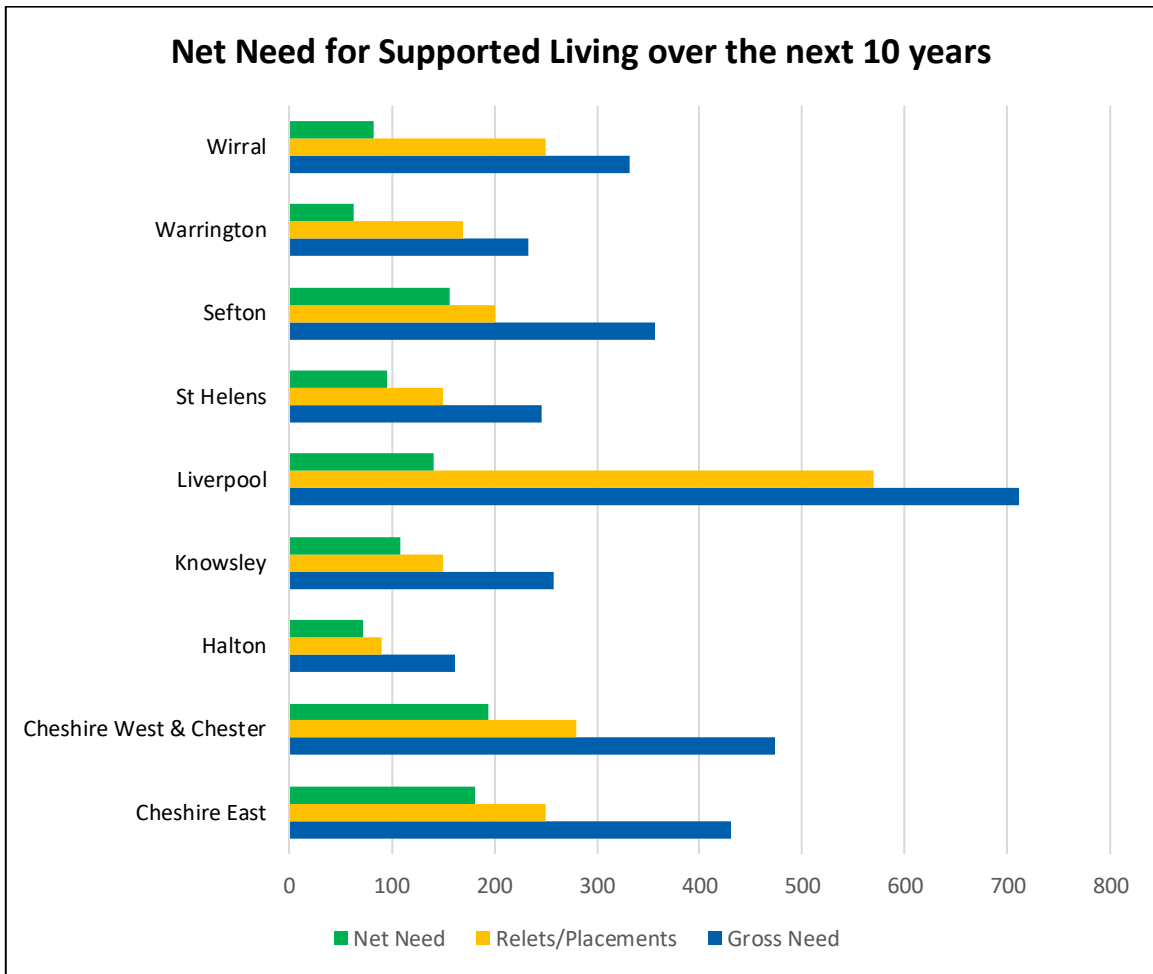
Net Need taking account of relets of existing Supported Living

7.2.17 The table below summarises the net need for accommodation and support by showing the total need against the anticipated level of placements/relets over the next 10 years. This table includes PANSI and POPPI adjustments to the projected populations for learning disabilities.

Need for Supported Living 2023-2033	Gross Need	Relets/ Placements	Net Need
Cheshire East	431	250	181
Cheshire West & Chester	474	280	194
Halton	162	90	72
Knowsley	258	150	108
Liverpool	711	570	141

St Helens	246	150	96
Sefton	357	200	157
Warrington	233	170	63
Wirral	332	250	82
Total	3,204	2,110	1,094

- 7.2.18 The table has aggregated the needs data including those who can be diverted/moved from residential care, those who are transitioning to adult services, those living with their families, those who need to move from an existing placement and those living in temporary circumstances.
- 7.2.19 The table shows that the net need over the next 10 years as **1,094** units of supported accommodation, after taking account of new placements/relets in existing stock.
- 7.2.20 In addition replacement/remodelling programmes will be targeted at existing supported accommodation stock to make the housing fit for purpose or to replace housing with new stock that is future proofed. The number of units that need to be replaced/modelled is not included in this needs analysis.
- 7.2.21 The figure of **1,094** provides an indicative number of new units of supported accommodation required across the Cheshire and Merseyside ICS over the next 10 years, to meet the needs identified. As these new units come into management, they will over time generate voids for new placements/relets, which will meet other new needs going forward. The net need is summarised in the following chart.



7.3 Recommendations

7.3.1 The recommendations arising from the needs assessment are as follows:

- The needs assessment should be used to provide evidence of the demand for accommodation with support for people with learning disabilities and/or autism across the Cheshire and Merseyside ICS.
- The local housing authorities across Cheshire and Merseyside should use this evidence to inform their housing strategies and housing investment plans so that these needs can be incorporated.
- The development of a Cheshire and Merseyside supported living housing strategy or Market Position Statement should be explored with the ICS, using the evidence from the needs assessment.
- The needs assessment should be used to engage with the housing with support provider market about the demand for this type of accommodation.

- Each area needs to consider planning a pipeline of supported living schemes to meet the projections for new needs and unmet needs. Any pipeline programme will need to be developed alongside any replacement or remodelling programmes for existing supported living.
- Specialist accommodation needs to be planned and developed specifically for people with ASD, particularly to discharge individuals from inpatient care.
- There is a need to explore more interventions that enable a planned move to supported accommodation before a crisis occurs, particularly where individuals are living with a family carer.
- Opportunities should be created to coproduce supported living models with families and individuals with learning disabilities and/or autism, as one of the barriers to moving people to supported living is a lack of understanding about what this type of accommodation can offer.
- The exempt accommodation market will continue to make a significant contribution to the development of new supported living schemes. Commissioners will need to manage this market to avoid speculative developments, including working closely with planning and housing benefit departments.
- Only not for profit RPs should be involved with exempt accommodation arrangements so that full HB subsidy can be claimed.
- There needs to be a clear CQC position about the size of new supported living developments across Cheshire and Merseyside as there appears to be some inconsistency about the number of units that are acceptable. It will be important for the CQC not to set a rigid maximum number of units for these developments and instead provide some broad guidance/criteria on how to avoid institutional settings.
- The needs assessment should be used to secure capital funding for supported accommodation, including capital funding through NHSE and Homes England. The evidence from the needs assessment may also be required to source capital funding that may be available as a result of implementing forthcoming changes to social care as set out in a White Paper.
- Other resources for developing accommodation with support should also be considered including land/buildings available through public bodies or Registered Providers, the use of Section 106 agreements with developers and Social Finance.
- Cheshire and Merseyside ICS should explore how revenue funding could be made available to support the care and support costs of accommodation with support. This is likely to include releasing funding from placements in existing high cost provision and

the savings associated with preventing people from being placed in high cost provision in the first place. This will include the repatriation of Out of Area placements to secure revenue for local developments.

- The ASC case management systems across Cheshire and Merseyside need to be commissioned to collect information in a compatible format so that comparisons can easily be made. In addition, discussion is required a national level about the inclusion of an autism only primary care category in the DHSC dataset, which should also be reflected in the case management systems.

Appendix 1 Projections for Accommodation with Support for Learning Disability, Autism and Transforming Care

Cheshire East	23/24	24/25	25/26	26/27	28/29	29/30	30/31	31/32	32/33	33/34	Total
In patients discharges to SL or bespoke packages	9	9	8	8	7	7	6	6	6	6	72
At risk of inpatient admission needing SL	15	15	15	15	15	15	15	15	15	15	150
New placements 18-64 to res care homes diverted	2	2	2	2	2	2	2	2	2	2	20
New placements 65+ to res care homes diverted	0	0	0	0	0	0	0	1	0	0	1
Residential care – 18-29 with complex needs only	1	1	1	0	1	0	1	0	1	1	7
Residential care: 18-64 to SL	3	3	3	3	3	3	3	3	3	3	30
Residential care: 65+ to SL	0	0	1	0	0	1	0	0	1	0	3
Young people transitioning to ASC 18/19	7	6	5	5	5	5	5	6	7	7	58
Living with family young people 20-29	1	1	1	1	1	1	1	1	1	1	10
Living with family aged 30-49	2	2	2	2	2	2	2	2	2	2	20
Living with elderly carer	3	3	3	3	3	3	3	3	3	3	30
Living in SL - no alternative SL placement available	1	1	1	1	1	1	1	1	1	1	10
Living in temporary accommodation to SL	2	2	2	2	2	2	2	2	2	2	20
PANSI & POPPI Adjustments	0	0	0	0	0	0	0	0	0	0	0
Gross need	46	45	44	42	42	42	41	42	44	43	431
Relets/Placements	25	25	25	25	25	25	25	25	25	25	250
Net need	21	20	19	17	17	17	16	17	19	18	181

Cheshire West and Chester	23/24	24/25	25/26	26/27	28/29	29/30	30/31	31/32	32/33	33/34	Total
In patients discharges to SL or bespoke packages	13	12	11	10	9	9	9	8	8	8	97
At risk of inpatient admission needing SL	11	11	11	11	11	11	11	11	11	11	110
New placements 18-64 to res care homes diverted	2	2	2	2	2	2	2	2	2	2	20

New placements 65+ to res care homes diverted	0	0	0	0	0	0	0	1	0	0	1
Residential care – 18-29 with complex needs only	0	1	0	1	0	1	0	1	0	1	5
Residential care: 18-64 to SL	2	2	2	2	2	2	2	2	2	2	20
Residential care: 65+ to SL	0	0	1	0	0	1	0	0	1	0	3
Young people transitioning to ASC	4	3	5	6	7	8	8	4	6	6	57
Living with family young people 20-29	5	5	5	5	5	5	5	5	5	5	50
Living with family aged 30-49	4	4	4	4	4	4	4	4	4	4	40
Living with elderly carer	4	4	4	4	4	4	4	4	4	4	40
Living in SL - no alternative SL placement available	1	1	1	1	1	1	1	1	1	1	10
Living in temporary accommodation to SL	2	2	2	2	2	2	2	2	2	2	20
PANSI & POPPI Adjustments	0	0	0	0	0	0	0	1	0	0	1
Gross need	48	47	48	48	47	50	48	46	46	46	474
Relets	28	28	28	28	28	28	28	28	28	28	280
Net need	20	19	20	20	19	22	20	18	18	18	194

Halton	23/24	24/25	25/26	26/27	28/29	29/30	30/31	31/32	32/33	33/34	Total
In patients discharges to SL or bespoke packages	2	2	2	2	2	2	2	2	2	2	20
At risk of inpatient admission needing SL	3	3	3	3	3	3	3	3	3	3	30
New placements 18-64 to res care homes diverted	1	1	1	1	1	1	1	1	1	1	10
New placements 65+ to res care homes diverted	0	0	0	0	0	0	0	0	0	0	0
Residential care – 18-29 with complex needs only	0	0	0	1	0	0	0	0	1	0	2
Residential care: 18-64 to SL	1	1	1	1	1	1	1	1	1	1	10
Residential care: 65+ to SL	1	0	0	0	0	0	1	0	0	0	2
Young people transitioning to ASC	2	2	2	2	2	2	2	2	3	3	22

Living with family aged 20-29	1	1	1	1	1	1	1	1	1	1	10
Living with family aged 30-49	0	1	0	1	0	1	0	1	0	1	5
Living with elderly carer	2	2	2	2	2	2	2	2	2	2	20
Living in SL and needs to move - no alternative SL placement available	2	2	2	2	2	2	2	2	2	2	20
Living in temporary accommodation to SL	1	1	1	1	1	1	1	1	1	1	10
PANSI & POPPI Adjustments	0	0	0	0	0	0	0	1	0	0	1
Gross need	16	16	15	17	15	16	16	17	17	17	162
Relets	9	9	9	9	9	9	9	9	9	9	90
Net need	7	7	6	8	6	7	7	8	8	8	72

Knowsley	23/24	24/25	25/26	26/27	28/29	29/30	30/31	31/32	32/33	33/34	Total
In patients discharges to SL or bespoke packages	6	5	5	4	4	4	4	4	4	4	44
At risk of inpatient admission needing SL	1	1	1	1	1	1	1	1	1	1	10
New placements 18-64 to res care homes diverted	1	1	1	1	1	1	1	1	1	1	10
New placements 65+ to res care homes diverted	0	0	0	0	0	0	0	1	0	0	1
Residential care – 18--29 with complex needs only	0	1	0	1	0	1	0	1	0	1	5
Residential care: 18-64 to SL	1	1	1	1	1	1	1	1	1	1	10
Residential care: 65+ to SL	0	0	1	0	0	1	0	0	1	0	3
Young people transitioning to ASC	1	2	1	2	1	2	1	2	1	2	15
Living with family aged 20-29	4	4	4	4	4	4	4	4	4	4	40
Living with family aged 30-49	4	4	4	4	4	4	4	4	4	4	40
Living with elderly carer	4	4	4	4	4	4	4	4	4	4	40
Living in SL - no alternative SL placement available	3	3	3	3	3	3	3	3	3	3	30
Living in temporary accommodation to SL	1	1	1	1	1	1	1	1	1	1	10

PANSI & POPPI Adjustments	0	0	0	0	0	0	0	0	0	0	0
Gross need	26	27	26	26	24	27	24	27	25	26	258
Relets	15	15	15	15	15	15	15	15	15	15	150
Net need	11	12	11	11	9	12	9	12	10	11	108

Liverpool	23/24	24/25	25/26	26/27	28/29	29/30	30/31	31/32	32/33	33/34	Total
In patients discharges to SL or bespoke packages	11	10	10	10	10	10	9	9	9	9	97
At risk of inpatient admission needing SL	18	18	18	18	18	18	18	18	18	18	180
New placements 18-64 to res care homes diverted	4	4	4	4	4	4	4	4	4	4	40
New placements 65+ to res care homes diverted	0	1	0	1	0	1	0	0	1	1	5
Residential care – 18-29 with complex needs only	1	0	0	0	1	0	1	0	0	0	3
Residential care: 18-64 to SL	2	2	2	2	2	2	2	2	2	2	20
Residential care: 65+ to SL	0	1	1	0	1	1	0	1	1	0	6
Young people transitioning to ASC	8	10	11	10	12	11	15	13	15	12	117
Living with family aged 20-29	5	5	5	5	5	5	5	5	5	5	50
Living with family aged 30-49	5	5	5	5	5	5	5	5	5	5	50
Living with elderly carer	5	5	5	5	5	5	5	5	5	5	50
Living in SL - no alternative SL placement available	6	6	6	6	6	6	6	6	6	6	60
Living in temporary accommodation to SL	3	3	3	3	3	3	3	3	3	3	30
PANSI & POPPI Adjustments	0	0	1	0	0	1	0	0	1	0	3
Gross need	68	70	71	69	72	72	73	71	75	70	711
Relets	57	57	57	57	57	57	57	57	57	57	570
Net need	11	13	14	12	15	15	16	14	18	13	141

St Helens	23/24	24/25	25/26	26/27	28/29	29/30	30/31	31/32	32/33	33/34	Total
In patients discharges to SL or bespoke packages	5	5	5	4	4	4	4	4	4	4	43
At risk of inpatient admission needing SL	2	2	2	2	2	2	2	2	2	2	20
New placements 18-64 to res care homes diverted	1	1	1	1	1	1	1	1	1	1	10
New placements 65+ to res care homes diverted	0	0	0	0	0	0	0	1	0	0	1
Residential care – 18-29 with complex needs only	1	0	0	0	1	0	0	0	1	0	3
Residential care: 18-64 to SL	2	2	2	2	2	2	2	2	2	2	20
Residential care: 65+ to SL	0	0	1	0	0	1	0	0	1	0	3
Young people transitioning to ASC	2	2	1	1	1	1	1	2	2	2	14
Living with family aged 20-29	5	5	5	5	5	5	5	5	5	5	50
Living with family aged 30-49	3	3	3	3	3	3	3	3	3	3	30
Living with elderly carer	2	2	2	2	2	2	2	2	2	2	20
Living in SL - no alternative SL placement available	2	2	2	2	2	2	2	2	2	2	20
Living in temporary accommodation to SL	1	1	1	1	1	1	1	1	1	1	10
PANSI & POPPI Adjustments	0	0	0	0	1	0	0	0	0	1	2
Gross need	26	25	25	23	25	24	23	25	26	25	246
Relets	15	15	15	15	15	15	15	15	15	15	150
Net need	11	10	10	8	10	9	8	10	11	10	96

Sefton	23/24	24/25	25/26	26/27	28/29	29/30	30/31	31/32	32/33	33/34	Total
In patients discharges to SL or bespoke packages	5	6	6	6	6	6	6	6	6	6	59
At risk of inpatient admission needing SL	1	1	1	1	1	1	1	1	1	1	10
New placements 18-64 to res care homes diverted	1	1	1	1	1	1	1	1	1	1	10
New placements 65+ to res care homes diverted	0	0	0	0	0	0	0	1	0	0	1
Residential care – 18-29 with complex needs only	0	0	0	0	0	0	0	0	0	1	1

Residential care: 18-64 to SL	3	3	3	3	3	3	3	3	3	3	30
Residential care: 65+ to SL	0	0	1	0	0	1	0	0	1	0	3
Young people transitioning to ASC	12	12	7	7	7	7	7	8	8	8	83
Living with family aged 20-29	4	4	4	4	4	4	4	4	4	4	40
Living with family aged 30-49	4	4	4	4	4	4	4	4	4	4	40
Living with elderly carer	3	3	3	3	3	3	3	3	3	3	30
Living in SL - no alternative SL placement available	3	3	3	3	3	3	3	3	3	3	30
Living in temporary accommodation to SL	2	2	2	2	2	2	2	2	2	2	20
PANSI & POPPI Adjustments	0	0	0	0	0	0	0	0	0	0	0
Gross need	38	39	35	34	34	35	34	36	36	36	357
Relets	20	20	20	20	20	20	20	20	20	20	200
Net need	18	19	15	14	14	15	14	16	16	16	157

Warrington	23/24	24/25	25/26	26/27	28/29	29/30	30/31	31/32	32/33	33/34	Total
In patients discharges to SL or bespoke packages	1	1	1	1	1	1	1	1	1	1	10
At risk of inpatient admission needing SL	4	4	4	4	4	4	4	4	4	4	40
New placements 18-64 to res care homes diverted	1	1	1	1	1	1	1	1	1	1	10
New placements 65+ to res care homes diverted	0	0	0	0	0	0	0	1	0	0	1
Residential care – 18-29 with complex needs only	1	1	0	1	1	1	0	1	1	1	8
Residential care: 18-64 to SL	2	2	2	2	2	2	2	2	2	2	20
Residential care: 65+ to SL	0	0	1	0	0	1	0	0	1	0	3
Young people transitioning to ASC	5	4	3	4	3	3	4	4	5	6	41
Living with family aged 20-29	3	3	3	3	3	3	3	3	3	3	30
Living with family aged 30-49	2	2	2	2	2	2	2	2	2	2	20
Living with elderly carer	1	1	1	1	1	1	1	1	1	1	10

Living in SL - no alternative SL placement available	3	3	3	3	3	3	3	3	3	3	30
Living in temporary accommodation to SL	1	1	1	1	1	1	1	1	1	1	10
PANSI & POPPI Adjustments	0	0	0	0	0	0	0	0	0	0	0
Gross need	24	23	22	23	22	23	22	24	25	25	233
Relets	17	17	17	17	17	17	17	17	17	17	170
Net need	7	6	5	6	5	6	5	7	8	8	63

Wirral	23/24	24/25	25/26	26/27	28/29	29/30	30/31	31/32	32/33	33/34	Total
In patients discharges to SL or bespoke packages	3	3	3	3	3	3	2	2	2	2	26
At risk of inpatient admission needing SL	7	7	7	7	7	7	7	7	7	7	70
New placements 18-64 to res care homes diverted	1	1	1	1	1	1	1	1	1	1	10
New placements 65+ to res care homes diverted	0	0	0	0	0	0	0	0	1	0	1
Residential care – 18-29 with complex needs only	0	1	0	0	0	1	0	1	0	1	4
Residential care: 18-64 to SL	2	2	2	2	2	2	2	2	2	2	20
Residential care: 65+ to SL	0	1	0	1	0	1	0	1	0	1	5
Young people transitioning to ASC	4	4	4	4	5	2	6	5	5	7	46
Living with family aged 20-29	3	3	3	3	3	3	3	3	3	3	30
Living with family aged 30-49	4	4	4	4	4	4	4	4	4	4	40
Living with elderly carer	2	2	2	2	2	2	2	2	2	2	20
Living in SL - no alternative SL placement available	4	4	4	4	4	4	4	4	4	4	40
Living in temporary accommodation to SL	2	2	2	2	2	2	2	2	2	2	20
PANSI & POPPI Adjustments	0	0	0	0	0	0	0	0	0	0	0
Gross need	32	34	32	33	33	32	33	34	33	36	332
Relets	25	25	25	25	25	25	25	25	25	25	250
Net need	7	9	7	8	8	7	8	9	8	11	82

Appendix 2 Models of Supported Living Types

Types of Supported Living for People with Learning Disabilities and/or Autism	
<p>Purpose built specialist autism accommodation</p>	<p>Purpose built specialist accommodation grouped together on a site providing self-contained units with their own front door, including one bed bungalows. There is requirement for staff facilities to provide on-site 24 hours support, as well as a higher specification, which means that that such housing requires more space, a bigger plot and greater capital subsidy. No communal space is provided due the difficulties individuals have with sharing their living environment.</p> <p>Key features that may need to be incorporated in a scheme include:</p> <ul style="list-style-type: none"> • Underfloor central heating i.e. no radiators • Blinds incorporated into windows • Unbreakable glass • Built in robust furniture • Each flat with a private garden • Sensory areas for play and relaxation in communal outdoor space • Flooring to minimise different textures and colours between rooms • Integrated cabling infrastructure to allow for future addition of assistive technologies • Reinforced solid wall construction and robust hinges • Wet rooms that allow for baths or showers • Anti-ligature fixtures and fittings • Purpose built robust furniture • Flush fitted hobs, solid worktops and handleless doors in kitchens
<p>Purpose built own front door accommodation</p>	<p>Purpose built supported living grouped together on a site (either as bungalows or a block of flats) providing self-contained units with their own front door. Communal space is normally provided for the residents, as well as staff facilities to provide on-site 24/7 background support so that the care can be shared. Individual will have 1:1 support based their needs assessment</p> <p>A purpose built supported living scheme would normally be provided as new build accommodation due to need to incorporate level access and meet fire standards.</p> <p>Some authorities use the term ‘specialist extra care housing for LD’ to describe this model as it is similar to extra care housing for older people.</p>

<p>Core and cluster</p>	<p>Core and cluster (or hub and spoke) accommodation, which meets high needs within the 'core' with those with lower needs living in independent accommodated nearby, with background support provided from the 'core'. The core would normally provide self contained flats and some 2 person shared units if required together with communal and staffing facilities and 24/7 background support.</p> <p>The accommodation may involve any combination of purpose built accommodation (the core and cluster) and/or use existing accommodation nearby (dispersed independent units). This option allows for some economies of scale in providing shared care, as well as an opportunity for residents to share recreational, leisure and transport services.</p>
<p>Own front door model clustered on single site</p>	<p>This model involves providing a block of ordinary self contained general needs units or a group of one/two bed bungalows clustered together on a single site, either as converted properties or general needs social housing (either existing or new build developments). Where this housing is provided as ordinary general needs housing it can be designated for people with learning disabilities/autism. Some additional standards may need to be incorporated such as acoustic insulation. If there is no demand from people with learning disabilities these units can be de-designated as general needs and allocated through the Housing Register or other local lettings processes.</p>
<p>Dispersed units</p>	<p>Ordinary independent accommodation, clustered in a similar geographical area. This accommodation could involve new build units on new developments and/or existing properties. This model often involves self-contained one bedroomed accommodation or single bedrooms in a shared house. The units are clustered close by to ensure that care can be shared. These units can be designated to meet the needs of vulnerable people</p>

Appendix 3 Supplementary Data Tables

Table 7. In-Patients - ICS data	Learning disability only	Autism only	Learning disability and autism
Cheshire Place	7	7	7
Halton Place	0	0	2
Knowsley Place	5	0	1
Liverpool Place	13	5	5
St Helens Place	4	3	3
South Sefton Place	4	1	0
Southport and Formby Place	2	0	2
Warrington Place	2	1	0
Wirral Place	1	4	4
Total	38	21	24

Table 8. In-Patients Bed Type	Learning disability only	Autism only	Learning disability and autism
Secure	26	13	12
Acute mental health	0	4	0
Psychiatric ICU	0	0	1
Learning Disabilities	9	0	10
Rehabilitation	3	3	1
Other	0	1	0

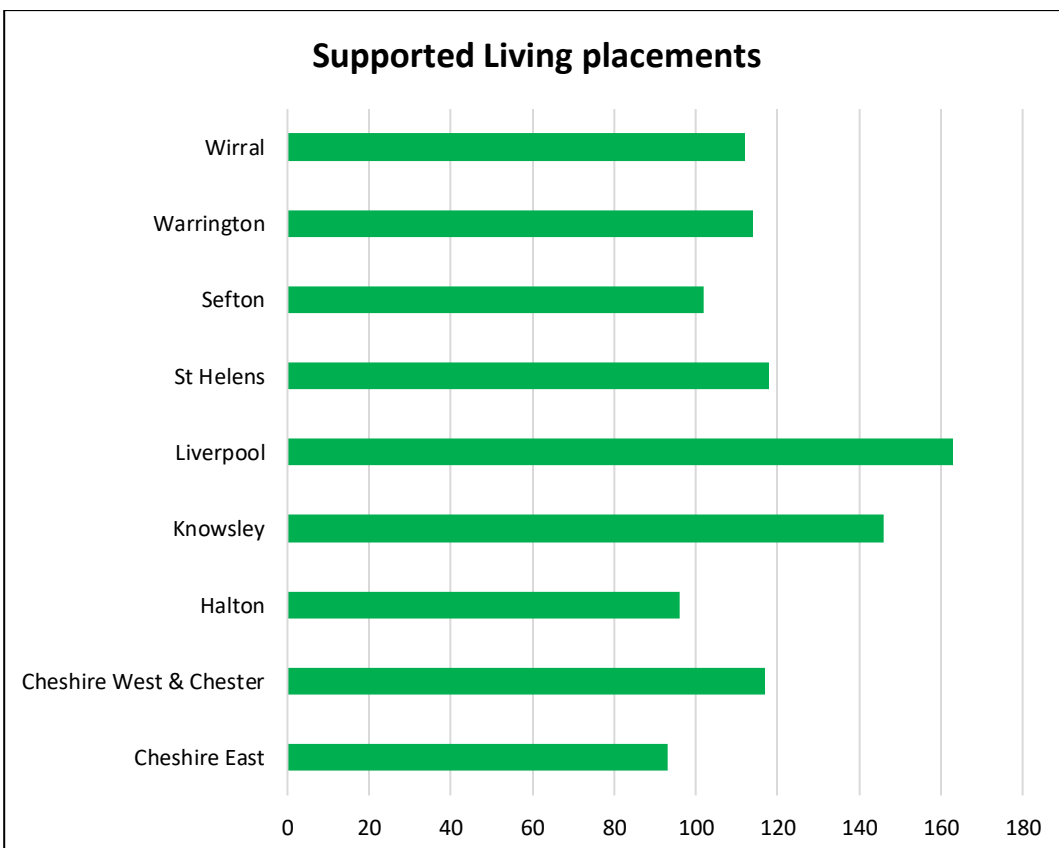
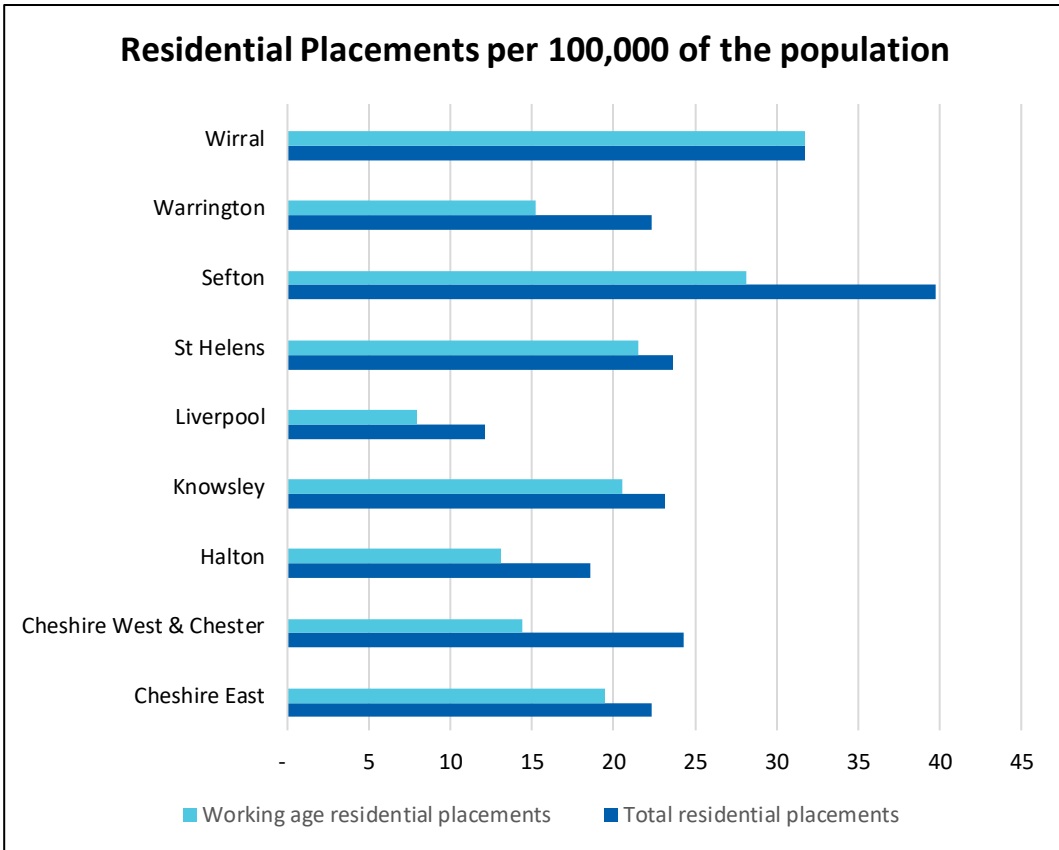
Table 10. In-Patients Length of Stay – ICS data	Learning disability only	Autism only	Learning disability and autism
Up to 3 months	2	2	0
3 months up to 6 months	0	1	2
6 months up to one year	2	2	3
One year up to 2 years	6	3	3
2 years up to 5 years	9	6	4
5 years up to 10 years	7	5	7
More than 10 years	12	2	5

Table 16. Age ranges of those placed in residential care homes: LA funded placements						
	18-24	25-34	35-54	55-64	65+	Total
Cheshire East	2	24	38	11	11	86
Cheshire West & Chester	5	10	30	23	16	84
Halton	2	1	7	6	8	24
Knowsley	7	3	11	10	4	35
Liverpool	5	3	17	15	21	61
St Helens	10	12	14	3	4	43
Sefton	2	9	38	29	32	110
Warrington	3	17	16	3	8	47
Wirral	14	41	27	21	14	103

Table 22. Age ranges of those living with a family carer

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	St Helens	Sefton	Warrington	Wirral
18-24	23	94	44	75	66	97	43	40	88
25-29	15	63	42	38	35	55	62	30	84
30-34	16	47	34	44	30	44	49	28	64
35-39	15	28	28	35	24	20	23	5	41
40-44	13	29	15	28	23	15	21	9	34
45-49	5	18	15	9	23	7	11	2	32
50-54	5	23	13	14	16	6	13	8	26
55-59	6	15	10	13	22	7	8	1	24
60-64	4	5	3	13	17	3	6	2	13
65-69	5	10	2	8	9	5	7	0	9
70-74	2	2	4	5	0	0	1	0	3
75+	1	0	0	0	0	2	0	0	2
Total	110	334	210	282	265	261	244	125	420

Appendix 4 Placements per 100,000 of the population



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