

Report to:	Cabinet	Date of Meeting:	Thursday 4 February 2016
Subject:	Supported Living	Wards Affected:	(All Wards);
Report of:	Head of Commissioning Support and Business Intelligence		
Is this a Key Decision?	Yes	Is it included in the Forward Plan?	Yes
Exempt/Confidential	No		

Purpose/Summary

This report updates Cabinet on the outcome of the consultation over the proposed new model for those in the Supported Living services and seeks approval for associated planned activity.

Recommendation(s)

That Cabinet:

1. Consider and take account of the feedback from consultation with service users, care providers and housing providers.
2. Consider and take account of the Public Sector Equality Duty Analysis Report
3. Consider and take account of the risks and the mitigating actions identified
4. Approve the recommended models and implementation with associated activities

How does the decision contribute to the Council's Corporate Objectives?

	<u>Corporate Objective</u>	<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		x	
2	Jobs and Prosperity		x	
3	Environmental Sustainability	x		
4	Health and Well-Being	x		
5	Children and Young People	x		
6	Creating Safe Communities		x	
7	Creating Inclusive Communities	x		
8	Improving the Quality of Council Services and Strengthening Local Democracy	x		

Reasons for the Recommendation:

In recent years there has been growth in the number of different care organisations providing supported living arrangements for both learning and/or physically disabled people and also people with mental health issues. The use of 'Supported Living' needs to be reviewed against the outcomes required and whether these offer a sustainable and achievable model which promotes independence, resilience and recovery.

In February 2015, Council approved a budgetary saving of £1.8m (from an overall budget of approximately £18m) in 2016/17 through alternative and more efficient ways of meeting assessed care needs.

On 4th June 2015 Cabinet agreed the approach associated with supported living and noted the intention to report back, outlining the vision and models of support. This report details the proposed model, views from the consultation and engagement on the vision and model, an equality analysis report and seeks approval for implementation in order to achieve the required budgetary saving.

Alternative Options Considered and Rejected:

Members could decide to reject the proposed model and continue with the current commissioning arrangements and commissioned services. This option has not been recommended as it would fail to modernise services and would fail to deliver the required budgetary savings.

Members, having considered the feedback, the risk and equality analysis could decide to vary the vision and model set out in the report. This option has not been recommended as officers believe the generally positive and constructive feedback, together with the urgent need to implement a more sustainable model of service provision provides strong reasoning for adopting the vision and model as set out in the report. This option might also require the undertaking of further engagement/consultation.

What will it cost and how will it be financed?

(A) Revenue Costs

The total budget for Supported Living services is approximately £18m per annum. In February 2015, Council approved a budgetary saving of £1.8m in 2016/17 through alternative and more efficient ways of meeting assessed care needs. The achievability of the saving will continue to be closely monitored as application of the proposed remodelling progresses.

Approval has been given for the recruitment of 2 additional FTE Social Workers to support the review of services and ensure the timely reassessment of service users' needs in line with the Project Plan.

(B) Capital Costs

There are none at this stage.

Implications:

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

Financial	
The budget saving associated with this review is £1.8m (from an overall budget of approximately £18m) scheduled for 2016/17 financial year.	
Legal Care Act 2014	
Human Resources	
Approval has been given for the short-term recruitment of 2 additional FTE Social Workers to support the review of services and ensure the timely reassessment of service users' needs in line with the Project Plan.	
Equality	
1. No Equality Implication	<input type="checkbox"/>
2. Equality Implications identified and mitigated- see report	<input checked="" type="checkbox"/>
3. Equality Implication identified and risk remains	<input type="checkbox"/>

Impact of the Proposals on Service Delivery:

Service user's eligible assessed care and support needs will continue to be met but it may be possible that they can be supported in larger occupancy dwellings. These may be purpose built independent units with communal areas that enable the service user to access their accommodation through their own front door. This could be a cluster of flats in close proximity or within a block of flats (whether dedicated to people with disabilities or shared with others affording cost savings). Care such as sleep-in support can be shared effectively (perhaps with the added support of assistive technology); this can further enhance the viability of this type of housing model.

An increased number of people may have their needs met through Shared Lives or other placements that meet their needs. As service users have tenancy agreements, current Supported Living housing arrangements will need to continue unless the service user wishes to move to alternative accommodation. Any change to a service user's tenancy or care package will be through a reassessment of need and will be agreed with the service user and housing/care providers. It is anticipated that service users care packages may change through increased/additional use of assistive technology which will result in independence and self-sufficiency.

The structural change to purpose built independent units with communal areas is likely to require capital investment by housing and care providers, in order to have sufficient larger occupancy premises available and to de-commission/re-purpose existing low occupancy premises. Some tenancies are joint-funded with Health.

This review is fundamentally about commissioning a more efficient, effective and sustainable supported living care and support model.

What consultations have taken place on the proposals and when?

The Chief Finance Officer has been consulted and any comments have been incorporated into the report (FD 3986/16)

Head of Regulation and Compliance has been consulted and has no comments on the report. (LD3269/16)

The Council held a workshop with officers across the Council to develop and draft the vision and models for further discussion. This included consulting on the Housing Strategy, understanding Housing benefits, Children & Young People, Adult Social Care, Commissioning, Locality Services and Sefton's CCG colleagues.

The Voluntary Community and Faith sectors have also been engaged at this early stage for them to express their views.

Care providers, housing providers and service users have been consulted, engaged and informed through a number of events held in October 2015 through to January 2016. In addition Officers have met with individual providers to discuss future commercial opportunities. Details are within this report.

Implementation Date for the Decision

Following the expiry of the "call-in" period for the Minutes of the Cabinet Meeting

Contact Officer:

Tel: 0151 934 3730

Email: peter.moore@sefton.gov.uk

Background Papers:

The following papers are available for inspection on the Council website via this link:

- Map of current Supported Living accommodation
- Full Consultation report
- Full Public Sector Equality Duty analysis report

1. Introduction/Background

- 1.1 Supported Living is a package of care and support, designed to meet the eligible assessed needs of the service user, who want/need to live as independently as possible in a supported tenancy arrangement. These are commissioned services, delivered by a range of external providers to adults with eligible assessed needs. In February 2015, Council approved a budgetary saving of £1.8m (from an overall budget of approximately £18m) in 2016/17 through alternative and more efficient ways of meeting assessed care needs.
- 1.2 To qualify for a supported living service a service user would have an assessed eligible need. Supported living takes many forms - it means any type of housing and support which is not a registered care home, and whereby a person with a disability gets the support they need to live in their own home (this is either within their own tenancy or within a family environment). This approach to housing and support is based on the principle that people want to maximise their life's chances, including how they live within the best of our abilities and to determine where, how and with whom they live.
- 1.3 There are approximately 600 people whose care and support is currently funded within the Supported Living budget, this includes approximately 380 people who live in supported tenancies (within 145 properties across the borough) supported by 42 housing providers and 24 care providers. The establishment of new tenancies is ongoing and where possible these are established in larger establishments than was previously the case. Some individuals living in supported living settings have done so for almost 20 years (since the mid-1990s). There are also about 150 service users receiving community support and living at home, and about 75 Adult Placement/Shared Lives (this approach is sharing a family's home similar to a foster placement).
- This cohort includes Section 64 of the Health Service and Public Health Act 1968 legacy funded clients – from previous larger 'ward based' institutions. The government replaced this funding in 2008 with other models of funding.
 - The cohort currently in a supported tenancy are predominantly those with a Learning Disability and/or Mental Health issues– defined as follows:
 - For learning disabilities - significantly reduced ability to understand new or complex information, to learn new skills and/or reduced ability to cope independently which starts before adulthood with lasting effects on development.
 - For mental health there are different definitions dependent on diagnosis, however, it is defined by WHO (World Health Organisation) as “a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.

- 1.4 The overall aim of this project is to develop a commissioning model for the Council that is sustainable, modern and flexible, whilst delivering the four strategic priorities as set out in the ASC Strategic plan 2013-20.
- Individuals to be self-sufficient and maintain independence, looking after themselves with help from family, friends and communities
 - Work with the most vulnerable to ensure they are involved in all decisions about the provision of their care and support
 - Develop the market to maximise and promote universal opportunities that are inclusive and accessible
 - Safeguarding
- 1.5 The outcomes of the project will include:
- Developing a Supported Living Policy
 - Developing a Supported Living Strategy
 - Developing a Placement Procedure to ensure placements are commissioned in line with Commissioning Policy / Strategy
 - Ensuring all existing Supported Living arrangements are appropriate to needs and as cost-effective as possible
- 1.6 On 4th June 2015 Cabinet agreed the approach associated with supported living and noted the intention to report back, outlining the vision and models of support. This report details the proposed model, views from the consultation and engagement on the vision and model, an equality analysis report and seeks approval for implementation.
- 1.7 The Council will explore/co-produce with Providers, alternative and more modern and efficient ways of meeting assessed care needs in Supported Living settings (e.g. better use of technology, better ways of specifying care requirements, encouraging independence and enabling services such as a Positive Behaviour Support Service (see para 3.5 below), that aims to reduce the care levels of support for those with challenging behavioural problems).

2. The Vision and Model

- 2.1 Officers from across the Council have reviewed all current information and data regarding service users and providers in the supported living and shared lives service. This review also included potential future users of the Supported Living services, for example young people preparing for adulthood. Alternative models throughout other Authorities have been examined and a full cost analysis undertaken. Discussions have focussed on the Council's Adult Social Care strategic priorities as described above.
- 2.2 Existing Supported Living (house and care) settings have also been reviewed in order to identify whether or not they fit with the new Commissioning criteria and where they do contract negotiations and/or re-tendering would be undertaken to ensure the most cost-effective contract arrangements are in place (including reviewing the use of Assistive Technology, staffing numbers and support arrangements).

- 2.3 The focus of the proposed vision and model (below) is to provide greater flexibility of accommodation, both in terms of the range of accommodation available and the ability for that accommodation to adapt to changing levels of need; more efficient and effective accommodation, by using larger occupancy premises and reducing 'voids'; and more efficient and effective commissioning/support arrangements enabling 'zone' or cluster provision and better use of Assistive Technology to increase independence and safety and reduce the cost of care/support required to meet assessed needs.
- 2.4 The model consulted upon is shown below. The model is in in three parts which overlap for complex cases. Within the model Officers are very aware of supporting the needs for those preparing for adulthood and those care leavers who need particular assistance to secure independence

Vision:

To provide a person-centred pathway which ensures a meaningful, inclusive and needs assessed approach, in turn giving independence, choice and control in housing, living and support for our most vulnerable, ensuring value for money.

Model A - for Learning and Physical disabilities

1. Flexible accommodation, built around assessed needs with a package of care (which may include Assistive Technology) for our most vulnerable and those with complex needs.
2. Our most vulnerable living independently within larger-occupancy accommodation with a package of care (which may include Assistive Technology)
3. Individuals, having an assessed need, with appropriate use of assistive technology and access to formal and informal support
4. Individuals having access to assistive technology to sustain independence and promote self-sufficiency, with signposting to the community for support if required.

Model B – for Mental Health

- Flexible/floating support in short-term accommodation that provides reablement aimed at supporting recovery for those going through an episode of mental ill health. Then ongoing help to secure settled accommodation that provides the basis for people getting back into employment and independence.

Model C – for Shared Lives

- Independent living with a carer for the most vulnerable with assistive Technology as appropriate

Key impact and changes from applying the new model affecting service users

- 2.5 The new model will be applied to individuals requiring a service for the first time, including those with complex needs preparing for adulthood. The focus for care leavers and those with mental health episodes will primarily be for a short-term stay that enables/re-enables independence and self-sufficiency.
- 2.6 As service users within supported tenancies will retain their current tenancy unless they wish to move to alternative accommodation. Any change to a current service user's tenancy or care package will be through a reassessment of need and will be agreed with the service user and housing/care providers. It is anticipated that service user's care packages may change through increased/additional use of assistive technology to increase independence and safety and reduce the cost of care/support required to meet assessed needs.
- 2.7 Reassessments will consider the whole care package, take account of the environment the person lives in and will explicitly look at the appropriateness of introducing assistive technology. In addition, the Positive Behaviour Support Service (PBSS) may be utilised to assess individuals with more complex behavioural problems.
- 2.8 Examples of potential changes/impact for various service users, particularly in relation to the use of assistive technology to increase independence and safety and reduce the cost of care/support required to meet assessed needs, include the following:
- To support people who have **hearing impairments**. In addition to the Lifeline and linked Smoke Detector there is a vibrating pillow alert available to wake the clients during the night if there is a fire. A flashing beacon and wearable pager can be provided to ensure the client is alerted should the smoke detector be activated, the doorbell or telephone rings.
 - For people with **complex disabilities** receiving 24-hour care assistive technology/Telecare may be used to support "sleeping nights" as opposed to "waking nights" care provision while maintaining client safety. There can be a provision of equipment that would alert an onsite carer to such activities as epileptic seizures, alerting to falls or getting up from the bed during the night or leaving the property when it would not be safe or in the service users best interests.
 - For people with **learning disabilities** Lifeline provides a simple and effective means to summon help in the event of an emergency. Other equipment, including monitored temperature extreme sensors, flood detectors, carbon monoxide detectors, and pull-cords, may also be of benefit.
 - To support people with **physical disabilities** where falls may be considered high risk, falls detectors, either wrist worn or neck worn, can be used to provide automatic alerts if the person has a fall.

- For those with **physical disabilities** a bed occupancy monitor (a pressure sensor that goes under the mattress to detect when a person gets out of bed, or if they do not return to the bed after a pre-set time) can be used to send an alert, as this is a strong indication that a fall or accident may have occurred. In addition to this a pull cord can be provided at key locations such as bathrooms and toilets and/or a waterproof pendant can be supplied which can be used even in the shower or bath.
- For people with **cognitive impairments** a property exit sensor can be utilised for clients who may leave the safety of their home at times that may be considered inappropriate or place them at increased risk of danger and allows immediate action to be taken to ensure their safety.
- To **support carers** there is a system to alert an onsite carer to the activation of any of the assistive technology/Telecare equipment.

2.9 Service users' eligible assessed care and support needs will continue to be met but it may be possible that they can be supported in larger occupancy dwellings. These may be purpose built independent units with communal areas that enable the service user to access their accommodation through their own front door. This could be a cluster of flats in close proximity or within a block of flats (whether dedicated to people with disabilities or shared with others affording cost savings). This, together with the better use of assistive technology, will enable care, such as sleep-in support, to be provided more efficiently and further enhance the viability of this type of housing model. An increased number of people may have their needs met through Shared Lives or other placements that meet their needs.

Key impact and changes from applying the new model affecting Care and Housing providers

- 2.10 24 care organisations are currently commissioned to provide care and support to service users who have an individual tenancy agreement in place with 42 housing organisations. Care organisations also provide support for those living as part of a shared lives service and contribute to care for the remaining cohort within this budget and review.
- 2.11 The proposed application of the model is likely to require considerable short-term capital investment by housing and care providers. In particular, it may require time and investment in order to have sufficient larger occupancy premises available and to de-commission existing low occupancy premises (e.g. 3 bedded accommodation, some of which may have voids/empty rooms). There may also be issues with the availability of larger properties suitable for future Supported Living settings. Some tenancies are joint-funded with Health.
- 2.12 Areas that are actively being investigated to support the application of the proposed model are 'zoning', 'clustering' and tackling the issue of 'voids'. 'Zoning' is where the Council commissions by geographical area to enable organisations to optimise service delivery by utilising resources in a more effective and efficient manner. Zoning based on geographical areas is currently being applied in other Local Authorities and limits the number of providers operating within each zone (to

a single provider or a small number of providers). Clustering is where a number of services have been commissioned and located in close proximity within a specific geographical area and enable the provider to manage the service delivery and voids more effectively by implementing a more accessible core staff team including the utilisation of assistive technology with an on-call facility to optimise efficiencies. Care workers are not dependent on using a car and travel costs reduce as a result. There are currently a large number of small shared properties (e.g.3-4 beds) within the supported living service estate, this type of property can exacerbate the issue of 'voids' when there are issues around compatibility of new service users with existing occupants, some of whom have long standing tenancy agreements.

3. Consultation and Engagement with Service Users, Care Providers and Housing Providers

- 3.1 The methodology used in relation to consultation and engagement on the new model was considered and approved by the Consultation and Engagement Panel on 18th September 2015. Officers worked with the VCF sector and other partners in designing the consultation and engagement processes.
- 3.2 Engagement and consultation activity has taken place on the proposed new model with care providers, housing providers and service users who are currently living in a supported living accommodation. This consultation was intended to inform service users and to seek views, comments and ideas from service users and providers to shape how services could look in the future. This engagement did not target those currently receiving a Shared Lives service or those who are part of the Supported Living budget but are not living independently in accommodation as a tenant. These service users will not be impacted by changes to the model. The Council also engaged with care providers to enable them to give the same messages to service users that were being given by the Council during the reassessment process, so as to avoid confusion and develop togetherness in moving forward to any new model.
- 3.3 Engagement and consultation has taken place with service users through two 'open days' (held in the south of the Borough on 7th December 2015 and in the north of the Borough on 9th December 2015) that focussed on the new models and sought their views. All those receiving a supported living (tenancy and care package) service received an individual invite. Those attending were met by Council Officers who explained to each individual what it means for them, what it means for the future, the possible impact on them and they were also asked to give their views. Material was provided to assist in understanding. In addition at each event there was an area provided for the Sefton advocacy service, for various organisations from the VCF sector (e.g. Carers Centre; CVS; People First) and Sefton New Directions and a SeftonArc stand with examples of assistive technology. The Officers from SeftonArc ensured that they approached all service users attending and explained about the technology currently on offer and potentially on offer in the future. The views from service users attending the event were overwhelmingly positive (see the background document for the full details).
- 3.4 Engagement and consultation has taken place with care providers and housing providers, with all providers invited to information/consultation meetings (Care

Provider meetings held on 5th October 2015 and 18th December 2015 and a Housing Provider meeting held on 11th December 2015) and all Care and Housing providers offered the opportunity of individual meetings with Council officers to discuss their views and propose ideas in a more confidential setting. The information/consultation meetings involved senior Council officers delivering a presentation on the potential changes and hosting question/answer and group discussion sessions. There were robust and constructive discussions at all of the events (as detailed in the consultation report included as a background document) and the overall view was of it being a positive approach, with many ideas being expressed and a number of providers sharing their experience of how similar models/approaches work in other Authorities.

- 3.5 There has also been engagement through existing service user and provider forums, (such as Learning Disability Getting Informed Group, Visually Impaired Group; Mental Health forum) and with providers in group meetings and individual providers on a confidential basis to discuss their ideas on their business models in relation to the Council's proposals.
- 3.6 The consultation process sought to overcome any barriers by ensuring there was open, accessible and timely information available to all and by using a diverse range of methods. Specific measures were taken to ensure that people who have additional needs such as Learning Disability (for example) could exercise their voice and influence the outcomes of the engagement/consultation process. Voluntary organisations, including People First; Sefton Carers Centre; Sefton Partnership for Older Citizens (SPOC); SPAC and Sefton CVS supported the engagement process. The Council promoted and actively used independent Advocates, where and when this was appropriate (e.g. at the service user open day events) and used a number of other tools, such as website-based Frequently Asked Questions and Easy Read material/briefing sheets.
- 3.7 The key messages given throughout the process by the Council and partners/providers has been open and transparent. They key messages included:-
 - Current tenancies will not change unless a service user wishes to be considered for a change of accommodation
 - Not all existing service users may be impacted by the changes to care – it will depend on individual circumstances to be agreed during the reassessment.
 - The new models are about care and housing providers working together with the Council and co-production of a new commissioned service.
 - The new models for accommodation will apply to new service users when they come into the system although existing service users following reassessment may see their care plan change (for example assistive technology brought in).

4 Outcomes from the Engagement/Consultation

Service User Feedback

4.1 Service Users who attended one of the 'open day' events where the vision and model was discussed and their feedback and views collated. The invite was to an open day either in the North of the Borough (9th December) or the South (7th December). As stated above, those service users attending were met by Council Officers who explained to each individual what the model means for them, what it means for the future and the possible impact on them. They were also asked to give their views. The views from service users were overwhelmingly positive. The Supported Living Review Engagement Report, available as a background document, provides the full details, but some examples of comments received include:

- Using arc angel is a good idea
- I live in supported living in Crosby with 2 other men my girlfriend can visit me – my mum picks her up to come & visit me. Sometimes I don't like the staff who support me – the boss around and don't give me a choice
- I am happy with living at XXXX but I would like to look at assisted technology. I am happy with my person centred plan.
- I live in my flat. I already have some AT. I have a video intercom. I have a "pendant" – care call in case I fell at home and I can call somebody. I have 2 hrs domiciliary care a week. If when I get older and I might need more support maybe more hours maybe other assistive technology. I would want to stay living in my own flat.
- I live independently in my own flat. I have lived independently for about 10 years. I have an intercom bell for visitors, but what I'd really like is a video bell/intercom – then I can see who is calling. I get some support. I would like to know more about AT – maybe the pendant – don't really know.

Care Provider and Housing Provider Feedback

4.2 The Care Provider and Housing Provider information/consultation meetings were well attended and resulted in robust and constructive discussions. All views have been captured and taken into account as well as other issues raised. To date 15 providers have also taken up the offer to meet with Council Officers to discuss their views and propose ideas in a more confidential setting. As stated above, the overall view was of it being a positive approach with many ideas being expressed and a number of providers sharing their experience of how similar models/approaches work in other Authorities. The Supported Living Review Engagement Report, available as a background document, provides the full details, but some examples of questions/comments received include:

- **Question:** *What is 'acceptable accommodation', what will the reassessment process be and what criteria will existing service users be assessed on?* **Answer:**

Accommodation that meets individual needs which may change as time goes on. Assessments will be based on outcomes and how they are best supported to achieve them whether by family or carers. Sefton is in the process of recruiting Social Workers specifically to work on this project. They will work closely with Positive Behaviour Support and will look at services as a whole but also how individual needs are met.

- **Question:** *Has Sefton considered using Just Checking either on its own or alongside Sefton ARC? Options have made significant savings in Liverpool with this system.* **Answer:** Thank you we will investigate this.
- **Comment:** *We are a specialist housing provider and have properties and funds available that would appear to meet your needs, e.g. we have a block of 10 self-contained apartments that we could turn around very quickly. Recently refurbished infrastructure in phase for assistance technology.*
- **Comment:** *It is difficult to see how all of the various positive identifications mentioned can be achieved within reduced budgetary constraints. Having said this we would be willing to meet with the relevant offices to discuss how the facilities and resources of XXX Merseyside can be used to further the work and the needs of the people in concern.*
- **Comment:** *I think it is a positive attitude for the people who we support in Supported Living, everything we do is for the best of the people who we support.*
- **Comment:** *Modern technology is only valuable when you know how to use it and are able to use it! It can never replace having the time and space to talk to a real person who can support you supported living, people having a tenancy and living in their own home with carers to support them has been a great success. Changing people lives for the better. People are in the community, being accepted by the community. Large supported homes are a step back to the days of the institution where people were perceived as being different and treated differently. It will open gates to bad practise and abuse as with less staff there are less opportunity for cheques and balances.*

4.3 In addition, a number of issues impacting upon Supported Living Services, but not specifically or solely connected with the new model, were raised during discussions, including:

- Implementation of the increase National Minimum Wage/National Living Wage as from 1st April 2016.
- Cost implications relating to the Whittlestone Judgement 2014 which established that payment for “sleep-ins” should be paid at least at the National Minimum Wage levels.
- The increasing burden of pension contributions which will increase over a 3 year period in line with Auto-enrolment requirements and the National Minimum Wage.
- The cost of implementing assistive technology and costs relating to the depreciation of equipment.

Whilst most providers have stated that they are happy to work with the Council to reconfigure services, many stated that they have already experienced the burden of the above additionalities and were either seeking a swift response from the Council and/or backdated remuneration for these additional costs.

4.4 A number of providers raised the issue of how the model applied to people with dual diagnosis and/or multiple disabilities or care needs (e.g. those with learning and physical disabilities or with learning/physical disabilities and mental health issues). It was suggested that rather than separating the model for learning disability/ physical disability and mental health, a single model applying to all might be adopted. The Council responded to explain that the reason for separating the model was to emphasise the desired shift to much more recovery focussed supported living services in respect of people with mental health issues. It was however acknowledged that more work may be needed to emphasise that in complex cases the various aspects of the model may overlap and the most applicable aspect of the model may change over time (e.g. as someone with dual diagnosis recovers from a mental health issue). As everyone's needs are individual, the person-centred application of the model should ensure that the application and implications of the model are appropriately personalised. It was also acknowledged that more work may be needed to better understand the cohort of people with dual diagnosis and how to best meet their needs.

4.5 A number of key **Stakeholder/Focus Groups** were attended and presentations were made and feedback taken account of - these included the following:

- **Mental Health Service User Forum.** The Sefton Mental Health Service User Forum is facilitated by Sefton CVS and meets every 6 weeks alternating between the north and the south of the borough. The meeting on the 11th December 2015 was held at The Feel Good Factory Netherton and was attended by 8 service users and 3 members of staff. The letter of invitation to the service user events was circulated and an Officer talked through the rationale behind the review, describing Model A and Model C with more detail and discussion on Model B – for Mental Health. After outlining current provision and comparing the proposed model which is more recovery focused, the following comments were discussed:
 - Who would determine a client's mental health state? I.e. CPN, psychiatrist or care provider?
 - Is the relationship between health and social care robust enough to pick up when a client's mental health is deteriorating?
 - Where the "ongoing" help is and what does it look like?
 - Who will know/promote/refer to community networks?
 - Overall it was agreed that the right support can foster independence but it needs to be readily available if a service user is in crisis.

- **Sefton Visual Impairment Forum.** This was held on 25th November 2015 at Formby Library. The remit was to ensure that all user groups had been informed and given the opportunity to comment and /or consult on the vision of models of future Supported Living being proposed as part of the review. The group was given an overview of the review so far, processes undertaken to consult with services users, especially those who are presently living within supported living properties, having written to all services users in easy read format with available pictures and photographs. Feedback was of a positive nature.
- **Learning Disability Get Informed Group.** The models and changes were shared with the existing forum members. They were given the opportunity to ask any questions and a full discussion took place at two meetings.

5 Public Sector Equality Duty

5.1 This programme meets PSED and recognises that overall there was a positive acceptance of the proposal. The main concerns and worries that were expressed from service users, were not necessary about AT, but the fear of returning to 'large institutions'.

5.2 Whilst this is clearly not Sefton Council's intention, continued communication with service users, their families and support groups, engaging them in the design and development of future properties would be highly recommended.

5.3 The Equality Analysis Report identifies a number of actions that officers need to be mindful of when progressing this proposal, especially around:

- Identifying voids - ensuring that properties with the most adaptations are maintained even in short periods of un-use. This would keep an appropriate supply of properties for the **most severely** disabled available.
- The quality and consistency of re-assessment when considering AT -. Service users were apprehensive of being assessed inappropriately, Council will need to clearly demonstrate quality control over this process.

5.4 The demographic and needs of service users show a clear need for the Council to develop long term strategies in relation to appropriate property and service delivery management.

6 Risks and mitigation

6.1 The key risks and mitigation are:-

- The saving achieved through this change could be reduced and/or delayed to some extent by the associated cost-shift to domiciliary care and residential

care if future service users are moved to those settings from Supported Living. It is not possible at this point to provide a reliable estimate of the scale of this cost-shift. This will be dealt with when recommissioning begins.

- Housing benefit changes may impact on proposals – the impact of the Autumn Statement proposals will be analysed and acted upon accordingly which will include a review of exempt accommodation status.
- Capacity might not be sufficient to meet the increase for care assessments
- Providers may be unable to adjust to deliver new model(s) – negotiations and keeping a constant method of engagement will ensure issues are dealt with.
- The impact of issues identified by care providers which include:
- The Living Wage (1st April 2016)
- Whittlestone Judgement 2014 which defines the implementation of the national minimum wage for all sleep-ins.
- Burden of pension contributions which will increase over a 3 year period in line with the national minimum wage.
- Implementation of assistive technology and costs relating to the depreciation of equipment.

It is hoped that the above additional costs can be addressed through redesign, re-negotiation, re-commissioning and re-procurement activity. Impacts will need to be analysed closely when re-commissioning begins.

- Community expectation on moving to 'better' accommodation. Expectations may need to be managed as newer more suitable accommodation may not be readily available for a number of years.
- Provider failure – care and housing. Provider failure protocol is now in place within Commissioning.

7. Conclusion

- 7.1 New statutory requirements (Care Act 2014) present a significant challenge that will require a sustained and robust Council wide response with continued engagement with key partners. This will require us to develop solutions that ensure people remain independent for as long as possible; support carers to continue caring; encourage people to plan in advance for their care needs; and promote wellbeing and independence and community inclusion. Only a strategic approach can mitigate the demand and financial pressures that will continue to be faced by Adult Social Care.
- 7.2 Change can be difficult, challenging and sometimes uncomfortable for service users, families, carers, providers and the workforce but the Council is at a point

where doing more of the same or trying to do more of the same with less is going to fail people, carers, families and the communities.

- 7.3 Managing expectation, working with providers and providing information is vital in delivering this review. In many aspects of modern life customer demand is driven by competitive markets and self-service, the Council must consider how care and support activity can match people's experience of the wider world. At the same time, and particularly for those people with no or limited capacity to exercise real choice the Council must ensure that they are safeguarded and supported with dignity and respect.
- 7.4 The engagement and consultation in relation to the proposed Vision and Models has been extremely helpful and informative. The feedback received has been largely positive, with service users, care providers and housing providers all seeming to recognise the need to modernise Supported Living Services, a willingness to work together to transform services and the potential for people to continue to achieve positive outcomes even in the context of significant funding reductions.
- 7.5 The feedback from providers and the strengthening of relationships around a clearer, shared understanding of Sefton's vision and model for Supported Living will prove invaluable to the implementation of the model.
- 7.6 In light of the feedback received, together with the analysis of impacts and risks Cabinet is recommended to adopt the Vision and Model consulted upon, as set out in paragraph 2.4 above.