



Report of the Cabinet Member for Care, Health & Ageing Well

Adult Services Scrutiny Panel – 24th September 2019

Supported Living Developments For Mental Health and Learning Disability Services

Purpose	<ul style="list-style-type: none"> To provide a briefing requested by the board about Supported Living Developments for Mental Health and Learning Disability Services
Content	<p>This report includes a summary of the profile of supply of supported living services; an explanation of the re-commissioning programmes which are underway for LD and MH services; a description of recently developed and pipeline services; and a summary of regional opportunities.</p> <p>The report concludes that arrangements are fit for purpose.</p>
Councillors are being asked to	<ul style="list-style-type: none"> Endorse the conclusion of the report
Lead Councillor(s)	Mark Child Cabinet Member for Care, Health and Ageing Well.
Lead Officer(s)	Deb Reed Interim Head of Adult Services
Report Author	Peter Field PO Prevention, Wellbeing and Commissioning.

1. Introduction

- 1.1 Supported living services can be defined as community based accommodation and support services. These services enable individuals to have a tenancy with occupation rights and responsibilities. People who occupy supported living services will receive a separate package of care and or support to enable them to manage their housing related needs and live as independently as possible. Typically supported living settings are shared houses accommodating approximately 4-8 people.
- 1.2 Strategically supported living occupies an important position in the spectrum of services commissioned. The adult services model of care and support describes a strength based model which emphasises prevention and early intervention, promotes independence and encourages service user choice. Supported Living has a key role to play in achieving these objectives. It can provide an alternative to residential care and step up / step down opportunities and provide an effective response to fluctuating need.
- 1.3 Social Services has developed commissioning strategies for learning disability and mental health services which describe how supported living services contribute to these objectives. The key drivers for delivering services under these strategies include:
 - individualised or person centred services
 - approaches which build on personal strengths
 - adopting an outcomes focus
 - services which are co-produced with people who use them and their families
 - Services which promote independence
 - Services which promote choice, voice and control
- 1.4 They are of course a number of other factors that drive commissioning, not least the need to make the most efficient use of resources. However, quality of life considerations are at the forefront of commissioning decisions and our approach has been to favour models which promote independence, deliver effective outcomes and offer greatest quality.

2 Profile of Existing Supported Living Services

Learning Disability Services

- 2.1 There are currently 272 people supported in permanent supported living settings across 12 independent sector Providers.
- 2.2 There are two large providers in Swansea. These two third sector not for profit organisations account for the vast majority of provision.
- 2.3 Most services provide 24 hour support with personal care, support to live independently and support to manage and maintain their tenancy. The tenancy and support received are independent of one another (meaning that the landlord and support provider are different organisations).
- 2.4 The model is funded via housing benefit to meet rent and property costs, Supporting People Grant to meeting housing related support needs and social care funding for care costs. Some packages of care are jointly funded with the health board.
- 2.5 Combined Social Services and Supporting People gross spend on services for 2018/19 was approximately £8.8m. 92% of expenditure has historically been shared between two providers.

Learning Disability Shared Lives Services (Adult Family Placements)

- 2.6 Shared lives services are another example of supported living services. These services support individuals to live in a community setting with a host family. People using these services occupy on the basis of a licence agreement (contractual right to occupy). They receive ongoing help and support to live as independently as possible within a family environment. This service Provider recruits, trains and supports 'Shared Lives' carers to provide this service.
- 2.7 The number of people using these services is variable. As at June '19 the position was as follows:

Long Term	Short Term	Long term vacancies	Short Term vacancies	Carers under assessment
43	72	7	19	5

- 2.8 Social Services expenditure on these services for 18/19 was 86K.

Mental Health Services

- 2.9 There are currently a total of 197 supported living placements available across all providers in Swansea.
- 2.10 There are 36 beds across 10 settings offering **temporary** support and accommodation (less than 24 months).

- 2.11 There are 161 beds commissioned from 6 external providers across 12 settings to provide **permanent** supported living.
- 2.12 Of the 36 temporary beds, Social Services has 1 internal service providing for 24 people.
- 2.13 In addition to these 197 beds, there is one service providing support to a further 58 people living in self-contained flats who receive a “floating support” service to manage their mental health and remain living independently.
- 2.14 In 18/19 combined gross expenditure on these services was a little over £3m.

3. Commissioning Review of Supported Living Services

Learning Disability Services

- 3.1 Operational pressures have already led to a review of commissioning arrangements and subsequent re-commissioning of Learning Disability supported living services.
- 3.2 This process has involved considerable co-production with people with a learning disability, their families and provider organisations to re-shape services.
- 3.3 In partnership, a new model of support has been designed. This focuses on quality of life by building on community integration, use of informal networks and building on strengths to promote independence.
- 3.4 A procurement framework has been established. This involved creating 16 geographical zones, and limiting the number of zones which Providers can tender for so that services are distributed more evenly. This model promotes increased market stability by sharing risks across a number of organisations and offers resilience against individual Provider failure.
- 3.5 As part of the criteria for evaluating tenders and awarding contracts under the framework, Providers are asked to demonstrate how they can improve quality of life for people, and also achieve 5% efficiencies (although overall costs may potentially increase in line with inflation and other pressures).
- 3.6 The re-commissioning of these services via the framework is underway. Procurement has been split into 4 tranches. Tranche 1 has successfully completed. Tranche 2 has commenced and will conclude with contract awards in December 2019. The whole re-procurement of LD / PD supported living services under the new framework is scheduled to complete in July 2020. The process will result in a reduction from 12 to 8 providers and lead to a more even distribution of market share.

Mental Health Services

- 3.7 A commissioning review of Mental Health Services was undertaken earlier in 2019. Broadly speaking findings from the review demonstrated commissioner and service user satisfaction with services. Cost analysis demonstrates value for money when compared to alternative models. Quality evaluation highlights no obvious areas where underperformance is occurring or risks to service users are arising. The model of service remains strategically relevant and in keeping with adult service transformation objectives which focuses on promoting independence and reducing reliance on more costly forms of managed care. The pattern of supply is in keeping with prevailing demand but there are difficulties locating one bedroom properties to enable move on from supported living schemes.
- 3.8 A summary of findings from the detailed service assessment, which fall to be addressed via re-commissioning of services is as follows:
- There is a mixed economy of provision which offers resilience against any single provider going out of business.
 - However, a relatively high proportion of services (41% of beds) are provided by a single Third Sector Provider.
 - The one Local Authority MH supported living service has comparable average unit costs. Currently the service is cost neutral in terms of impact to core funding.
 - The number and type of 24 hr supported living schemes is sufficient to meet ongoing demand.
 - Availability of one bedroom accommodation hinders progression for people able to move on to more independent living.
 - Service quality is satisfactory with no obvious areas where services are underperforming.
 - Performance data confirms progression and maintenance needs continuous review and care management reviews indicate that judgements have been made that individuals receive an appropriate level of care and support to meet their needs.
 - Unit costs offer value for money and are cheaper than residential placements at standard fee rates.
 - Services will require re-tendering to ensure ongoing compliance with Public Contract regulations and Council CPRs.
 - There is potential to develop additional 24 hr supported living to enable step down from residential / hospital care subject to negotiation with health over apportionment of costs.
 - Future approaches should complement regional objectives to develop services that continue to focus on prevention (such as Crisis houses and Sanctuary provision).

3.9 Based on the service assessment analysis, future arrangements will need to address the following key themes:

- **Ensuring legally compliant contractual arrangements** – Future contracts must comply with procurement law, fair competition obligations and council Contract Procedure Rules and specify standards which are co-produced and reflect people’s reasonable quality expectations.
- **Ensuring market resilience** – Whilst there is a broad provider base a significant proportion of overall capacity is concentrated on 1 larger provider. Future arrangements must safeguard against service disruption. The distribution of services must address risks associated with individual Provider failure.
- **Ensuring sufficient capacity to meet future need** – There is no evidence that a significant increase in demand is expected. However demand must continue to be closely monitored particularly as the Social Services and Well-being (Wales) Act 2014 places a duty on local authorities to focus their commissioning on the wider mental health needs of the population, the impact being an increasing range of needs for those accessing the current supported living commissioned e.g. Autistic Spectrum Disorder.
- **Improving access, promoting choice and independence** – The MH supported living sector service needs to be responsive, offering timely access to move on accommodation and support to promote independence and step down from more intensive services. The market should aspire to offer choice and reduce the need for people to be accommodated in less appropriate environments while awaiting a more suitable placement.
- **Ensuring clear “value for money” from the services** - Supported living services are valued. They are generally regarded as high quality provision which promotes independence and reduces reliance on more intensive high costs placements. The future approach based on market competition must ensure that services can respond to need and represent a justifiable and affordable investment.

3.10 Broadly speaking, the commissioning review concluded that existing arrangements were fit for purpose; there was limited opportunity or benefit from making significant changes to existing arrangements, but that a legally compliant procurement framework would be required to commission future services. Arrangements for developing this new framework will commence in the Spring / Summer of 2020 after the full review of other MH and LD services has concluded and procurement support is available. These arrangements will ensure the profile of services is sufficient to meet demand and will examine potential for greater step up / step down facilities to promote move on from more intensive services.

4. **Recently Developed Services and Other Services in Development**

- 4.1 Developing new schemes can be a complex process and new developments do not progress rapidly or in large numbers. However a small number of new supported living schemes have been created in the last 24 months pursuant to Adult Services Commissioning Objectives. These include:
- A six bed supported living service in the Ynysforgan area for people with a learning disability (by de-registering a residential home and developing a different model of support that maximised independence at reduced cost) (during 2017).
 - A three bed supported living service in the Clydach area for people with a learning disability to accommodate people needing step down from residential / living with parents (during May 2018).
 - A three bed supported living service in the Penlan area for 3 people with a learning disability moving from residential care (Sep 2018)
 - A three bed supporting living service in the Cockett Area for people with a learning disability requiring step down from residential and move on from family settings (Sep 2018).
 - Eight bed supported living service in the Gorseinon area comprising 8 self-contained flats for people needing step down from more intensive services (April 2019).
 - A three bed supported living service in the Loughor area for people with learning and physical disabilities who have moved from home/residential school environments. Since moving all have become 100% health funded (April 2018).
- 4.2 Swansea currently has one service for people with mental health related care and support needs in development. This service is aimed at people with low level needs who are able to live independently with some support. It comprises 9 flats constructed by a housing association with a local presence. The services is expected to be available from November 2019 and will provide additional move on from higher intensity services into permanent accommodation.

5. Regional Commissioning Activity and Further Opportunities

- 5.1 Regional commissioning opportunities are progressed via the West Glamorgan Transformation Programme and via the Supporting People Regional Collaborative Committee. Supported Living provision has historically evolved to suit local arrangements and current provision still operates on this basis.
- 5.2 Most Learning Disability and Mental Health Supported Living services have been commissioned via the Council using its local allocation of

Social Housing Grant subsidy to cover capital costs and Supporting People grant funding for revenue costs. Access to services has been ring fenced for referrals from local Social Work Teams.

- 5.3 The legacy of these arrangements is that regional partners have differing levels of provision based on historically different priorities and concomitant differences in capital and revenue investment.
- 5.4 The Supporting People Programme has a Regional Collaborative Committee (RCC) which as part of its function, considers opportunities for joint commissioning. Views from the RCC are then fed back to Regional Partnership Boards. The position taken by RCCs is that there are limited opportunities or benefits to commission a programme of regional supported living services for the following reasons:
- A shared need to commission new supported living services to address equivalent gaps in services has not been clearly established.
 - The formula prescribed under SP guidance for determining contract prices means there is little potential to make significant savings by joint commissioning.
 - Service user choice - Experience demonstrates that people prefer, and are able to benefit more from remaining or moving back to accommodation which is close to their network of family and friends. This is usually in their local community. Centralised locations (based on proximity to local authority) which are more common with jointly commissioned services are inconsistent with this principle.
 - At present there are different joint funding arrangements with health for packages of care & support across each local authority.
 - Risks associated with provider failure and increased risk to market sustainability if individual providers are awarded a larger market share because of wider geographical coverage.
 - Concerns about creating barriers for smaller providers to enter the market and loss of smaller third sector providers who are less well placed to tender for regional services.
 - Risks for providers around managing rapid expansion which may arise from switching from local to regional contracts (TUPE and service transition risks, service disruption and continuity risks).
- 5.5 Potential to develop more niche services linked to mental health provision has also been explored at a regional level. These regional objectives are set out within the Western Bay (now West Glamorgan) Mental Health Commissioning Framework. Examples include domestic abuse services (details of which will be addressed via the commissioning review of domestic abuse services) and a range of

other preventative services to be funded out of additional money provided to the NHS as part of their budget settlement for 19/20. These services assist the local authority to address its prevention objectives by reducing demand for more complex and expensive services. Examples include:

Provision of a regional out of hours “Sanctuary” service.

- 5.6 This proposal is to develop a service for Neath Port Talbot and Swansea that would target those who would not require acute inpatient care but would be seeking support from NHS, Police, Ambulance or Social Care Services out of hours to help at the point of crisis. It will provide night-time crisis support for individuals experiencing a crisis, anxiety, panic attacks, depression and/or having suicidal thoughts. Professional peer practitioners will provide a safe and calm space, tools to cope, and help with planning short/medium term steps to recovery, while connecting individuals to other support services. The service will be coproduced and will operate on a person centered approach, working with people to recognise and develop their own strategies for crisis prevention and management and thereby reduce demand for more costly and intensive services.

Development of flexible step down provision for people from adult acute inpatient services.

- 5.7 The health board position is that inpatient care is likely to come under increasing pressure with population growth and along with other developments to offer alternatives to hospital admission there is a need for “stretch” in the system to meet fluctuations in demand. The purpose is to create additional hospital capacity at times of greatest demand by placing suitable patients at Llanfair House (the Councils only internal supported living service for people with MH needs). This will allow capacity for the admission of people with greater acuity and risk to be admitted and managed within a hospital setting. This would need to be achieved via a block for a specific number of beds capacity and a referral agreement to explain how beds would be used / allocated.
- 5.8 Both proposals are at early stages of development. Options, costs and benefits are still being explored. No timescales for completion have been established and discussion between regional partners is ongoing.

6. Conclusions

- 6.1 This report sets out a summary of Supported Living arrangements for Learning disability and Mental Health services, and offers assurances that services are fit for purpose. In doing so the report highlights the following key features:

- Supported Living services are strategically important. They have an important role to play in achieving the Adult Services Model by providing suitable alternatives to more intensive and costly services.
- Improved quality of life is a key driver. Supported living services are often cheaper than alternatives but quality of life benefits are paramount. Supported living models enable more individualised services, are more person centred, strengths based, outcomes focused and better at promoting voice, choice and control.
- Learning disability services are being recommissioned via a competitive tender process to meet new legal duties. This will distribute services more evenly, provide for a more resilient and stable market place and reduce risks associated with individual Provider failure. In the longer term this should help to achieve efficiencies linked to geographical groupings. A similar framework will be required for Mental Health services. This will be developed during 2020.
- Some new services have been developed but not an especially high number as demand thus far has been reasonably predictable / static.
- The nature of supported living services means there is little benefit to developing regional commissioning but opportunities are being explored and regional responses considered where appropriate. These arise mostly in the context of Mental Health Services to facilitate discharge from hospital or provide temporary support to prevent escalation.