

**Adult Social Care**

**Interim**

**Independent Living and Extra Care**

**Adult Social Care Commissioning Interim  
Strategy**

**2012 to 2015**

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## Foreword

This is the interim Independent Living and Extra Care Commissioning Strategy for Leicester. I hope it will help you to understand how important having the right types of housing will enable vulnerable people to live independently, in the city with support.

*As part of the strategy we will undertake further work to understand the needs of vulnerable groups e.g. older people, people with a physical and sensory disability etc., in order to identify a range of different types of housing to meet those needs. In order to achieve this we have set out a range of actions that will help us to achieve this in the coming years.*

Councillor Rita Patel - Assistant Mayor for Adult Social Care

## 1. Introduction

- 1.1 The development of an Independent Living and Extra Care Commissioning Strategy will provide an overview of the state of the current market and the level of demand/need for independent living both now and into the future.
- 1.2 This has never been more important as we begin to transform<sup>1</sup> and re-shape the way we deliver services into the future. The approach to how we support people is changing as people are living longer and their expectations about how they want to live into the future changes.
- 1.3. The more traditional models provided by Adult Social Care (ASC) consequently will need to change as we attempt to deliver services that deliver more choice and control to service users, allowing them to live independently within their local communities.
- 1.4 The term “Independent Living” is an overarching term used to describe a living arrangement that maximizes the independence of vulnerable people. The term is often used to describe a range of schemes such as
  - Supported living which sees a group of individuals either living in a shared house where communal facilities are shared such as kitchens and bathrooms to those living in their own flats within a scheme.
  - Extra care sites, which are self-contained apartments with either staff on site and, in some cases, on-site care.
- 1.5 This document will provide us with a platform that provides the direction of travel for those wishing to develop independent living opportunities within the city and as a result we need to develop a range of viable options for a broad range of client groups that will enable them to live as independently as possible.
- 1.6 The strategy is set against one of the most challenging financial climates for local authorities and provides us with an opportunity to further develop cost effective alternatives to residential care that will meet the needs of the most vulnerable.
- 1.7 To support the delivery of the strategy, an Independent Living Board has been established to oversee the governance arrangements and to steer a range of task and finish groups in developing improved access routes and increase supported housing and independent living options for vulnerable adults.

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<sup>1</sup> Putting People First Concordat 2007

## **2. Executive Summary**

- 2.1 The Independent Living and Extra Care Commissioning Strategy sets out what we currently know about Independent Living and Extra Care within the city and how we intend to further develop our approach in order to ensure that we can meet the needs of vulnerable people. Over the next three years we will look to refine the commissioning approach in order to develop and deliver a range of independent living opportunities for a range of vulnerable groups.
- 2.2 ASC is currently transforming the way services are delivered and looking to increase the opportunities for people to live independently, we know that significant numbers of people of working age are placed into residential care and we need to explore and develop real alternatives which will allow us to improve the quality of life and outcomes meeting aspirations that allow people to live independently.
- 2.3 Nationally there have been a range of approaches to support local authorities in transforming the outcomes for people in receipt of health and social care services, which reinforces the development of an independent living and extra care commissioning strategy.
- 2.4 Our local strategies recognise that demand for ASC services are set to increase and in order to meet future need it is essential that we develop real choice. However, there are gaps in our knowledge, which this strategy sets out, that will need to be addressed.
- 2.5 Key to that is establishing what the local needs are for each client group we serve within ASC, alongside establishing and delivering the right types of accommodation that will enable people to live independently within their local communities.
- 2.6 This is complicated by the fact that we are faced with one of the most challenging financial climates and in part this requires us to develop cost effective alternatives to the traditional models of service delivery such as residential care.
- 2.7 Within the strategy we have set out an overview of current and predicted need for a range of client groups including learning disability and mental health within the city. However, there is more work to be done during the life of the strategy to establish the needs of older people, people with a physical and sensory disability and young people in transitions.
- 2.8 Current ASC has access to a total of 309 units of accommodation spread across the city providing independent living opportunities. We will look to increase the number and types available to meet need into the future.

- 2.9 The outcomes delivered for those with a learning disability and mental health condition shows that 68.8% and 77.7% respectively are living independently, however we need to improve the performance against this target and develop targets for other client groups to demonstrate the impact of our approach ensuring people have better life outcomes.
- 2.10 Therefore we need to increase the number and types of independent living opportunities available, such as living support networks which sees a group of people linking up within a geographical area who are not necessarily based in the same block or road but spread across an area, who informally support each other alongside having access to formal support as determined by their own care plan.
- 2.11 We will also consider developing mixed use sites that can meet the needs of a range of vulnerable people. This could include a specific development for older people alongside other vulnerable groups, which will be consulted upon particularly to confirm housing and support requirements, which may include extra care..
- 2.12 Developments therefore need to be based upon a robust evidence base not only about the level and type of support required but the types of accommodation that will enable people to remain independent and settled within their local communities.
- 2.13 To evidence the success of this approach we will put in place systems that capture the impact independent living has on meeting a person's outcomes, delivering more choice and control alongside measuring the cost effectiveness of the intervention.
- 2.14 To support the delivery of this strategy we have set out a range of actions that will be addressed during the life of the strategy that will enable us to meet the needs and aspirations of the population we serve.
- 2.15 In summary the delivery of the Independent Living and Extra Care Commissioning Strategy is a key tool to support the transformation of ASC services and supports the movement towards personalisation giving people choice and control over where they live.

### **3. Purpose of this document**

3.1 This strategy sets out the commissioning approach for the delivery and development of independent living opportunities within Leicester City for a range of vulnerable groups over the next three years, including:

- People with learning disabilities
- Older people
- People with mental health needs
- People with a physical disability
- People with a sensory disability
- Young people in transition to adult services

3.2 It is also informed by other joint commissioning strategies that are already shaping the delivery of services within the city, including:

Leicester City Joint Commissioning Strategy Mental Health 2011-2013  
Leicester City Learning Disability Joint Commissioning Strategy 2010 - 2013  
Joint Dementia Commissioning Strategy 2011– 2014  
Affordable Housing Strategy 2008 - 2013

3.3 The current Affordable Housing Strategy<sup>2</sup> sets out the authority's vision for the delivery of affordable housing across the city. This includes a percentage of properties that would directly support ASC's client groups.

3.4 It acknowledges the challenges in providing sufficient numbers of affordable homes in a difficult economic market, which is further affected by the reduction on government funding available; impacting on our ability to deliver new affordable housing developments, which incorporates opportunities for independent living.

3.5 Therefore delivery of the Independent Living and Extra Care Commissioning Strategy will be achieved through partnership working with colleagues across the Council to:

- Improve the level of knowledge about opportunities for independent living
- Increase take-up of social housing
- Develop specific new housing opportunities

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<sup>2</sup> Leicester City Affordable Housing Strategy 2008-13

## 4. Our Vision

- 4.1 Adult Social Care (ASC) in Leicester is in the process of modernising services that will increase the opportunities for people to live independently within the many communities in Leicester for all vulnerable adults. This vision, as noted throughout this document, is supported by the transformation of ASC services currently underway within the city.
- 4.2. This will in turn promote independence and improve the quality of life and outcomes for all, who in turn exercise choice and control, to live a life that meets their aspirations.
- 4.3 Historically, there has been, and remains, an over reliance on residential care, which can be more expensive than supporting people to live in the community with support, but more importantly often prevents people from reaching their full potential and isolates them from their community.
- 4.4 Currently, ASC funds 1375 people in residential care, which includes 171 nursing beds. 423 of these placements are to those between the ages of 18-64 years and table 1 highlights where people are currently placed within this age range.

<b>Service Type</b>	<b>No of placements</b>
Interim Residential Care	2
Nursing Care – Long terms	14
Reablement Residential Care	2
Residential Care – Long term	382
Residential Care – Short term	21
Respite Residential Care	2
<b>Grand Total</b>	<b>423</b>

Table 1

Of those placed in long-term residential care the primary client breakdown is detailed below in table 2

<b>Primary client type</b>	<b>No's</b>
Dementia	1
Frail / Temporary Illness	1
Learning Dis. Asperger's Syndrome	1
Learning Dis. Autistic Spectrum Disorder	13
Learning Disabilities	199
Mental Health	143
Physical / Sensory Disability and Frailty	1
Physical Disability	20
Substance Misuse	2
Visual Impairment	1
<b>Totals</b>	<b>382</b>

Table 2



- 4.5 Further work needs to take place to actively determine the numbers of service users across all client groups currently placed in residential settings where independent living is a viable alternative. This could be either for those of working age as illustrated above or could be extended to those above 65 years, which currently stands at 926 people. Part of this work will require us to identify the accommodation and support needs for those identified.
- 4.6 Therefore, it is essential that a variety of housing options are developed that allows service users to remain or to gain independence within their local communities for as long as possible. However, it is acknowledged that residential care will continue to be an appropriate setting for some people given the complex or specialist needs of the individual.
- 4.7 It will include making better use of the independent living resources already available to us, continuing to build purpose built independent living schemes where possible and continuing to utilise established schemes across the city that continue to be cost effective alternatives to residential settings. Along with ensuring that more service user's register on the local authority's housing register this will give greater access to Registered Social Landlords and the Councils housing stock across the city.
- 4.8 Critical to the delivery will be to ensure that the workforce is fully informed about the range and types of independent living opportunities that are available in order that they can support service users by providing advice, guidance and support.

## 5. National Policy Drivers

- 5.1. There are a number of key policies that identify aspirations and themes in transforming the outcomes for people receiving health and social care services. The outcomes relate to;
- Improving the quality of life
  - Increasing choice and control
  - Achieving Inclusion and contribution
  - Improving Health and wellbeing
  - Achieving Dignity and safety
- 5.2 Putting People First concordat (2007) outlines the government's vision for the future delivery of social care services. The cornerstone is personalisation, which means putting the person at the centre of their support; enabling them to identify their own needs and making choices about how they want to be supported. This has driven the biggest transformation of adult social care for over 15 years, and goes much further than simply giving people a personal budget with which to purchase their own care.
- 5.3 The most relevant policies for people with learning disabilities are Valuing People (2001) and Valuing People Now (2009) setting out proposals for improving the lives of people with learning disabilities and their families and carers, through increased choice and real opportunities to be independent.
- 5.4 The cross Government mental health strategy, No Health without Mental Health<sup>3</sup> aims to improve outcomes for all and will "...look to communities, as well as the state, to promote independence and choice...".<sup>4</sup> Its key objectives being to improve the mental health and well-being of all; and for those in services improving the outcomes achieved through the delivery of high quality services is key.
- 5.5 Think Local, Act Personal: New sector-wide partnership for transforming adult social care encourages the facilitation of a:
- "broad range of choice in the local care and support market, including housing options, and personalisation of the way in which care and support services re delivered wherever people live"*
- "Promoting the delivery of a broader range of housing/accommodation designed to offer more supportive living environments to people with care and support needs"*
- 5.6. The *Lifetime Homes, Lifetime Neighbourhoods Strategy for Housing in an Ageing Society* [25 February 2008] was a joint strategy which was developed in response to some key challenges; by 2026 older people will account for 48 per cent of the

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<sup>3</sup> 'No Health Without Mental Health' a cross government strategy for people of all ages, which aims to improve outcomes for people of all ages - February 2011

<sup>4</sup> 'No Health Without Mental Health', Introduction and Executive Summary, Page 5

increase in the total number of households and currently housing options for older people are limited. It outlines an approach for responding to the increase as follows:

- To plan at all levels so that older people can live independently with or without support within their own communities
- To ensure earlier interventions and better advice and information is provided so that appropriate choices can be made by an ageing population
- To ensure the right range of choices and opportunities in specialist housing are available for older people

5.7 'Laying the Foundations – A Housing Strategy for England' November 2011 set out the government's vision for housing, which acknowledges the issues for housing into the future and its approach to addressing that. It recognises that for many decades Britain has not built enough houses, which it believes has far reaching social and economic consequences.

5.8 With regards to housing for the most vulnerable the government sets out how it intends to reform social housing through the Localism Act (2011). It recognises that it must provide support that people need, when it's needed.

5.9 A recent policy briefing by the Housing Learning and Improvement Network<sup>5</sup> pays particular reference to the housing needs of older people and in particular the "... importance of good housing design that promotes well-being, connects people to local service and amenities....to create safe and inclusive neighbourhoods"<sup>6</sup>

5.10 The policy briefing also goes on to make the link between Housing, Health and Care and how good housing can promote better health and wellbeing by prevention and early intervention approaches.

5.11 Another key policy driver has been the Office for Disability Issues Independent Living Strategy (2008) which was a cross cutting government strategy that sought to provide direction with the expressed aim of improving the outcomes for disabled people.

5.12 Its key message is that disabled people should, as a right, have the same choice and control over their lives as any other person through the removal of barriers they face in accessing housing, transport, health, employment, education and leisure opportunities.

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<sup>5</sup> Housing Learning and Improvement Network, Policy Briefing, The Coalition Government's Housing Strategy April 2012.

<sup>6</sup> Housing Learning and Improvement Network, Policy Briefing, The Coalition Government's Housing Strategy April 2012 – Page 3, Design for an Ageing Population.

## **6. Local Policy**

6.1 This section is informed by our local strategies, which includes the housing needs for a range of vulnerable client groups. This provides an indication of the direction of travel for the delivery of a range of independent living options.

6.2 Outlined below is a summary from those strategies.

### **Learning Disability (LD)**

6.3 The demand on ASC is set to increase with the population growth and likely increasing health and social care needs of an ageing population. The increase in life expectancy further suggest that a significant population of adults with learning disability currently being cared for at home will access services potentially for the first time, as their carer is in declining health.<sup>7</sup>

6.3 The Learning Disability Joint Commissioning Strategy<sup>8</sup> acknowledges that this client group is one of the most socially excluded and vulnerable groups and face a range of barriers to living independent lives within the city.

6.4 Local and best practice supports those with learning disabilities being able to choose to share and live with others as this can maintain both friendship groups and reduce the risk of social isolation.

6.5 As part of the consultation exercise, one of the key priorities relevant to this strategy was that people want more supported living options and in particular so they can live independently within their community.

6.6 Another key finding was that more information is needed about living more independently particularly addressing concerns about tenancies and where the housing is located.

6.7 Attention has been paid in recent years to designing services which support people while maximising the choice and control they have over their lives. Commissioners and providers have been involved in developing services which are person-centred and which give people the opportunity to exercise a greater range of rights and responsibilities.

6.8 Valuing People Now consider that **all** types of housing choices should be available for those with learning disabilities, including home ownership and easily understood

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<sup>7</sup> LCC Learning Disability Needs Analysis 2010

<sup>8</sup> Leicester City Learning Disability Joint Commissioning Strategy 2010 to 2013

routes in achieving independence. This would increase the number of those with a learning disability living in 'ordinary' housing and having a home of their own.

### **Adult Mental Health**

- 6.9 The joint commissioning strategy<sup>9</sup> provides an overview of services for people with mental health needs and its traditional service led approach has meant that often people have not necessarily received support at the right time.
- 6.10 A survey undertaken with 240 service users and carers at the time to inform the strategy showed that 96% of respondents considered housing as very important to their mental wellbeing.
- 6.11 Evidence within mental health care demonstrates the impact that the lack of suitable housing and associated support causes with an escalation in care needs and potential triggers into hospital. Research further supports a view that at least a third of people in residential care are over provided for in that setting and national evidence reports that 9% of delayed discharges are estimated to be due to a lack of suitable housing,<sup>10</sup> which is evidenced in a local sitreps report.<sup>11</sup>

### **Older People**

- 6.12 In Leicester 66% of the older population are over 65 and live in homes they own. This raises issues of accessibility and adaptation requirements as their needs may change. Two research studies ('Qualitative Assessment of the Housing Needs and Aspirations of Older People of Leicestershire'<sup>12</sup> and 'Breaking the Mould') demonstrate the following;
- People would prefer to remain at home for as long as possible
  - People would prefer to remain near to their networks of support
- 6.13 Preventative, independent models of housing and support are widely favoured by older people. In a survey commissioned by the National Housing Federation, 65% of older people liked the idea of living in a self-contained home with support or care available if required.
- 6.14 Evidence suggests that the majority of older people would live in a mixed age community rather than in specialist older person developments and some indicators

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<sup>9</sup> NHS, Leicester City Joint Commissioning Strategy Mental Health 2011-2013

<sup>10</sup> National Mental Health Development Unit – Mental Health and Housing, housing on the pathway to recovery

<sup>11</sup> Acute situation reporting of delayed discharges

<sup>12</sup> A Qualitative Assessment of the Housing Needs and Aspirations of Older People in Leicestershire Report for Leicester and Leicestershire Housing Market Area Partnership (HMA)

suggest segregated housing as damaging to both social interaction and integration, which we would be supportive of locally.

6.15 The report emphasises the need for a range of provision to meet the aspirations of older people.<sup>13</sup> Also, the report recommends that new provision should be:

- Located in new sustainable urban extensions
- Centrally located in close proximity to the heart of the new development with 'physical' connections to the surrounding area (e.g. communal external space);
- Consist of clusters of a maximum of 20 self-contained units to create close communities and engender mutual support;
- Have level access to facilities such as shops and health services within suitable walking distance; and
- Be adjacent to public transport routes

6.16 While a range of older people took part in the Qualitative report in terms of their ethnic or cultural background and current living arrangements, a number of common issues were evident from the findings which provide some guidelines/basic principles for providing housing for older people in the future:

- Older people want to retain as much of their independence as possible but to have access to 24 hour support when required
- Suitable housing needs to include the provision of catering for family or friends who may wish to stay overnight when visiting
- Housing provision should be integrated into the local community with access to local services (i.e. not a retirement ghetto on the edge of towns)
- Housing provision should cater for older people from a range of ethnic and cultural backgrounds and lifestyles, supporting community integration rather than segregation
- The role of family members and friends in the provision of informal support and input into decisions regarding suitable housing needs to be recognised.

6.17 Consequently the opportunities for independent living will be further defined based upon consultation with older people across the city in the coming year.

### **Older Persons Mental Health**

6.18 The joint dementia commissioning strategy<sup>14</sup> sets out how it intends to improve the approach for dementia services into the future, which includes an approach with regards to housing.

6.19 This will require the authority to ensure that accommodation is built to a 'life time homes standard'<sup>15</sup> which will support those with dementia to remain in their homes

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<sup>13</sup> National Housing Federation Breaking the mould Re-visioning older people's housing

<sup>14</sup> Joint Dementia Commissioning Strategy – April 2011-2014 (Leicestershire & Rutland)

<sup>15</sup> The Lifetime Homes Design Guide, Habinteg Housing Association.

reducing the number of moves into residential care, which it is known is not the best approach in placing people into unfamiliar surroundings.

6.20 The Alzheimer's Society (2011) has highlighted the following:

- There are currently 750,000 people living with dementia in England & Wales and this is likely to double over the next 30 years and the costs are likely to treble.
- Approximately 50,000 people are likely to be placed in residential care because of a lack of suitable support in the home and the community.
- The vast majority of carers and those with dementia aspire to remain in their own homes wherever possible.
- There is no 'one size fits all approach' as there is a geographical differentiation of the scale and nature of requirements.
- Different policies, provision and services will be required in different areas, including planning, to reflect a growing demand for a spectrum of accommodation and housing based care and support for older people.

6.21 Consequently as further work is undertaken within this area we will be better able to define the independent living requirements for this client group.

### **Physical and Sensory Disability**

6.22 Currently there is no overarching local strategy for this client group, however work is currently in progress to develop a strategy to identify the independent living requirements for this client group both now and into the future.

6.23 However, work so far confirms that the majority of current service users either want to;

- live in their own home and have been assessed as eligible for major adaptations or
- are unable to return home due to awaiting major adaptations and are then looking for alternative housing through Choice Based Lettings (LCC's Housing Register).

6.24 The development of the strategy will be done with the support of a range of partners that will review the current level and type of provision available across the city; it will also capture the needs and aspirations of those currently accessing services; and the types of services or opportunities needed going forward for those with a physical and sensory disability.

6.25 It is important to note that the Office of Disability Issues is in the process of developing a strategy that will also provide guidance to local authorities on the future direction for services.

### **Transitions**

- 6.26 Currently there is insufficient data to inform us of the types of services young people are likely to want into the future. Therefore, further work will be completed in the coming year to identify the future housing needs of young people.
- 6.27 However, work has begun with a range of schools and partners with younger people, carers and families to raise aspirations and explore options for both living independently and future employment.
- 6.28 It is important that ASC has a link into schools to capture young people's needs in order to plan for their future accommodation needs.



## **7. Local Needs**

### **Overview**

7.1 In this section we set out the position in relation to housing supply and need across ASC.

### **Housing Supply in Leicester**

7.2 Critical to the delivery is the supply of suitable and appropriate accommodation for ASC service users. Without the right level and regular supply of independent living opportunities the ability to enable people to live within local communities will not be achieved.

7.3 Therefore, it is important to understand the issues relating to supply and demand. The last Strategic Housing Market Assessment<sup>16</sup> (SHMA) for Leicestershire and Leicester city, defined housing need as 'the quantity of housing required for households who are unable to access suitable housing without financial assistance'.

7.4 It noted that the housing requirements for a range of different groups were considered and it included:

- provision of lower levels of care for older people will need to increase by some 50% in the county, and by around 25% in the city, if the projected demographic changes occur.

7.5 It identified that resources and policies to help owner occupiers to stay independent as they grow older will need to change to create options and incentives that assist them to move to tenures and forms of housing which best meets their needs.

7.6 Three of the key findings from the SHMA are;

- Single households dominate the city centre where there is relatively little mixing of other types of household.
- Most properties in the city are 2 and 3 bed houses, though there is a concentration of 2 bed flats in the centre (this will have intensified following the increased level of flat building since the 2001 Census).
- The majority tenure in the city is owner-occupation, which at about 60% is somewhat lower than the national average, and at the Census 2001 the proportion of social housing was over double that of private rented housing, though these proportions will have altered both with right to buy sales and the increase in private rented accommodation. Owner occupation may have fallen slightly.

7.7 In addressing the recommendations and conclusions of the SHMA it is important to note the gap in the supply of affordable housing within the city, but what is affordable housing?<sup>17</sup> Affordable Housing is homes for people whose needs are not met by the market. Affordable Housing includes:

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<sup>16</sup> Strategic Housing Market Assessment – 2007/8

<sup>17</sup> LCC Affordable Housing Strategy 2008/13

- Social rented housing – homes for rent which have rents determined through the national rent regime or equivalent arrangements (this includes council houses and homes owned and/or managed by Registered Social Landlords for rent);
- Intermediate affordable housing – homes at prices and rents above those of social rent but below market price or rents (this includes shared equity products like Homebuy, other low cost homes for sale and intermediate rent, like HomeCome<sup>18</sup>).

7.8 The fact that affordable housing is rented or sold at a price below the market level means that subsidy is needed to create it.

7.9 The Strategic Housing Market Assessment's Final Report (December 2008) has concluded that Leicester needs 790 new affordable homes each year of which;

- 75% (591 homes) should be for social rent, 25% (199 homes) for Intermediate affordable housing:
- the greatest need (87% or a total of 691 homes) is for 2 & 3 bedrooomed homes, predominately for families;
- 7% (53 homes) should have four or more bedrooms;
- 2% (16 homes) should have one bedroom;
- 4% (30 homes) should be for meeting sheltered/supported housing needs.

7.10 The City also needs additional supported housing to ensure its most vulnerable citizens' housing needs are addressed. To date, we have managed to secure an average of 205 affordable homes each year, much less than our affordable homes target.

7.11 Alongside of that revenue funding is causing concern at this point as follows;

- Revenue funding is no longer provided on a scheme basis but is distributed as 'floating' support to individual service users.
- Landlord and care provision – Following legal advice the local authority requires care contracts to be tendered separately. Registered Social Landlords generally require certainty that it will be the care provider in its own schemes.
- Capital funding – The Homes and Communities Agency (HCA) who insist that combined rent and service charges are within Housing Benefit rent limits. Registered Providers advise that this makes viability difficult and they are being cautious as a result.

### **ASC need**

7.12 Set out below is an overview of the current and predicted local need for clients groups within Leicester. However, further work to refine our knowledge in order to provide a more detailed plan particularly for older people, older people with mental

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<sup>18</sup> HomeCome is a council managed private sector leasing scheme registered as a limited company and properties are allocated through the local authority' Choice Based Lettings Scheme

health needs, transitions and physical and sensory disability will continue in the coming year.

### **Learning Disability:**

- 7.13 The Joint Commissioning Learning Disability Strategy<sup>19</sup>, as noted elsewhere in this document, provides a detailed overview of the sector and shows that a significant number of the adult population with a learning disability are currently living with their carers. Information held by ASC highlights that 415 carers of people with learning disability, 45% of carers are over the age of 60 years and 20% are over the age of 70 years.
- 7.14 It is also important to note nationally that the incidence of autism is rising with numbers evidenced in Statement of Educational Needs (SEN) showing an increase of over 15,000 statements nationally between 2004 -2010.<sup>20</sup>
- 7.15 Locally for those within the autistic spectrum, individual or small specific settings in a cluster arrangement would be appropriate which could also support those with behaviour that may challenge services.
- 7.16 There is also evidence for the need for 2 and/or 3 bedrooms for either family members, peer groups and/or a facility for overnight care. 'Valuing People Now' reports that nationally, there are currently 30% of adults (approximately 33,000 people) with a learning disability living in accommodation that is registered for persons who require nursing or personal care.
- 7.17 Locally ASC manages a significant portfolio of properties suitable for those with learning disabilities. Currently the numbers waiting for accommodation as at February 2012 is **25**. A further 17 referrals are currently inactive but have the potential to become active again in the future. This will be for a variety of reasons including not being ready to move and changing their mind.
- 7.18 Those identified as requiring independent living are currently in a range of settings. The majority are those currently living at home (12) who wish to experience independence, followed by those in residential care (8).
- 7.19 The data below shows the length of time we have had the referrals, which shows a marked increase in referrals within the last year, along with the reason given for these referrals as follows:

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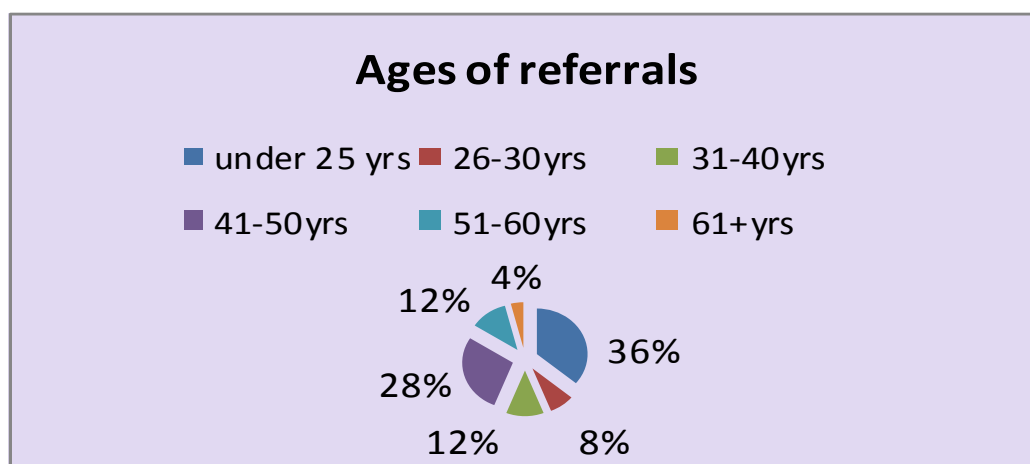
<sup>19</sup> Leicester City Learning Disability Joint Commissioning Strategy 2010 to 2013

<sup>20</sup> Implementing Fulfilling and Rewarding Lives statutory guidance/ autism strategy

Date Received	No
2008	2
2009	5
2010	4
2011	12
Less than 6 months	2
<b>Total</b>	<b>25</b>

Reason for referral	No
Wants to leave Residential Care	8
Family Issues / wants to	12
No longer wants to share	2
Wants to return to the city	1
Unknown	2
<b>Total</b>	<b>25</b>

7.20 The referrals also provide age breakdown and we have seen an increase in particularly for those under 25 years, which we see as a growing trend.



7.21 From these referrals it is possible to determine what types of accommodation will be required to enable these service users to live independently as follows:

Type	No
Cluster with support either on site or nearby	8
Single occupancy	1
Shared (Kitchen & Bathroom)	14
Accessible	2
<b>Total</b>	<b>25</b>

7.22 The following information provides an estimation of the numbers of people with a learning disability who will require independent living solutions over the next three years:

<b>Year</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
<b>No of people</b>	40	40	40

7.23 The types of accommodation required for this group is not yet determined, however it will be based upon the persons assessed need and the solutions will offer the widest choice and control as possible for individuals. Measures will also be put into place to check progress against the estimates, in the coming year and will be actively reviewed in order to identify any issues.

### **Mental Health**

7.24 Accommodation, as noted elsewhere in this strategy is a key factor in keeping people well and out of hospital. It is therefore important to make sure that a range of interventions are developed to support this aim.

7.25 Intelligence gathered locally has identified the need for short term interventions to avoid hospital admission, achieve hospital discharge or relief from current tenancy.

7.26 A pilot needs analysis was undertaken with adult mental health social work teams [March 2011] which identified a gap in the provision of appropriate accommodation for service users. This supports the requirement for an intensive setting that can assist where there may be a period of instability in mental health, not requiring hospitalisation, but this period of instability may be precluding access to other sources of accommodation.

7.27 Further, for this user group there needs to be some flexibility in the environment and choices regarding whether to interact with other residents. A suitable setting would be smaller groups together (example 3 or 4 people) in any shared scheme.

7.28 This pilot analysis further identified the limited number of dedicated Independent Living Units and a waiting list for the 2 transitional settings currently in the city - Orchard House (LCC) and Glengarry Court (Advance Housing Association).

7.29 A review of social work caseloads [March 2011] indicated an increase in the number of younger people, a higher percentage from BME groups and those with complex mental health needs.

7.30 Data from the SHMA<sup>21</sup> indicates that based on the Leicester population, and rates of growth combined with historical trends in ASC adult mental health users under 65 years, it is estimated that by 2015 there will be 103 new people likely to require residential care unless mitigating actions are taken. In terms of severe mental health,

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<sup>21</sup> Strategic Housing Market Assessment – 2007/8

it is predicted that by 2015 there will be an overall 4% increase in the numbers of people with severe mental health needs.<sup>22</sup>

7.31 ASC co-ordinate requests for independent living opportunities and manage a smaller portfolio of sites for those with mental health conditions. Currently the numbers waiting for accommodation as at February 2012 is **19**. A further 34 referrals are currently inactive, but have the potential to become active again in the future. This will be for a variety of reasons including not being ready to move, changing their mind and admission into hospital. The active referrals have been received from the following:

<b>Current Address</b>	<b>No</b>
Secure hospital - adult mental health	2
Secure hospital – forensics	3
Rehab/hospital	2
Ward/hospital	1
Registered care home	5
Family	4
SP / Independent living schemes	2
<b>Total</b>	<b>19</b>

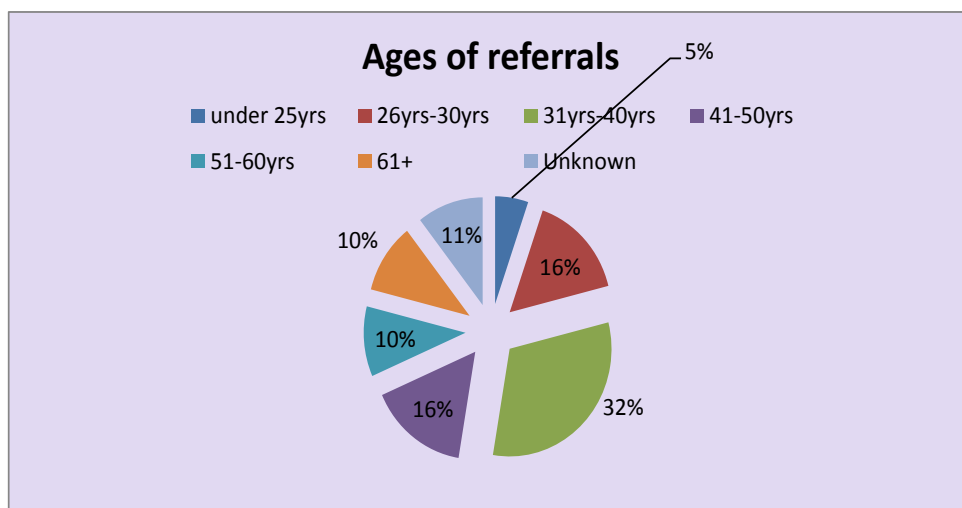
7.32 The data below shows the date referrals were received, which shows a marked increase in referrals within the last year, along with the reason given for these referrals as follows:

<b>Date Received</b>	<b>No</b>
2010	2
2011	12
Less than 6 months	5
<b>Total</b>	<b>19</b>

<b>Reason</b>	<b>No</b>
Hospital	8
Leaving Residential Care	5
Family issues	4
Unsuitable scheme	2
<b>Total</b>	<b>19</b>

7.33 Of these referrals the age breakdown is outlined below:

<sup>22</sup> (LCC) Analysis of adults with mental health in long term residential care citing Projecting Adult Needs and Information System



7.34 Again from these referrals it is possible to determine what types of accommodation will be required to enable these service users to live independently as follows:

Type	No
Cluster with support either on site or nearby	17
Single occupancy	2
<b>Total</b>	<b>19</b>

7.35 The above sets out what is known about those currently looking for accommodation with support. It has also been possible to estimate the numbers of people who will require independent living solutions as follows:

Year	2012/13	2013/14	2014/15
<b>No of people</b>	30	40	40

7.36 The types of accommodation required for this group is not yet determined, however it will be based upon the persons assessed need in line with the vision for ASC to provide solutions that offer the widest choice and control as possible for individuals. Measures will also be put in place to check progress against the estimates, in the coming year and will be actively reviewed in order to identify any issues.

### Physical and Sensory Disability

7.37 Information on the requirements for this client group is limited, but future requirements will be explored in the coming year.

7.38 However, it is known that people want to remain in their own homes, but often people have to move out of their homes whilst adaptations take place, which will be explored in more detail in the strategy.

### **Older People (mental health) dementia**

- 7.39 Data on the accommodation needs for this client group is not yet developed significantly enough to be able to be specific on the numbers and types of accommodation required.
- 7.40 However, information from the authority's older persons mental health service – showed the majority of current [March 2011] cases are between 70 – 80 years of age and they mainly live in the East of the City.
- 7.41 There is a predominance of early onset of dementia and examples of lack of tolerance and flexibility demonstrated both in tenancy issues and support/care arrangements.
- 7.42 For this user group an early move into Independent Living with support would allow routines to be established and remaining in the same area of the city would be preferred achieving a sense of familiarity.
- 7.43 A requirement for 2 bed accommodation is identified where an overnight carer may be needed although less so if in a cluster setting. The development of another Extra Care Housing scheme in the city within the last year has gone some way to meeting this need providing quality and accessible accommodation with priority given to those over the age of 55 years for those in wheelchair and/or with care needs.
- 7.44 The current schemes provide modern, accessible self-contained apartments that offer opportunities for communal activities and engagement for residents thereby reducing social isolation.
- 7.45 However, there is a requirement to establish the level of need into the future and to support that we need to review the models currently in operation to establish their effectiveness and whether they offer value for money and provide choice to inform any potential new build developments in the future<sup>23</sup> (see page 32 Housing supply and Appendix 1).
- 7.46 A guide entitled 'Living Beyond Dementia'<sup>24</sup> relies on evidence gathered from 10 years of research into the provision of housing with care (i.e. extra care) and identifies key themes for good practice within future provision.
- "It is clear that people with dementia who live fulfilled lives in Housing with Care developments do so in large part because of the flexible and responsive care and support they receive. This requires staff to have a positive attitude and good understanding about dementia in general and about each individual with

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<sup>23</sup> see page 32 Housing supply and Appendix 1

<sup>24</sup> Living beyond dementia a guide to dementia and housing with care Housing and dementia research consortium



dementia. Flexibility will be a mark of the ethos of a development. Those working there will be alert to the risk of loneliness, social isolation and discrimination that some individuals with dementia can experience”

7.47 Further, consideration is given within the guide to the size of the setting and whilst it is acknowledged that a larger setting can provide a wider range of amenities and facilities and may be more viable, equally an ‘extensive layout can become disorientating and confusing’. The report recommends that the environment needs to be ‘homely and easy to understand’.

7.48 A successful extra care setting with the principles identified in this guide has the potential to achieve prolonged residence in the same home, delaying or preventing moves into a care home and highlights that research demonstrates that both families and service users prefer a ‘specialist’ setting for dementia support.

7.49 Extra Care housing and variations thereof may offer some people with dementia an alternative to residential care, enabling couples who might otherwise be separated to remain together, and offering the combination of flexible, responsive home care and support, maximum independence, improved safety and security, and managed risk.

7.53 It’s also important to recognise the role that sheltered housing plays in supporting this client group and that it has the potential to be used as the base for a whole host of services for people with dementia and their families

**Older People:**

7.54 Information about the accommodation needs of older people is still not yet fully developed. However, the numbers of older people will increase within the city. Projections from POPPI (Projecting Older People Population Information) show a significant increase in the numbers of older people living in Leicester City over the next 20 years. This suggests a high likelihood of an increase in the number of ‘frail elderly’ households needing additional help and support;

<b>Older People Projections – Leicester City 2008 – 2025</b>					
<b>Data for Leicester</b>	<b>2008</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
People aged 65-69	9,400	9,400	11,300	21,900	23,100
People aged 70-74	8,700	8,700	8,400	10,100	10,500
People aged 65 -74	18,100	18,100	19,700	21,900	23,100
People aged 75 -78	7,200	7,000	7,300	7,200	8,800
People aged 80 – 84	5,500	5,400	5,300	5,800	5,800
Total population 65 and over	35,900	35,700	37,800	40,800	44,400
Total population 85 and over	5,100	5,200	5,500	5,900	6,700

<b>Data for Leicester</b>	<b>2008</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
<b>Total Population</b>	284,600	285,100	287,400	290,200	293,300
Population aged 65 and over	35,900	35,700	37,800	40,800	44,400
Population aged 85 and over	5,100	5,200	5,500	5,900	6,700

<b>Data for Leicester</b>	<b>2008</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>
Population aged 65 and over as a % of total	12.61%	12.52%	13.15%	14.06%	15.14%
Population aged 85 and over as a % of total	1.79%	1.82%	1.91%	2.03%	2.28%

Source: POPPI

7.52 There will also clearly be a growing number of older ethnic minority households which may have specific requirements different to those of White British households. For example, it may be more common in Asian families for elderly parents to move into their children's family home, which may prompt an increased need for larger family housing. Alternatively elderly relatives may wish to move to a separate home close to their children, which again may prompt need for the provision of properties suitable for downsizing within these communities.

7.53 Leicester's first Extra Care estate, Danbury Gardens, opened in December 2007. Located in the Humberstone area of the city, Danbury Gardens comprises 57 self-contained one and two bedroom apartments. There are 5 shared ownership flats and 52 flats available to rent. The allocation of property is based upon the level of need to ensure an appropriate balance within the scheme..

7.51 In May 2011 a further Extra Care site was officially opened, The Wolsey building is located opposite Abbey Park. It comprises 63 self-contained one and two bedrooms available to rent (29 one beds and 34 two bed apartments).

7.52 The allocation of properties is given to those aged 55 years and over, wheelchair users and those with care needs.

7.54 However, further work to identify the types of scheme we develop into the future is required, which will include consultation with older people. It is possible that we would look to develop either smaller schemes in the region of 30 units or larger mixed use schemes if this is a viable option. This will be dependent upon funding streams available given the changes to how new build developments are financed and the revenue implications.

#### **Transitions:**

7.55 Information on the needs of young people is at this point limited work is currently being planned to liaise with schools and other colleagues across the authority to improve knowledge around housing options and future demand for independent living options.

7.56 Projections from the last 'pupil census' 2007 for county and city shows;

<b>Special Need</b>	<b>Statements (S)</b>	<b>Statements &amp; Plus (P) Action</b>	<b>Proportion of Stated need within S &amp; P population</b>
Autistic Spectrum Disorder	314	415	76%
Behaviour, emotional and social difficulties	404	1707	24%
Hearing Impairment	61	295	21%
Moderate Learning Difficulty	1262	3626	35%
Multi-sensory impairment	4	5	80%
Other difficulty/disability	70	307	23%
Physical disability	362	531	68%
Profound and multiple learning difficulty	157	159	99%
Speech and language needs	454	1356	33%
Severe learning difficulty	496	521	95%
Specific learning difficulty	449	1496	30%
Visual Impairment	113	184	61%

7.57 The data shows that there were almost 25,000 pupils with some form of special needs recorded on the system in 2007, with over 10,000 (22% of all pupils) in the city; and nearly 14,000 (or 15% of all pupils) in the county.

7.58 The data shows that Leicester City has a higher overall level of potential special needs at 9.6% of all pupils - almost 50% higher than in the county (6.5%). Many categories are unlikely to require special forms of housing, but some could, such as Multi-Sensory Impairment, Physical Disability, Multiple or Severe Learning Difficulty. Others such as Visual or Hearing Impairment and Speech and Language Needs might need some adaptations to the home.

7.59 Assumptions made in the Strategic Housing Market Assessment (SHMA)<sup>25</sup> suggest a requirement for around 150 special and adapted units being made available to meet

<sup>25</sup> Strategic Housing Market Assessment – 2007/8

these rising needs from the younger population over approximately ten years across the city and county.

- 7.60 The Transitions service has recently reported that due to an expansion in the criteria for referrals to them has increased the numbers of those referred and therefore impacts on the numbers likely to require accommodation in the future. It suggests that we should be providing in the region of **10** units of accommodation over the next 3 years along with looking to develop some form of assessment centre. Further information on this increase and development of an assessment centre will be explored in the coming year.
- 7.61 The types of accommodation is yet to be defined, but will be based upon the persons assessed need in line with the vision for ASC and is likely to include specific purpose built accommodation. Giving young people the choice of who delivers support to them.
- 7.62 It is expected that those in transition will make better use of social housing by registering on the housing register via the choice based lettings scheme, which provides access to accommodation across the city.

### **Shared Lives (Adult Placement)**

- 7.63 Work is in progress with carers to deliver a range of service, which includes:
- Providing family carers with a regular break from caring
  - Help people to maintain and develop independence and life skills away from family/carers and in different surroundings
  - Offer people the chance to move from their current environment to live with a shared lives carer who will provide the support they need
- 7.64 People can either stay a short time with a shared lives carer, while others may live with a shared lives carer at their long-term home.
- 7.65 The shared lives service do not hold a waiting list but respond to referrals as they are received. At the point of referral the team will look to identify the most appropriate placement that is able to meet their needs.

### **Conclusion**

- 7.66 The above sets out the level of need but there are still gaps in what we know therefore in this year work will progress to improve the systems that capture the housing need of those eligible for services, which will include:
- \* Categories for reasons for accommodation to be consistent and able to be prioritised
  - \* Housing Application number and status
  - \* Preferred location for future accommodation
  - \* Size and type of accommodation required
  - \* Location of network of support both informal/formal
  - \* Carer/family in support of the referral
  - \* Identify if 'waiting' for existing scheme or to be housed through Choice based lettings

7.67 Once the gaps have been identified we will explore options to use the councils housing stock, housing association or private provider stock or develop purpose built units of accommodation.

## **8 Performance and Quality of Services**

8.1 To ensure that people are being enabled to live independently it is critical that all services are able to evidence the quality, outcomes and positive impact their services have on people's lives. Therefore all Independent Living Services are monitored and currently provide quarterly financial and service monitoring information to ensure that the services are delivering real change.

8.2 The overall purpose being to:

- To inform the quality and effectiveness of the provider
- To ensure that services are provided in accordance with agreed contract and specification
- To ensure fair access to service provision
- To identify good practice and areas for improvement
- To identify issues and concerns and ensure these are investigated and resolved
- To determine any changes required in service delivery
- To inform the decision whether a contract should be extended at the end of its term
- To gather data to inform wider service planning and reviews.

8.3 Data is routinely captured from providers and summarised below is the analysis for 2010/11 and is used here to illustrate attainment against targets set as follows:

### **Outcome 1: Enhancing quality of life for people with care and support needs**

<b>Description</b>	<b>Target</b>	<b>Stretch</b>	<b>Performance</b>
Proportion of adults with learning disabilities who live in their own home or with their family	70%	75%	<b>68.8%</b>

8.4 Out of 1024 LD people, aged 18-64, known to the council, 704 (68.8%) are living in their own homes or with their family.

<b>Description</b>	<b>Target</b>	<b>Stretch</b>	<b>Performance</b>
Proportion of adults in contact with secondary mental health services living independently, with or without support	80%	82%	<b>77.7%</b>

8.5 Out of 1329 adults, aged 18-69, who are receiving secondary mental health services and are on a Care Programme Approach (CPA), 1032 (77.7%) are living independently at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting.

8.6 In the coming year further monitoring will take place to increase the numbers living either independently or with their families as this will be a measure of whether the overall approach to delivering against the year on year targets, where identified, have been met.

## 9. Current Resources

- 9.1 It is important to ensure that access to accommodation is provided be it purpose built accommodation, established shared units or access to social housing across the city or the development of support services that allows people to live independently with support that is directed by them.
- 9.2 In order to increase the numbers accessing independent living and those in ordinary housing work is underway with social work teams to improve knowledge and understanding of the solutions available for vulnerable people to live independently.
- 9.3 It will also be necessary to ensure that support services are in place to enable people to live independently and work is in progress to ensure that this is in place.. This will include a review of processes, adoption of holistic assessments including housing need, a full understanding of Independent Living and a means of capturing housing within the single point of contact with adult social care.
- 9.4 Currently ASC has access to a total of 309 units broken down as follows:

Designated local authority stock 75 units

Extra Care Schemes (RSLs) 120 units

ASC Independent Living Schemes (includes private and RSLs) 114 units

Number of units per Client group:

Client group	No of units	Percentage share
Extra Care	120	39%
Learning disability	139	45%
Mental health	35	11%
Profound/Multiple	15	5%

- 9.5 Recent data shows that across sheltered housing provision as of April 2012 there are 22 voids, which we will explore to determine how this can potentially be used to provide more supporting living options for ASC clients. Alongside the above work is also in progress to explore access to a variety of accommodation/sites around the city as follows:

4 x 5 clusters of bungalows – across the city - still at an early stage of development

1 x former warden’s house - dialogue on-going x 2 units

8 units in separate wing of a sheltered scheme – still at an early stage of development

5 units of accommodation currently being explored as a step down unit but still at an early stage of development

- 9.6 Shared lives currently support the following groups:

APS Band 4 Learning Disability	17
APS Band 5 Physical Disabilities	1
APS Band 6 Special Care	6
APS Band 7 Severe Multiple Disabilities	4

## **10. The future model for independent living**

- 10.1 Independent living generally means the separation of housing from the provision of support or care, and unlike residential care, it means that the person does not lose their home if their care or support needs change. This is in order to demonstrate that shared accommodation is not a “group home” that requires it to be registered.
- 10.2 It should also include owning or renting your own home to living in a building based scheme such as extra care schemes within local communities rather than institutions separate from the community it is based in
- 10.3 This approach to delivery is one that we will be actively encouraging, currently a range of schemes have support built in, but over time we would wish to see a move away from this model. ASC aspires to see those living in such schemes buying their own support with their personal budgets. Actively choosing the type of support they wish to receive and who they want to deliver that support be that a provider of support, a family member/friend or personal assistant.
- 10.4 To support this initiative we have developed in conjunction with Leicestershire County Council the ‘choosemy support’ website, which is a portal that will allow both providers to advertise their services and individuals to have access to information on a range of services.
- 10.5 Living support networks give independence to individuals within their own tenancy will also be developed. More specifically it is made up of a number of individuals living in self-contained accommodation, in close proximity to each other. A unit or base/hub is also located in close proximity to the members’ homes.
- 10.6 A living support network is a prevention service that can identify issues/ concerns/ risks at an early stage before formal intervention or assistance may be required and encourages individuals to settle and integrate in the local area.
- 10.7 The accommodation for each member is a separate entity to the network and can be sourced from any housing provider. The individual will have a tenancy agreement and will claim housing benefit to meet their rent liability.
- 10.8 A living support network provides an alternative to traditional types of designated schemes by encouraging the members to befriend each other and create an informal model of support and friendship that promotes confidence in living independently. The role of a volunteer can be included to provide support in befriending and integration within a given local community.
- 10.9 Both the Care Services Efficiency Delivery (CSED) and Valuing People Now support the model of ‘living support networks’ as achieving the objectives of independence, inclusion and cost effectiveness.
- 10.10 Work will continue to confirm the need for further extra care schemes in the city and as noted elsewhere in the strategy it is likely that the development of smaller scale models or mixed development sites, situated within local communities will be supported. However, it is important to acknowledge that in the current financial climate the normal route for capital funding has reduced significantly for Registered Social Landlords (RSL’s) who have been one of the main developers of these types



of schemes within the city. Although work will continue with Housing, RSLs and other developers to potentially create appropriate schemes in the city.

- 10.11 In addition initiatives will be supported that ensure access to assistive technologies are easily available be that for a short time, perhaps at times of crisis, or a permanent feature that supports independent living.
- 10.12 These approaches will provide a cost effective alternative to residential care, which has never been more important as the local authority faces significant budget reductions, which will see an overall reduction in funding for care over the next three years.
- 10.13 Work will progress to increase the number of Shared Lives<sup>26</sup> opportunities available. Shared Lives offers people an alternative and highly flexible form of accommodation and/or care or support provided by ordinary individuals/families in the local community. This enables the person to share in the life and activities of the adult placement carer.
- 10.14 To assess the level of interest in March 2011 a consultation exercise was undertaken to establish the interest in developing independent living opportunities within the city with a wide range of providers. The consultation showed that interest did exist across a wide range of sectors in meeting the increased need for independent living and that there is potential to encourage new providers of both accommodation and support services into the city.
- 10.15 A number of providers indicated that they are able to source high quality accommodation and commitment to individual inclusion in making decisions on their accommodation and support needs.
- 10.16 To ensure new schemes are developed a generic brief for new affordable housing and independent living accommodation has been shared with the market and the HCA'.<sup>27</sup> This brief supports a minimum of 5 -10 up to a maximum size of 30 households/units of self-contained core and cluster flats in any one scheme, with an office/communal resource space and a meeting room (the purpose of this room is to house security and assistive technology measures and to provide a shared communal area).
- 10.17 The on-going revenue cost of this office/communal resource space is to be included within the eligible service charge. The scheme should also have a communal garden/outside space. Where there is more than 1 storey, lifts are required. The built form should be sympathetic to the surrounding area and not be obviously institutional. Dialogue will continue with the sector in the coming years to refine the independent living requirements for ASC service users.

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<sup>26</sup> Leicester City Councils – Adult Placement Scheme

<sup>27</sup> LCC Generic Brief for supply of Supported Living Housing Development – April 2012 (Version 2)

## 11. Commissioning Priorities

11.1 The current position and range of need demonstrates an emphasis on diverting people away from and supporting people to move from residential care, there will be a constant demand for alternative forms of accommodation including 'ordinary' housing.

11.2 The range of accommodation/support options needs to provide;

- Intervention in times of crisis for all service users.
- A setting to move to from residential care, discharge from hospital or for someone leaving home for the first time.
- Independent accommodation for a person to settle into as their home, which may include other family members or, a core and cluster arrangement with access to other care and support services, universal/community services from the same base. Independent accommodation needs to have accessible links to transport, local amenities and services.
- To increase the use of assistive technology that enables a person to remain in their own home.

11.3 ASC specific overarching commissioning priorities over the coming 3 years for the following client groups will be to:

- Increase opportunities for all adults to live independently in supported accommodation schemes living across the city;
- Develop 'Living Supported Networks' across the city, particularly working with local communities and the market to support such initiatives
- Increase the number of independent living, building based opportunities to meet the identified need as follows:

### Learning Disability:

Year	2012/13	2013/14	2014/15
No of people	40	40	40

### Mental Health

Year	2012/13	2013/14	2014/15
No of people	30	40	40

### Transitions

Year	2012/13	2013/14	2014/15
No of people	10	10	10

### Older People/Older People Dementia:

At this point ASC cannot be precise about the specific requirements for this client group; however the development of an older person's strategy and the

implementation of the Joint Dementia Commissioning Strategy will inform future priorities.

**Physical and Sensory Disability:**

Currently there is no overarching strategy for this client group and work to develop this will be undertaken to identify the independent living requirements both now and into the future

**Overarching Priorities:**

- Align current Adult Social Care (ASC) processes and pathways to better meet the need of those requiring support to live or continue to live independently;
- Ensure that opportunities to live independently are actively promoted to those living in residential care homes or other such establishments and considered as a viable alternative;
- Ensure that early consideration is given to identifying housing opportunities for young people, which will involve providing more detailed information in conjunction with Educational establishments, CYPS colleagues and ASC Transitions team
- Establish clear funding options for future affordable housing. Although the Affordable Housing Strategy has clearly contributed to increasing the affordable housing within the city, which includes supported housing, this growth is reduced significantly due to changes in the process to secure funding from the Homes and Communities Agency (HCA);
- Keep under review the design brief to check that it continues to be fit for purpose;
- Increase the numbers of service users who are registered on the local authority housing register;
- Continue to work with the provider market to support delivery of the commissioning priorities;
- Support the increased take up of personal budgets;
- Monitor delivery of efficiencies resulting from increased take up of Independent living and other housing opportunities across both social care and health to support the budget reduction strategy for ASC;
- Provide mandatory learning and development across Adult Social Care workforce to promote Independent living and assistive technology as options providing independence and choice for service users;
- Ensuring information about Independent living is in accessible formats for professionals, service users and carers:

## 12. Resource Implications

### Overview

- 12.1 The commissioning plans for both Learning Disabilities<sup>28</sup> and Mental Health<sup>29</sup> cover in some detail the resource implications particularly that there will need to be a move away from the level of investment in residential care and high cost placements with increase in a range of independent living and community support as options going forward.
- 12.2 This approach supports the ASC vision for the transformation of services that ultimately gives greater choice and control to individuals.
- 12.3 An increase in access to Independent Living opportunities has the potential to reduce the numbers of residential care placements and if we develop a model for independent living that is fit for purpose it could also reduce the costs of existing high cost placements into the future.
- 12.4 Therefore it is likely a reduction in either numbers being placed in residential care or being actively reviewed and offered other options will be seen. However, systems are not yet equipped to monitor these changes specifically to register this and we will over this coming year put processes in place to monitor this.

### Housing Supply

- 12.6 Crucial to the delivery of the vision is access to suitable accommodation. ASC already have access to a significant amount of stock and over time some of those properties will be re-let as people move on and so on.
- 12.7 However, the level of stock will not meet the need as identified in section 6. Local needs. Consequently, work with Housing Development, Housing Option services and the external markets will be needed to identify suitable sites for housing development. Also access to either established schemes or individual properties in and around the city, which will increase the portfolio of stock for ASC service users.
- 12.8 Funding for Affordable Housing, as noted elsewhere in this report, has been affected by a significant reduction in the amounts of monies available, which in the past has been crucial to making such developments viable for the developer. We will continue to work with housing and the sector in securing sites.
- 12.9 Alongside of the above there is an opportunity to upgrade existing local authority stock. The Capital Investment Plan for ASC secured £1,025 (2012 to 2015) provides

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<sup>28</sup> Leicester City Learning Disability Joint Commissioning Strategy 2010 to 2013

<sup>29</sup> NHS Leicester City Joint Commissioning Strategy 2011-2013

investment to upgrade local authority properties identified as suitable for independent living.

### **Workforce Implications**

- 12.10 The introduction of a new approach is not without its challenges for the ASC workforce particularly their engagement in the changes needed to improve the journey for service users that ultimately give greater choice and control.
- 12.1 Options for independent living are an integral part of any discussion where accommodation is raised as an issue on the frontline. To support this training will be delivered to the staff on the development of a housing pathway and associated tools.
- 12.12 The resource implications under review in this coming year to identify any further issues that will need to be addressed during the life of this strategy.

## **13. Risk Analysis**

13.1 The delivery of the Independent Living and Extra Care Commissioning Strategy is a key tool in supporting the transformation of ASC services and supports the movement towards personalisation and will have a range of risks associated with achieving its vision to deliver independent living solutions across the city, which are summarised as follows:

- Shortfall in capital funding for new developments reduces the amount of developments available.
- Role of housing pathway is delayed which reduces the numbers of service users diverted into appropriate accommodation.
- Introduction of the universal credit, to replace housing benefit, affects the affordability of the market to provide suitable accommodation options into the future.
- Market not sufficiently developed to be able to provide an array of services that support people to live independently with their personal budgets
- The cost of independent living does not contribute to the level of efficiencies predicted.
- Lack of positive risk taking reduces opportunities for those wishing to live independently.
- Lack of detail on what is required in accommodation terms for ASC service users.
- The roll out of the choosemy support fails to attract potential providers who provide choice for people living independently.

13.2 The management of these and other risks identified will be monitored by the Independent Living Project Board with appropriate action taken.

## **14. Implementation of the strategy**

14.1 Appendix 1 provides details of the actions arising out of this strategy and shows progress to date in a number of areas.

14.2 To achieve the above a range of task and finish groups have been established to complete the work required. The action plan will be reviewed on an on going basis and progress will be published on an annual basis.

## Appendix 1

## Independent Living and Extra Care Commissioning Strategy Action Plan 2012

Action	Work stream	Description	Lead	Progress	Review	Target Date
	Strategic Commissioning	Create system that collects detail about the types of accommodation required from ASC clients.	Commissioning and Locality Teams	Input into replacement IT system February 12  Task and Finish Group established end of June 12	Monthly	March 12
	Strategic Commissioning	Undertake review of extra care schemes	Commissioning and Locality General Manager	Information on current schemes being collated	Monthly	November 12
	Strategic Commissioning	Consultation with a range of older people on establishing need for future provision and explore other models.	Commissioning and Locality Teams	Planning underway to develop the approach and resources needed	Monthly	January 13
	Strategic Commissioning	Confirm reduction in residential placements and predicting level of future demand.	Performance and Commissioning Team	Analysis of quarterly performance reports	Quarterly	On going
	Strategic Commissioning	Confirm increase in independent living and predicting level of future demand across all client groups.	Commissioning and Locality Teams	Analysis of quarterly performance reports  Analysis of referrals	Monthly	On going
	Strategic Commissioning	Determine level of need and aspirations across all client groups for independent living	Commissioning Team	Development of a Moving on Team on-	Monthly	October 12
	Strategic Commissioning	Develop a range of outcome measures specific to each client group to measure success of intervention	Commissioning, Performance and Contracts & Assurance Teams	To be progressed via the task and finish group	Monthly	March 13
	Strategic Commissioning	Develop system that tracks financial spend for each client and cost effectiveness of independent living	Finance and Commissioning Team	Template developed  Admin resources identified to populate template to capture data	Monthly	August 12

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	Strategic Commissioning	Increase the numbers living independently utilising personal budgets	Commissioning and Locality Teams	Analysis of quarterly performance reports	Quarterly	On going
	Strategic Commissioning	Develop links with health to identify joint initiatives and spend on support costs	Commissioning and Health Colleagues	Initial links established work on-going	Monthly	March 13
	Strategic Commissioning	Undertake procurement exercises for Supported Living framework	Commissioning, Contracts & Assurance Teams	Procurement exercise in progress	On going	November 12
	Learning & Development	Develop and deliver module for staff on housing options including supported living.	Commissioning, Locality team and City Learning	Initial briefings delivered. Feed into workforce development strategy.	Monthly	To be confirmed
	Learning & Development	Promote function of Supported Living Team across workforce	Locality team and City Learning	Operational guidance developed.  Delivery July and August  Task and Finish Group to be established	Monthly	Sept 12
	Learning & Development	Develop information leaflets on a range of options available to live independently	Commissioning Team and Transitions partnership	Draft housing information pack developed for transitions and learning disabilities, currently being consulted upon	Quarterly	Sept 2012
	Housing Opportunities	Increase the supply of independent living models.	Commissioning, housing services and locality team	Task and finish group established Meetings arranged  Draft project plan drawn	Monthly	March 2013



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				up and work on going		
	Housing Opportunities	Identify LCC housing stock opportunities and progress using established process	Commissioning, housing services and locality team	Task and finish group established Meetings arranged  Draft project plan drawn up and work on going	Monthly	March 2015
	Housing Opportunities	Respond to Housing Development opportunities	Commissioning, locality teams and housing development	Generic brief developed  Respond to opportunities as they arise	Bi-monthly	On-going
	Housing Opportunities	Progress capital investment spend	Commissioning, housing services and locality team	Task and finish group established Meetings arranged  Draft project plan drawn up and work on going	Monthly	March 2015
	Housing Opportunities	Creating process to collect data on reasons for entry and exit to schemes	Commissioning, housing services and locality team	Task and finish group established Meetings arranged Draft project plan drawn up and work on going	Monthly	March 2013
	Care Pathway	Develop links to schools, disabled children's and transitions teams to establish future pathways	Transitions partnership commissioning, locality teams and children's services	Contributions to transition planning  Work on going with special schools to capture need	Bi monthly	On going

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				Task and Finish Group established end of June 12		
	Care Pathway	Develop systems to establish referral lists for managed schemes	Commissioning and locality teams	Develop operational guidance	Monthly	September 2012
	Care Pathway	Ensure that where accommodation is identified that service users are on the local authority's housing register.	Commissioning and Locality teams	To be progressed through the task and finish group	Monthly	March 2013