National Development Team for inclusion

Feeling Settled Project

Guide for those involved in changing a service from a Residential Care Home to Supported Living where the people stay in the same place

February 2011

learning disability

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NDTi, February 2011


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The Association for
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CareQuality
Commission


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Foreword

The purpose of Feeling Settled is to set out the steps for changing registered accommodation and care into supported living for people with learning disabilities. It offers guidance for providers, commissioners and regulators to support people with learning disabilities living in registered care homes, who would like to have greater security of tenure, more choice and control over their funding but at the same time are settled and would prefer not to move.

At its heart is an exhortation for all parties to be proactive and to work in a person centred way to find the best possible solutions that provide the outcomes which people want. Supporting independent living is a key priority for Valuing People Now.

Many of the people living within small registered homes are part of the generation of people who, for decades lived in long stay learning disability hospitals. Everything changed for these men and women with the revolution of care in the community and the creation of a new big idea: normal lifestyles, in normal houses, in normal streets. As a result, people were discharged from the hospitals and began living in small group homes that were set up in virtually every town in the UK. For many it felt like a new life. Now two decades on many find themselves missing the opportunities of the next big idea: personalisation.

Feeling Settled makes clear that there are some difficult and potentially intractable barriers that need to be overcome. However the recently published cross sector agreement, Think Local, Act Personal calls on social care leaders to work together, with the person at the centre, to find local, cost effective service solutions that people want. The stories and illustrations within Feeling Settled provide excellent examples of how this can be achieved and in conjunction with complimentary guidance published by ADASS and CQC truly person centred solutions can be found.

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Section 1

Introduction

The National Development Team for Inclusion has been commissioned and funded to produce this report by the Valuing People Now Provider Forum and the Association for Supported Living. The intention is to offer a guide for those considering changing a Residential Care Home into a Supported Living service for people with learning disabilities where the people are choosing to stay in the same place.

Services have been changing from Residential Care Home status into Supported Living services for more than 10 years. However, there is increasing emphasis being given to ensuring that people who use services should be offered greater choice and control on how their services are delivered. This approach reflects the moves towards the implementation of the „personalisation" agenda and applies equally to the services delivered to people with learning disabilities.

The newly published Government policy document: „A vision for Adult Social Care: Capable Communities and Active Citizens" acknowledges that some people are placed in residential care because there are limited alternatives.

„Think Local, Act Personal: Next Steps for Transforming Adult Social Care"[1], makes clear that personalisation and community are the key building blocks of the reform agenda which includes a changing offer from providers. The partnership agreement identifies micro-providers and social enterprises offering community based, affordable and niche support as well as larger providers offering more flexible community options. Including a greater focus on the development of suitable housing and supported living options in the transition from outmoded models and housing stock.

Valuing People Now policy is for all people with learning disabilities and their families to have the opportunity to make an informed choice about where and with whom they live. Where you live has a major impact on the housing options available to you, there is a wide variation in Local Authority spend of between 70% and 10% of their total spend on residential care. Valuing People Now has been working to encourage local authorities to

[1] Putting People First, *Think Local, Act Personal: Next Steps for Transforming Adult Social Care,* November 2010

develop a wide range of housing and support options so that people with learning disabilities have a choice beyond residential care.

Whatever the policy background, the stimulus for the Feeling Settled project also came from the views of people with learning disabilities and their families. A number of people expressed a preference for increasing their rights, choice and control but that this should happen while they stay in their own home – with people that they would choose to live with and in neighbourhoods where they have established connections and relationships.

This links with the emphasis in „Think Local, Act Personal" for the full engagement of people using services, their families and carers in commissioning and service development so that the range of support commissioned meets both identified need and people"s aspirations for the future within available resources.

Part of the remit for this report was to identify existing good practice in transforming existing residential care homes into supported living services. We were pleased to discover a range of very good examples of planning and delivering this potentially complex change process in a way which has resulted in real progress in services for people and real improvements in their quality of life. A number of specific examples are included in this report.

The Feeling Settled Report aims to offer a resource that will be useful for those involved in planning and delivering this process. It identifies the key issues and barriers that will need to be addressed. It also offers an account of the main areas of activity of the agencies involved and sets out a decision making pathway from the perspective of the individual service-user.

During the course of preparing this report we came across of number of persuasive personal stories that reinforced the value of offering this choice to people. The value of offering this choice is clear but the process of change can be complex and challenging. It is important to combine the key principles behind this change process (notably a commitment to maximising the choice and control of the people involved) with clear and effective process management skills.

Example

Personal story

What the change of my home means for me

I am a 68 year old woman and I live in a large house in East Dulwich with 7 other people.

The service manager and staff team asked me, my brother and my advocate if where

I live should be supported living. We all agreed this was a good idea. On 8th May 2010 we got a letter from CQC to say that my home is now supported living.

The first thing was for me to sign my new tenancy agreement. The manager explained the rights my tenancy agreement gives me. I can stay in my home for as long as I want so long as I pay my rent and do what the tenancy says. This is much better than the licence I had in registered care because the licence could be ended at any time and I would have to move out. Now where I live really feels like my home.

Next the staff helped me to apply for the benefits that someone in supported living can claim. I claim housing benefit which pays my rent. I also get pension credit and DLA to pay for my daily living costs. Before I only had a little money each week and my bills were paid for me. Now I have a lot more money. I pay my own bills and what is left over is for me to spend as I wish. I hope to save enough money to go on holiday – twice a year! I have more choice about my home now – how I want my room to look is up to me.

The staff don"t use a room in my home as an office any more. They do their paperwork at the Choice office in Barry Road. The staff are only in my house to support me and the people I live with. This is much better. Now I have a cupboard in my room where I keep my money and my medication and personal documents like my support plan. Before these were kept in the office. Now I have control over who sees my private things and I choose which staff support me with my paperwork, money and medication.

I am glad my home changed to supported living. I have a lot more say in what happens in my home and more choices.

Example provided by Choice Support.

We are grateful for the support of a wide range of individuals and agencies in the preparation of this report:

- Association of Directors of Adult Social Care Services
- Care Quality Commission
- Choice Support
- Craegmoor
- Eastern & Coastal Kent PCT

- English Community Care Association
- Golden Lane Housing
- Hampshire County Council
- Lawson Queay Chartered Surveyors
- Macintyre
- mcch Society Ltd
- Mencap
- Midland Heart
- National Association of Adult Placement Services
- National Housing Federation
- New Key
- Progress Housing Group
- Skills for People
- Southdown Housing
- West Kent PCT

We are also grateful for the assistance offered by members of the Valuing People Now Provider Forum and Karyn Kirkpatrick, Valuing People Now National Housing Lead.

Section 2

Background

Currently 30% of adults (approximately 33,000 people) with a learning disability live in accommodation that is registered for persons who require nursing or personal care with the Care Quality Commission.

Increasing 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.

The policy agenda continues to support the development of more choices for people and also, central to this report, moves to reduce the numbers of people in residential care. The recent published „A Vision for Adult Social Care: Capable Communities and Active Citizens" has reinforced this view:

> *„We expect councils to look closely at how they can reduce the proportion of spending on residential care""*

„Think Local, Act Personal: Next Steps 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 are delivered wherever people live""*

The important background context is that the Government has also stated that councils should:

> *„„provide personal budgets for everyone eligible for ongoing social care, preferably as a direct payment, by April 2013""*

Direct payments currently cannot be used to fund long term residential care and so it is likely that there will be increased interest in exploring effective person-centred ways of changing existing residential services.

In recent years many local authorities have been moving away from placing people with

learning disabilities in residential care. The momentum for changing from residential care to supported living can come from different perspectives usually the main commissioner, the provider or much more unusually, from the „residents" themselves. Sometimes it is a combination of these perspectives. Based on our review of existing good practice, there are usually a number of reasons that lead up to the commitment to change including:

- A wish to move in line with national and local policy intentions
- Concerns about the medium / long term sustainability of residential care homes
- Changing expectations of people with learning disabilities and their families
- An awareness of the need to spend the resources available as effectively as possible.

There is also a real need to respond to the limitations on the housing stock available, particularly in certain parts of the country.

Example

Choice Support have been able to achieve a significant reduction in revenue costs as a direct result of changing services from Residential Care to Supported Living. They have reduced their fees to Southwark council by £164,000 in 2010/11 following the change of registration of 11 small registered care homes in that Local Authority. Further savings are anticipated in 2011/12. Visit the Choice Support website for more information:

http://www.choicesupport.org.uk/index.php?option=com_content&view=article&id=105&Itemid=82

Whatever the factors that have led up to this decision being taken, this report focuses on the process from this point onwards. It is recognised that residential care homes themselves come in all shapes and sizes, have varied organisational structures and financial arrangements. However, the underlying process of change will be similar whilst accepting that there will be different emphasis needed on different stages of the change process. It should be highlighted that **even the best process needs to be underpinned by having people involved who are committed to and have the skills and knowledge to ensure that the individuals involved are at the centre of the process and achieving the outcomes that are right for them.**

Example

It is also clear that people with higher support needs have been included in many of the service changes we have looked at. The process for designing the individual involvement in the decision making process and in setting out a person-centred plan and support plan needs to reflect the individuals‟ circumstances (and on occasion may involve deputyships) but the clear message from our review of existing practice is that this is achievable. Including the personal story below:

What the change to my service means for me.

I am a 52 year old woman with a severe learning disability. I am placed very high on the autistic spectrum. I share a three bedroom flat in Camberwell with another of about the same age.

Change frightens me and being faced with the unknown can mean that I challenge those close to me and my support team.

When the service manager, team manager and staff team started to talk to me about applying to change the home where I live to supported living I became very anxious. If people tried to talk to me about this change, I asked them to leave or I walked away.

The service manager, team manager and the staff were all very patient. They arranged lots of short meetings and explained the changes gradually to me to allow me to absorb things in my own time. Because things were explained slowly and patiently over a period of a few months, I was able to come to terms with the plans.

My circles of support including my advocate and especially my key worker and team manager were confident that the planned changes were in my best interest. It was explained to me that I will have a tenancy instead of a licence and that this means that I can stay in my home for as long as I want. I will also have the same staff team, and have control over my money and how it is spent.

When I was ready, I agreed that they should apply to become a supported living service. At a meeting when I was asked if they should apply to be a supported living service, I said “Yes please. Thank you.”

Once we were a supported living service some changes took place which confused me at first. My money and medication are now kept in my room, rather than in the office. I like this, but when my staff come to my room I want them to be supporting me, not counting my money and checking my medication. The staff saw I was not

happy and so now my staff check my money and medication with me sitting in my kitchen.

Before, Choice Support was my corporate appointee. Now I have been supported to open a bank account and my benefits are paid into the account which I will control. One thing that worries me about this is that I find queuing very difficult and uncomfortable. It makes me anxious and agitated. My staff team and the bank are working to come up with a plan to make this as easy for me as possible.

I am looking forward to being able to spend my money on the things I enjoy – artwork, bowling and train trips to name a few. I am also being supported to move towards more independence in the future with 1:1 support for some activities instead of 2:1.

I found this a difficult time but now that the changes are in place I feel settled and calm.

As set out above, for the purpose of this report, we have assumed that there has been a decision, supported by the key individuals and agencies involved, that the change process should start. Before the implementation of the process can begin there is a range of preparatory work that needs to take place – this is set out in more detail in Section 3 and 4 below.

Example

At a workshop at the conference of the Association of Supported Living in November 2010 the Feeling Settled Project was discussed by a number of providers who identified what they felt were the key issues for the different perspective involved in this service change process.

<u>For the Individuals Involved:</u>

- Being clear on what my rights and responsibilities will be
- The process being done at the right pace for people
- The position about the staff being clear including continuity where wished
- Staff need to learn how to do things with people rather than for them

Provider:

- Ensure buy in from Local Authorities
- Need to evidence that people are being given real choices
- Ensure commitment – from families
- Culture – change with staff
- Make sure independent advocacy is available

Commissioners:

- Sort out the Ordinary Residence position
- Resolve Mental Capacity issues
- Clarify financial position
- Ensure quality assurance system is in place especially in relation to safeguarding issues

Section 3

Delivering the change – planning and preparation

Changing from a Residential Care Home to Supported Living service when all (or most) of the people served stay in the same place is a complex process that requires **partnership** working, together with careful and detailed **project planning** and clear **communication**. **'Leadership'** of the process by one agency may prove useful. Every situation is different but there are some common themes, set out in Section 4 below.

Every effort should be made to ensure that each **person stays at the heart of the process** and this section sets out a „person-centred" pathway which identifies the key stages for the individuals involved, identifying the supporting activity that needs to be taken by the key agencies involved to make sure that it is possible to move successfully from stage to stage.

In an attempt to set things out as clearly as possible, we have identified the likely „lead" agency for the key tasks in the process of change. In practice, more than one agency might be involved in each task but it is very important to clarify who is leading on each area. There is a great deal of **preparation** that needs to take place before getting to the „starting-post". It is important to emphasise that having carried out this preparation, there may need to be changes at later stages as a result of genuine consultation exercises.

The preparation needs to cover following issues:

Support Provider

- People to lead the process should be identified
- Policies and procedures should be in place that support culture change, person-centred processes and materials that focus on housing and support, community inclusion and employment options
- There should be an audit of the housing and support position and an explanation and decision about how to provide both components of the new services. Each element of the service should be identified and a Service Level Agreement that reflects the separation of these activities should be agreed which reflects CQC policies. This is of particular relevance where the provider was previously

performing both functions

- The implications for existing staff should be planned for (including TUPE issues) and training and development plans set out
- The financial implications for the individual people served and the service as a whole should be clarified as far as possible in advance
- It might be helpful to identify „change co-ordinators" to lead on specific aspects of the process e.g. consultation with families, CQC etc.
- There should be a project plan, setting out the stages of the process prepared and shared with stakeholders
- An enablement model of support should be developed encouraging service users to develop their skills and capacity to take advantage of new opportunities.
- There might be a need to register as a personal care provider

Housing Provider

- Should confirm that they are happy with the change in registration process and be committed to supporting the change process
- Be familiar with the property (general surveys etc) and consider the potential for redesign and any planning implications to ensure that change from an institution is lawful and viable.
- Work with the Support Provider to agree a Service Level Agreement which reflects CQC policies and good practice
- Arrange for the setting of a rent in line with the housing provider's Rent Setting Policy which should reflect the issues of affordability and Housing Benefit levels.
- Arrange for tenancy agreements to be explained to the service users using accessible tenancy guides and other tools. Tenants should sign their own agreements if they have the capacity to do so. Where necessary - existing licence agreements will need to be terminated.

Further technical information which will be key to housing providers ensuring the viability of the change from residential care to supported living is available at Appendix 1.

Commissioners / Care Managers

- Identify a project lead / coordinator to agree a project plan setting out Terms of Reference, timetable, the need for specialist support to be involved, involvement of advocates, consultation arrangements and contingency planning.
- Clarify preferences about the Housing and Support providers and the separation between them
- Carry out financial modelling including breakdowns of housing costs, support costs and income maximisation for the individuals involved
- Clarify the Ordinary Residence position and begin negotiations with other Local Authorities where necessary
- Consult with Housing Provider about the potential for remodelling the premises

The Individual Pathway

The audience of much of this report has been the agencies leading the change process. We have emphasised throughout the importance of making sure that each **person stays at the heart of the process.**

We set out below a suggestion for how the individual pathway might look, which connects to the detailed activity that the agencies involved will be leading on.

The individual step-by-step pathway	Activity required from others to support each step

Step 1

I am told about the idea of changing my service from a residential Care Home to a Supported Living Service. I need to find out what my choices are and then decide what I want to do.

Some people might decide to move either to another Supported Living arrangement or to another Residential Care Home.

Support Provider | **Care Manager / Commissioner**

- Accessible materials to set out why this process is being considered, the pros and cons of the choices available, a timetable and details of who will do what
- Service users will also be assured that the position of the staff is also part of the process
- Arrangements for accessing independent advocacy are made and explained to service users
- Initial consultation with service users, families, advocates and other interested parties

Step 2

I have decided that I want to stay in my home as it changes into a Supported Living Service. I work out how I want to live my life by doing a person-centred plan (and in the future, a self-assessment questionnaire). This PCP will help me work out what is important to me, what is good about where I live and what I would like to change, and how my new home should look.

Support Provider | **Care Manager / Commissioner**

- Arrange for person-centred planning to be carried out with advocates involved as requested

Housing Provider

- Design and cost potential changes, taking into account individual preferences, building regulations, planning requirements, other restrictions, future proofing, CQC requirements.
- Check affordability of possible changes
- Talk through position with individuals, support provider and commissioners / care managers

Step 3

I have an assessment which works out what my support needs are – sometimes staff with specialist skills will be part of this (e.g. occupational therapists) if I need help with making decisions; this should be fully covered at this stage as well.

Care Manager / Commissioner

- Carry out assessments (or support self-assessment as part of personalisation processes)

Step 4

I find out how much money is available for my support. I also find out what other income I can get and I apply for it. I work out how to use this money by doing a support plan. I might share some support with others.

Care Manager / Commissioner

- Agree a resource allocation or funding level for each individual, inform DWP of changes
- Agree Support Plan

Support Provider

- Assist people to maximise their income
- Help people set out a support plan ensuring that advocates, families etc are fully involved where this is wanted
- Assist people to apply for maximum income available
- Support people to think creatively about using community and natural resources for support and to consider sharing support where suitable

Step 5

I find out who my landlord is and get information about my rights and responsibilities as a tenant

Support Provider | **Housing Provider**

- Use accessible tenancy information to explain the individual"s rights and responsibilities

Step 6

I decide on my staffing support arrangements.

Support Provider

- Arrange staffing so that individual support can be delivered
- Where necessary support individuals in receipt of direct payments to recruit personal assistants and involve advocates as needed

Step 7

My support package starts.

Support Provider | **Care Manager / Commissioner**

- Arrange reviews and ensure person remains aware of all the choices available to them and is supported by the people they choose
- „Quality assurance" systems such as REACH should be in place along with continuing opportunities for individuals and staff to reflect on how the services are being delivered

Step 8

I review how things are going and make any changes I need to.

Section 4

Delivering the change – the issues and barriers

In planning for the implementation of a change from Residential Care to Supported Living it is possible to identify a number of issues / barriers that will need attention to varying degrees depending on the circumstances of each service. The key issues / barriers were identified at the start of this project by members of the Valuing People Provider Forum, with some additions from individuals and agencies contacted during the process of identifying good practice. This section is structured around these key issues / barriers using the headings below:

- Finance issues – capital and revenue, including Building Design
- Person-centred planning
- Mental capacity
- Relationship between housing and support providers
- Tenancy issues
- Ordinary residence
- Staffing issues including culture change
- Relationship with CQC

Underlying Themes

In addition to the specific issues / barriers there are some underlying common themes that should guide the process. One of the strongest messages that emerges from the examples of good practice that we explored was the need for **preparation**. There are in effect a number of pre-conditions which need to be resolved to a high degree of confidence before a final decision can be taken to press ahead with the change process. A number of these pre-conditions have been identified in Section 3 above.

There will always be a tension between trying to ensure that the „**person stays at the heart of the process'** while also identifying and resolving important background issues

such as Ordinary Residence. Also parts of the process are likely to have an impact on staff roles (and possibly terms and conditions) and leading this process of change can present challenges to providers who are aiming to develop flexible, person centred services at the same time as acting as thoughtful and supportive employers.

Example

In Hampshire County Council there is an established strategic commitment to change a number of Residential Care Homes to supported living services. Before going forward with a specific project feasibility, discussions took place to confirm: ownership / lease / management agreements for the property, rental levels and landlord responsibilities as a supported living service, projected costs of support, void cover and nomination rights. If building work was required – funding sources, planning issues and impact assessments on service users was considered. This work was completed before any consultation took place with service users, families and advocates.

Hampshire had previously carried out a comprehensive needs analysis with clear District Council based information which predicts the future housing needs of people with learning disabilities. Hampshire County Council have strategically reviewed all of their block contracts in this area of services to identify where change to supported living service is an option. The main focus is usually long-established homes where people are likely to want to stay where they are. More recently the County Council‟s strong strategic lead has been picked up by providers who have taken the initiative to change the registration status of Residential Care services they have been providing.

As part of the process of preparing for change, it will be necessary to set out as clear a staged process as possible including establishing the roles carried out by the different agencies involved. From our exploration of established practice to date the more successful processes involved the clear „**leadership'** of the process by one agency. It is not of central importance to the success of the change process whether the leadership comes from the provider or the commissioner as long as they and the other key individuals and agencies involved are committed to effective partnership working. Both commissioner and provider bring essential aspects of getting through the change process, in most cases the knowledge of and relationship with individual service users and their families would suggest that much of the day to day operational components of the process should be dealt with by the lead provider, while the lead commissioner supports the process by offering clear strategic directions and full engagement on the issues for which they are

responsible.

Changing from Residential Care to Supported Living is likely to involve working with Local Authorities at two levels – with Care Managers and the people in the Local Authority responsible for commissioning services. These roles are often separate. Where the provider is leading the change process it is important to emphasise the main themes identified above i.e. the need to work continuously in close **partnership** with the key agencies involved and also to make sure that there is excellent communication throughout. Involving Local Authority staff in project planning meetings sharing minutes of meetings or notes from consultation events should be normal practice.

We came across a number of examples where the stages in the „**project planning**" process were set out in a helpful way reflecting local circumstances. From a commissioning perspective the Hampshire model can be seen at Appendix 2.

From a provider perspective there are also a number of examples of project planning tools or decommissioning protocols. An example can be found on the Midland Heart website:

http://www.midlandheart.org.uk/default.aspx?id=401106

Example
Lessons from the experience of changing a Dimensions service in Bath and North East Somerset area from Residential Care to Supported Living include:

- Develop a checklist of all the practical changes that need to be made
- Be ready to explain the benefits to people including the fact that the change gives them:
  - more to look forward to
  - their own place with tenancy rights
  - more independence
- It is definitely worth going through the process
- It can take a lot of time for people to adjust to their new situation

The other major underlying theme was to ensure an excellent level of **communication** with all of the stakeholders involved. It would be helpful at the outset to carry out a process of „stakeholder mapping" and then to link in to the planning process, regular opportunities to share information and to consult and discuss with the various people with an interest in

making this process work.

It is difficult to be precise about how long the process will take but we found examples ranging between nine months and two and a half years. Where it took longest was usually a result of the need for building alterations but in one example it was where local staff were in a position of moving forward slowly under their own steam because their organisation was not actively leading the process from a regional or national level.

Example
One experienced provider identified a Regional Project Manager post to take forward these service changes. Mencap in the South West appointed a temporary lead role following discussions with CQC at a national level setting out a range of key features of such changes. This commitment from the provider resulted in the development and implementation of a range of tools and resources and has offered significant reassurance for the people, families and commissioners involved.

Specific Issues / Barriers

This list is not set out in order of importance as the situation can vary significantly. However, reflecting back to the point highlighted before about the importance of developing a high level of confidence about „deliverability" in particular areas, the issues / barriers that are often involved in the preparatory phase are dealt with first.

Finance Issues

It is important that the sums „add up" both for revenue and capital before a decision to press ahead is taken.

a) Revenue costs

Some commissioners take the position that moves towards the new services should be at least cost-neutral and increasingly they are looking for overall and / or individual reductions in service costs.

Some commissioners are taking a strategic approach and including the need to absorb financial pressure. They are achieving this by developing extended contracts and tendering for providers of sufficient scale and experience to be able to bring capital into play where required as in the example below.

Example
In Herefordshire commissioners tendered for new providers to help deliver a new approach to services – rather than chipping away at services that needed to change for the future. Key features of this approach included:

- Close consultation with people and families about service preferences
- Ringfence a budget which allowed for savings with some services to be reallocated to others
- Rigorous monitoring and governance of an extended contract
- Transfer of Local Authority owned property to provider on 75 year lease

Midland Heart was selected as the provider and in some circumstances were able to access capital from their own sources to assist in developing new services.

There is not yet a well established link between the change process, particularly in the way it affects individual service users, and the emerging process of personalisation e.g. self assessment and Resource Allocations systems. In the future the connections will have to be made clear particularly in light of the policies set out in the new Vision for Social Care.

It is important that the assessment and decision making about resources is done on an individual basis to avoid cross-subsidisation and a difficulty in maximising the flexibility for individuals. Once this position is clear, there will need to be a process of aggregating the resources available in order to design and deliver the overall staffing support arrangements that best suit a group of people living together.

Using an enablement model of support providers can ensure that service users are encouraged to develop skills and capacity to maximise their choice and independence and utilise the widest range of resources, so that the care and support provided is flexible, appropriate to the individual"s needs and can change over time.

Some residential care providers are very small scale providers, during this review we came across a couple of micro care home providers who had successfully moved to supported living because the people supported did not require personal care.

However for micro care homes where the care home owner lives in the property themselves, the most usual route to providing a personalised service is to become a Shared Lives carer, approved, supported and monitored by a regulated Shared Lives Scheme. This is most successful where the care home owner buys into the Shared Lives

values of sharing family and community life.

One of the advantages of supported living is that it usually makes other funding streams available and can reduce the pressure on social care budgets. With clear separation between housing and support costs; it is no longer appropriate for any support costs to be reflected in the rent charged. Below is an illustration of how the finances may look before and after the change to supported living:

Residential Care model (funded by Social Services)		Funding streams used in supported living	
Rent and housing management	£115 pw	Housing Benefit	£115 pw
Council Tax	£10 pw	Council tax benefit	£10 pw
Household expenses – food, utility bills etc	£50 pw	Tenant – via income support, other benefits or wages	£50 pw
Housing related support	£100 pw	Supporting People grant or Social Services	£100 pw
Personal care and support	£700 pw	Combination of: • Tenant benefits such as DLA – care, SDA • Social Services	£280 pw £420 pw

(This is an illustration only. Services should not aim to achieve these amounts)

In the example above, Social Services revenue costs have decreased from £975 per person per week to around £520 by shifting costs to other funding streams available when people move to supporting living services. NB. The funding streams noted above are not guaranteed; welfare benefits can change and funding pots such as the Supporting People grant are no longer ringfenced.

In terms of people"s individual incomes, it is not always just the rent payments that need to be taken into consideration. For example, if a large care home is being converted into smaller dwellings or the number of tenants at the particular building is being reduced, then services need to pay particular attention to the running costs of the building. As a residential care home these costs would have been paid as part of the overall cost of the package of support and often support providers are unaware of the „real costs" of running

the home. As tenants, the individuals will be responsible for paying all utility bills and other associated housing costs.

Individuals need to be properly supported to maximise the welfare benefits they can claim once they become tenants. Appointees or other representatives of the tenants should work closely with the housing provider, particularly if housing benefit/LHA challenges are necessary. Often the housing provider will have greater experience dealing with housing benefit departments and will be up to date with relevant appeal outcomes which may affect their tenants. Working in partnership with housing partners will ensure that tenants' entitlements are maximised. For example, we found cases where appointees have accepted the word of the housing benefit departments who have restricted housing payments, whereas the housing provider would have supported the tenant, with the appointee, to challenge that decision, perhaps resulting in more benefit for the tenant. This is particularly the case where housing benefit departments are unaware of, or unwilling to implement, LHA GM para 2.52:

> *"Care leavers under 22, single claimants and couples who have the Severe Disability Premium included in their benefit assessment will qualify for the one room rate regardless of the size of their accommodation."*

This means that people entitled to the Severe Disability Premium of Income Support can receive the "self-contained" rate of Local Housing Allowance even if they are in shared accommodation.

Action points:

- Establish clear financial parameters for the new service
- Maximise the full use of different funding streams available
- Support the people involved to maximise their income
- Resources for support are delivered through a Personal Budget

b) Building Design Issues and Capital Costs

For most of the examples we have come across, this has not been a major feature of the change process. In one example, because of assumptions made by the housing provider, the proposed standards for building improvement were so high as to make the change processes unaffordable. This resulted in a delay in the change process for the people concerned.

It is also important to note that in some parts of the country, the price of property and the

limited housing stock available mean that rearranging existing services is the most realistic option available.

There are a number of important issues that can be involved in particular planning consent both for alterations and change of use from an institution to a domestic home, building control issues and general design. It is also important to confirm that the resources for capital changes are affordable.

The issue of capital costs can be of particular importance to private sector providers where the value of property is a core element of the business model. From our review, the evidence seems to be that it is still possible to make progress here but creativity and tenacity is often required. In fact, one private sector provider noted the greater freedom of manoeuvre that they had as private sector provider as opposed to an RSL – it was seen that being a private sector provider was a positive advantage!

Appendix 1 sets out in more detailed advice on the main issues that need to be addressed.

The change from Residential Care to supported living should be accompanied by changes to buildings aimed at ensuring that the tenants live in a place which feels like an ordinary home. The environment needs to reflect the tenants‟ personalities rather than it feeling like a place of work. For example, it is no longer acceptable to have institutional signage, staff areas, office equipment or practices which restrict the tenants‟ access to parts of the property (except bedrooms/private areas). The NDTi‟s document “The Real Tenancy Test” provides further information about the environmental changes that should take place. This document can be downloaded at www.ndti.org.uk/major-projects/housing-and-social-inclusion-project/. More technical information is also provided in Appendix 1- Technical Housing Briefing.

As with all stages in this process, the intention to reshape and improve buildings will be driven as far as possible by the individuals even though many of these issues can be quite technical.

Action points:

- Confirm that the resources required for building alterations are affordable
- Changes to the building support the feeling of being an ordinary home
- Reshaping and improving buildings will be driven by the individuals involved

Person-Centred Planning

It is important that the decision to press ahead reflects the views of the people involved and they are at the heart of the process of change.

People should feel an „ownership" of the process of change which results in a service which is tailored to their individual housing and support needs.

We came across many good examples of resources that can help people get to know the range of options available to them, assist them in making informal decisions and to plan for their own support needs.

There are also well established approaches such as Quality Checkers delivered by Skills for People.

Example

Skills for People Quality Checkers is a team of people with learning disabilities based in Newcastle upon Tyne, who carry out reviews around the country to make sure people with learning disabilities and others get the good quality services they want and need. Using the REACH Standards in Supported Living as a framework, the Quality Checkers work with organisations to help them rise to the challenges of transitional processes such as reprovision and change of services. The REACH Standards set high standards for supporting people to have the lives they want and define outcomes that providers can achieve as a result of service change.

The Quality Checkers have been involved with a young woman, Donna, whose home and life were governed by rules and regulations, such as a notice on her wall that reminded her not to take food or drink into her bedroom, and a sign on a door which told she was not allowed to enter the staff room. Her finances were tied up in services and her allowance meant she didn't have money in her pocket to spend on the things she liked to do. Whilst Donna described her residential care staff as being a „good laugh", ultimately she did not view the place where she lived as her home and did not feel in control of how her home looks and what happens there. Finding space to listen to her relaxation tapes at times proved difficult as she was frequently having to make compromises with staff and her fellow residents.

Donna's service has now changed to supported living and there have been many good changes in her life; she now has a key to her front door, she answers the telephone and has a say in who enters her home. The first change Donna and her housemates made was to tear down the list of rules from their living room wall. This was quickly followed by Donna writing a wish list for how she wanted to use the staff

room which was subsequently set up as a chill out room. She now has a room where she can listen to her relaxation tapes and enjoys eating bacon sarnies in bed when she has a lie in at the weekend. What struck the Quality Checkers most was that for the first time since living in the house Donna has been able to have a sense of it being her home rather than a place where she lives and staff work. It was clear that if had she been supported to design her own service at the outset, Donna would never have chosen residential care for herself.

Comments frequently received by the Quality Checkers from people who take part in the reviews confirm and reinforce what we have for a long time known, that the change to supported living services can lead to positive changes in people‟s lives.

Keeping the people being served at the centre of the process of designing and delivering new services is essential. During the preparatory and other stages of the change process, there may be contextual and technical issues which may not involve the service users (e.g. TUPE transfer details, planning regulations) but individually and collectively they should be involved as fully as possible in most issues.

Increasingly people using services and those providing services for them will be looking to „Social Capital‟ (accessing a range of natural relationships and resources) to play a more active role in their support arrangements. Whilst we did not discover this as a central aspect of the change process to date, it is likely to be more of a feature in future.

For example to ensure greater value for money for the personal budget holder Think Local, Act Personal encourages employers to:

> *„facilitate a style of work that maximises a person‟s natural networks and community presence‟*

Action points:

- Make sure that the person stays at the heart of the process
- Give people information and advice to enable them to make as informed decisions as possible and support to help them make decisions if they need it
- Identify independent advocacy support as an option for people to access
- Use the REACH standards to „quality – assure‟ the services being offered
- Explore the range of natural relationships and resources available for people

Mental Capacity

People should receive support to help them make their own decisions. All possible steps should be taken to try to help the person reach a decision themselves before it is concluded that they lack capacity to make a particular decision. Any decision taken in someone"s Best Interests should take account of their views and preferences.

The Mental Capacity Act is very clear: everyone should be considered to have mental capacity unless it is established that they lack capacity to make a particular decision for themselves at the time the decision needs to be made. The Act provides a statutory framework for decision-making and determining someone"s ability to make a decision. It protects people with capacity to make their own decisions and provides core principles and methods for making decisions and carrying out actions affecting people who may lack capacity to make specific decisions about issues for themselves.

Encouraging participation, working and communicating with individuals in different ways to establish their likes, preferences and choices, along with good person centred planning can sometimes help people to build capacity to make decisions. If the individual is still not able to make that decision then this person-centred working will ensure that any decision made on their behalf reflects their preferences as much as possible.

Example
In Kent, care managers, housing and support providers worked with individuals to establish who they wanted to live with and their housing preferences. Some people were able to make major decisions, for others their direct decision making may have been limited to viewing possible properties and deciding on the colour of the décor, but each person was given the opportunity to make as many decisions as possible themselves and all Best Interest decisions were informed by the person centred work which took place before supported living was introduced. The PCT made a dvd about their NHS reprovision. „Housing for the Future – opening the door to a new life" can be viewed at: http://www.youtube.com/watch?v=9lOhVIFWdws

Action points:

- People should receive support to help them make their own decisions
- Any decision taken in someone"s „Best Interests" should take account of their views and preference

Relationship between Housing and Support Providers

Clear partnership working will need to be in place which fully reflects the principles underpinning Supported Living. Both providers are guided by the views of the person served.

In recent years this issue has been a matter of significant concern and it is important to make sure that there is a clear set of agreements between those involved notably an accessible tenancy guide and a service level agreement between the housing and support providers.

This relationship is a particular area of interest for CQC. There are resources available on the CQC website which will help clarify how they judge whether the relationship between housing and support providers are arranged appropriately. During our review of existing good practice it was emphasised on a number of occasions, the value of continuously liaising with CQC locally at all stages of the change process.
There are a wide range of possible configurations in the way that the housing and support functions are delivered before and after the process of change. There are two key factors to take into account in ensuring that the process of changing to supported living service:

- The housing provider needs to share the values of and be aware of the implications of being involved in delivering a service to people with learning disabilities notably in relation to tenancy rights and responsibilities and issues of mental capacity.
- The separation between the delivery of housing and support functions works in a way that maximises the choice and control of the individual tenants and takes fully into account the need to satisfy the requirements of the legislation and follows CQC guidance in this respect. For example there needs to be a clear separation between the two functions of housing and support so that the tenants have the right to remain in their homes if they choose a different support provider organisation to assist them.

Support provider organisations that own property must ensure that they are able to provide a housing service which fully provides for their tenants. They must have, or buy in, expertise relating to housing management and housing law to be able to deal with rent setting, service charging, housing benefit, tenancy issues and so on. They will also need to be able to provide a responsive maintenance service. This can be achieved in a number of ways such as employing people directly, an arrangement to buy services from another organisation and leasing or selling the property to a housing provider already able to provide this service.

Action points:

- Clear partnership arrangements are in place underpinned by a service level agreement between the housing and support providers
- The separation of the delivery of housing and support works in a way that maximises the choice and control of individual tenets
- CQC have confirmed that the new services meet the requirements of the legislation

Tenancy Issues

The intention is that all people with learning disabilities are granted tenancies, irrespective of their mental capacity and decision-making abilities.

There is still much confusion as to whether someone with a learning disability can hold a tenancy and a number of poor practices have been highlighted recently such as landlords, families and others signing on behalf of people without the legal authority to do so, landlords refusing to issue tenancies to people with learning disabilities (without testing their capacity) and landlords discriminating against some people by offering them shorter or less secure tenancies than other non-disabled people.

If someone has capacity, they should sign their own tenancy agreement. For some people, intensive instruction and support can help to develop or maximise their capacity. There are many tools that can be used to enable this such as pictures, photos, activities, visits, dvds and so on. Most social housing providers supply an easy-read tenancy guide which can be invaluable. For example:

www.sandwell.gov.uk/download/1403/your_tenancy_agreement_explained

www.advancehousing.org.uk/index.asp?m=228&t=What%27s+new

www.glh.org.uk/tenants/my-home/me-and-

www.housing.org.uk/OnlineStore/Default.aspx?tabid=44&action=INVProductDetails&args=7823

Professionals should take a pragmatic approach to assessing whether someone has capacity to sign; they are not expected to understand every clause in the tenancy agreement, but should realise that:

- it is their own home
- a payment is due for living there
- they have rights
- they have responsibilities

It is still possible for people who cannot understand these fundamental principles, to successfully hold a tenancy. Tenancies can be arranged without the tenant‟s signature if the landlord is happy with this arrangement. Many social landlords, charity and specialist housing providers will work on this basis so long as they receive comfort in writing that this is in the „Best Interests‟ of the individual.

Example

In one local authority, the Care Managers are signing a document which is appended to the unsigned tenancy agreement which confirms to the housing association or charitable housing provider landlord that the Best Interests process has established that the person should take the tenancy offered.

Landlords may take this stance for a number of reasons, such as:

- A tenancy is established by usage anyway; a signature or agreement is not necessary
- Only the tenant or their representative can contest that the tenancy is a voidable contract (thus potentially making the tenant homeless)
- The „Best Interests‟ decision-making process has involved those who are important in the person‟s life

However, some private or other landlords may wish to take a more cautious approach. In which case, the Court of Protection can be approached for an order for the tenancy agreement to be signed. It is important to remember that it may take several weeks for an order to be issued by the Court of Protection. Staff, family and friends should not sign on behalf of the tenant unless they have been specifically appointed by the Court of Protection with the appropriate powers otherwise they will, by law, then become the tenant themselves.

When project planning, the issue of capacity to sign a tenancy agreement should be raised early in the process to allow capacity-building work to take place, time to negotiate with landlords regarding tenancies and for applications to the Court of Protection to be made, if

necessary.

Action points:

- Housing providers should provide accessible materials to explain the tenancy agreement
- Capacity-building work using accessible materials and appropriate forms of communication should take place so that people with capacity can sign their own tenancy agreements
- Housing providers, and if necessary the Court of Protection, should be approached in plenty of time to ensure that last minute delays do not occur

Ordinary Residence

The intended outcome of these proposed service changes is that the individual moves towards greater rights, choice and control and is not impeded by Ordinary Residence rules whenever possible.

Of the approx. 33,000 people with learning disabilities living in Residential Care Homes, it is estimated that about 20,000 live in Care Homes outside their local area. According to its recent report „Not in my Back Yard" the Voluntary Organisations Disability Group (VODG) (an umbrella group of third sector providers of social care for disabled adults) estimates that there are 500 people with physical impairments or learning disabilities caught up in dispute about Ordinary Residence every year. VODG has argued that Local Authorities and PCTs can use Ordinary Residence disputes to delay or avoid paying for care.

Recently ADASS have developed a „National Protocol on Ordinary Residence Arrangements for People Moving between Local Authority Areas".

The intention of this Protocol is to encourage the voluntary commitment of all Local Authorities in structured processes which offer a managed transfer of responsibility between authorities over an extended period.

It will become clear in Spring 2011 whether Local Authorities in England have signed up to the Protocol.

This issue has also been raised in the newly published „A vision for Adult Social Care: Capable Communities and Active Citizens".

Section 4.7 says that:

„„The system should support rather than hinder people"s goals. People who want to pursue educational or employment opportunities, for example, should be able to move from one part of the country to another without having to go through unnecessary multiple assessments and uncertainty. We want to see greater portability of assessments, and will consider how to pursue this in light of the work of the Law Commission and the Commission on the Funding of Care and Support.""

At present, Ordinary Residence issues can represent the most significant barrier to progress in deciding to change from Residential Care to Supported Living services. Even in an authority as committed strategically to positive change in this direction as Hampshire, Care Homes with a high ratio of people from other authorities can prevent the supported living option being pursued which means that this option will not be available to these residents.

This is probably the biggest single potential block in increasing people"s rights, choice and control through changing the registration of their existing service. A number of efforts have been made to overcome this barrier including:

- Establishing „knock for knock" arrangements with other authorities often geographically close
- Presenting strong arguments to originating authorities on quality and often cost grounds in support of a move to supported living
- Host local authorities agreeing to assume responsibility for picking up funding for people who have in effect lived in their area for many years

Action points:

- Commissioners and providers need to clarify the situation of all the people involved
- Where Ordinary Residence rules might prevent an individual going through this process, efforts should be made to negotiate ways around this barrier.

Staffing Issues

The aim is that the staff involved in delivering the new Supported Living make the smoothest possible transfer from the existing Residential Care Home. It is also important that the staff are fully consulted and engaged in the process of change and are fully supportive of the new service style. During our review of current practice we found a number of examples where those leading the change process invested a great deal of

attention to operational issues.

CQC standards which apply to both residential care and supported living include expectations about person centred care, choice and control within the service.

The main aim of moving from Residential Care Home services to supported living is to enable the people using services to take up their rights as citizens and exercise choice and control over their lives. This process should include a person-centred process of working out the support preferences of the individuals involved which is likely to be different from previous support arrangements. New style support arrangements are likely to include greater flexibility requirements for staff supporters. There are also likely to be opportunities for aggregating the support needed by the tenants in the new style service. This can offer the real chance for making the best use of the range of staffing resources available and may in fact make the difference between whether the new style service is financially viable or not.

In some cases TUPE can apply and in these situations specialist advice is needed.

During the transition process there will need to be an opportunity to build in time to ensure that the resources available for staffing are sufficient for the new service arrangements. This will become increasingly relevant as RAS approaches to allocating Social Care funding are implemented. In one example we have come across, the total available for 5 individuals was not sufficient to fully cover the new service arrangements and further discussions with the Local Authority commissioner was needed.

Example
In Mencap in Wiltshire the forthcoming change process had been anticipated for some time and measures had been taken to consider „acting" roles and redeployment options in advance.

Other examples include a newsletter for staff produced by Midland Heart during a service change process, please see Appendix 3 for details.

In all of the examples of good practice we came across, significant efforts were made with staff involved to enable them to fully embrace the values and principles behind supported living and the day to day implications of working to these principles and values.

In a number of cases, providers had arranged for training and development opportunities before, during and after the services had changed. In one service the provider had set up a staff „buddying" scheme to help the process. However great care needs to be taken to ensure that any shared staffing does not replicate the features of Residential Care.

In Hampshire, commissioners are keen to support the „culture-shift" process and support it by using county council training resources and through active support from Care Managers and Supporting People staff.

Person Centred Planning is a practical tool designed to prepare individuals for their own independence and also supports this cultural change for staff.

The values and principles underpinning Supported Living have been set out comprehensively in the REACH standards, which can be used as a basis for training and developing staff driving the transition process and on a continuing basis for quality assurance.

Action points:

- Anticipate the implications of the service changes for staff
- Where TUPE might apply – take specialist HR advice
- Set up training and development opportunities to support staff before, during and after the changes take place
- Establish regular ways of communicating with staff involved

Working with Care Quality Commission

It is very important to ensure that CQC are fully engaged in the process as required and that the new service arrangements are in line with the legislation and reflect CQC guidance on what constitutes good practice.

CQC have developed Policy and Guidance on „Assessing what regulated activities the provider of a supported living or similar scheme needs to register for", available at http://www.cqc.org.uk/publications.cfm?fde_id=17217. The guidance is launched in conjunction with the Feeling Settled report.

The guidance identifies and clarifies the main differences between the regulated activities of „accommodation for persons who require nursing or personal care" and „personal care", particularly in the context of supported living services.

There is an explanation of the process a provider will need to go through to make a change to their registration.

It also provides guidance on what indicators CQC will look for when it is not clear which of

the two regulated activities is being provided.

It is intended that the Feeling Settled report should be read in conjunction with the CQC guidance in order to ensure that actions taken by the provider and local authority meet the correct registration requirements for the supported living service.

CQC is concerned with ensuring that a provider is correctly registered for the regulated activity they are actually carrying on.

In order for a provider of a supported living service to be correctly registered to carry on „personal care" rather than „accommodation for persons who require nursing or personal care" there must be a clear separation between the provision of care and the provision of accommodation.

Action points:

- Read the CQC guidance on Assessing what regulated activities the provider of a supported living or similar scheme needs to register for.
- Take the appropriate action to ensure service is correctly registered.

Appendix 1

Technical Housing Briefing

As explained in Section 4, a great deal of preparatory work needs to take place prior to consultation with the individuals and their families to ensure that the change is viable. The aim of this appendix is to provide technical information about housing issues that need to be explored as part of that preparatory work. In particular, in shared housing there are a number of Planning and Building Control issues that may influence the extent to which the property can be used and built environment.

Planning matters

Planning Control seeks to guide the way our towns, cities and countryside develop. This includes the use of land and buildings, the appearance of buildings, landscaping considerations, highway access and the impact that the development will have on the general environment. In April 2010, new usage classifications were introduced in England (not Wales) which meant every property had to be classified by the local Planning Department depending on its usage. It is particularly important to ensure that the use of the building can change from an institution.

These classifications are provided by the Department of Communities and Local Government as guidance only and it is for local planning authorities to determine the relevant classification, in the first instance, depending on the individual circumstances of each case. This can lead to difficulties if the support service, and the environment in which it operates, do not fully reflect these principles or if the Planning Officer does not understand the principles of supported living and decides to consider the property as a C2 institution. The appropriate classification is C3b - “up to six people living together as a single household and receiving care e.g. supported housing schemes such as those for people with learning disabilities or mental health problems.”

Visit www.planningportal.gov.uk/permission/commonprojects/changeofuse to see the usage classifications for England.

Some local authorities want supported living properties to be registered as Houses in Multiple Occupation (HMOs) which can also mean changes to the environment. At the

time of writing, there does not appear to be any guidance or consensus as to whether properties classed as C2 or C3 by the Planning Department could also be considered by a Local Authority as an HMO under any of the licensing schemes, so consultation with the local authority is recommended. In simple terms, a House in Multiple Occupation (HMO) requiring a mandatory licence from the local authority is a property of three storeys or more, occupied by five or more persons and is occupied by persons living in two or more single households.

Local councils can choose to introduce additional licensing of other types of HMOs which are not subject to mandatory licensing. They have to consult local landlords before introducing an additional licensing scheme and they have to publicise it when it comes into force. Selective licensing may be introduced in areas of low demand housing or areas with significant anti-social behaviour problems.

When project planning and expenditure forecasting, early consideration should be given to planning issues, as tenders for building work cannot be requested and contracts cannot be entered into until the planning approval has been resolved; generally some 12 weeks is required from the date of submission.

Building Control matters

Building Regulations set standards for the design and construction of buildings to ensure the safety and health for people in or about those buildings. They also include requirements to ensure that fuel and power is conserved and facilities are provided for people, including those with disabilities, to access and move around inside buildings.

Unfortunately, despite the new Planning usage classification of C3b, some Local Authority Building Control Officers are still classifying shared supported living properties as:

> *"Hospital, Home, school or other similar establishment used as living accommodation for, or for treatment, care or maintenance of persons suffering from disabilities due to illness or old age or other physical or mental incapacity, or under the age of 5 years, or a place of lawful detention, where such persons sleep on the premises".*

This significantly increases the requirements in respect of fire precautions, means of escape and sound insulation, which can mean that the properties become institutional in their layout and general ambience. In addition, this can significantly increase capital costs. Early dialogue with the Building Control department to establish their views on the planned changes is recommended. The Chief Building Control Officer may treat the property as a „normal" residential dwelling rather than an institution, but this is only likely to be successful if all parties concerned truly understand the principles of supported living and can

demonstrate the practical differences between this and residential care.

General design matters

As well as Planning and Building Control, the way in which a building is redesigned can have a dramatic impact on ambience. Wherever possible, designers should work closely with occupational therapists and others within social care to ensure that the property is functional yet retains as much “domestic” feel as possible. The creative use of materials, devices and technology can assist where previously the emphasis may have been on more institutional or health-orientated fittings.

Title issues

Investigating the title of a property is essential prior to the commencement of any re-development to ensure that any covenants or similar information on the title will not adversely affect any planned alterations of design, appearance or use. Many issues can be overcome, modified or discharged, but early identification of possible restrictions is advisable.

Void accommodation payments and arrangements

If usage of the property is solely restricted to people with learning disabilities (or any other specific client group) the housing provider may want some assurance the vacancies can be filled and temporary void periods covered financially, particularly in shared accommodation. As Social Services are the gateway to people who have support, the usual expectation is for the local authority to pay for accommodation voids; neither housing nor support providers usually have a ready supply of suitable people so are not best placed to fill voids. It is essential to agree how this will be arranged. Some good examples of collaborative working include the following examples:

Example

In a development in Hampshire, Golden Lane Housing makes a small weekly charge as part of the rent to cover voids. This accrues to cover future voids giving Social Services „breathing space“ before they pay any shortfall.

Example

One local authority was having difficulties filling voids due to a shortage of qualified occupational therapists able to assess and make recommendations for property adaptations. mcch Society Ltd were provided with a grant from the local authority to engage a private occupational therapist to do this work in order to dramatically reduce void turnaround time.

The expectation that Social Services should pay for voids and nominate people to shared schemes is perhaps contrary to the personalisation agenda which would encourage all parties concerned to allow existing tenants to find or veto new sharers. Irrespective of the method for filling „property voids", financial loss will need to be covered. If it is not by Social Services then will tenants want to move into a shared property if, at any time, their liability for costs could double - or more? Will decision-makers be prepared to determine that it is in the „best interest" of the incapacitated person they are representing to move into such a scheme? Many Care Managers interviewed have stated that they would have difficulties making that decision. Obviously, people with capacity may decide for themselves whether this is a risk they wish to take. All parties need to reach a position where they can include existing tenants in the process of choosing a new sharer whilst cutting process time and cost.

The other option is to house everyone in single person"s accommodation. However, whilst solving the problem of void cover, it introduces the question of affordability of support services to people in single accommodation, especially where the accommodation is geographically dispersed, and limits choice for people who do want to share with others.

Transfer of existing assets

In some circumstances, it may be necessary for assets to be transferred from one owner to another, for example from PCT to housing provider. This is particularly important if the current owner (PCT for example) cannot raise funds to invest in the refurbishment or alteration to the property and does not have the resources to maintain and properly manage the property in the future when it is used for supported living rather than residential care. Working in partnership with a housing provider can bring in much needed capital resources and professional housing expertise.

Some projects rely on a number of highly complex legal agreements and mechanisms in order to protect the investment of both parties. Whilst this is understandable to a certain extent, it is also worth considering the implications of these and weighing these against developing a partnership and pragmatic approach to the arrangement. Some participants

have commented that although they seem to have cast iron agreements in place, they are hardly understandable by anyone except the lawyers, are not necessarily going to be flexible enough to cover every eventuality anyway and have cost an absolute fortune in legal fees!

The following are some of the key areas that will need to be agreed before a property is transferred:

- The use and future use of the property
- Terms for alterations/building work to be done to the property
- How any grant provided can be used and its repayment terms
- How any investment can be used and its repayment terms
- How future borrowing against the property will be allowed and managed
- When/how the property can be sold and the redistribution of the resulting capital

Every agreement will vary depending on the circumstances and parties involved. Some agreements may also include agreed details regarding such issues as the management of the property, insurance, type of tenancy to be issued, rent setting policy and so on. Where assets are transferred and a charge is required, the valuation for the acquisition, transfer or disposal of property will take into the account the limitations on use created as a condition of the charge and the severity of the repayment conditions. Also, both parties should be mindful that it is not just the conditions of the charge that will affect the valuation; if tenants are issued with assured tenancies the property will almost certainly decrease as the valuation will not be on a “vacant possession” basis but will take into account the fact that tenants (with legal rights) are living in the property.

Charges on properties can limit the long term borrowing capabilities of the housing provider; particularly if they are do not have first charge on the property. Where the asset and enough capital to finance any refurbishment work is provided as part of the transfer arrangement, this may not be an issue. However, if private finance, via housing provider borrowing, is required then the charging and repayment conditions need to adequately recognise or protect the housing provider‟s investment on disposal, otherwise they may not be able to borrow to reinvest in the property. In Kent, the PCTs used a Deed of Priority which, in the event that the new housing provider (recipient of the asset) borrowed against the property for its development, allowed the housing provider to take a first charge against the property with the PCT taking a second charge.

Example

mcch Society Ltd received a capital investment of £100,000 from a local authority as a contribution towards supporting the change process and to enable major works to take place. There was no charge on the property, instead they agreed that this investment would secure nominations from the local authority for local people and cover any void losses and associated operational costs for the first 5 years of the scheme. mcch were also able to cross-subsidise the scheme by building houses for private sale on the site.

There is no one-size-fits-all solution to this issue in terms of repayment conditions, so parties are encouraged to reach an agreement which they feel is fit for purpose. Some examples of possible repayment calculations are as follows.

Examples

These are „raw" figures to help illustrate two examples of possible capital repayment arrangements, which are outline below. Both arrangements are based on market value at the time of the sale of the property, therefore no timescales, interest rates or rates of return are cited. Obviously, other arrangements may be reliant on those terms instead.

For ease we have used "PCT" and "housing association" but the roles of „transferring organisation" and „recipient" could apply to others such local authority, charity, housing and support organisation and so on :

Property value at transfer	=	£ 200,000
Grant invested by the PCT	=	£ 300,000
Monies invested by the housing association	=	£ 500,000
Total Scheme Cost	=	£1,000,000
Market value of the property at the date of repayment (profit)	=	£2,000,000
Market value of the property at the date of repayment (loss)	=	£800,000

Example arrangement - Profit split:

In this example, the housing association‟s investment is protected so that should the PCT require a sale in the early years after the transfer, the housing association does not make a loss (most housing association‟s rely on long term rental income – perhaps 25 years – to make their investment viable), but both parties share the profit.

So, in the “profit” scenario each party receives the amount of their initial investment (£500,000 each) and share the profit according to their % of investment – an additional £500,000 each.

In the “Loss” scenario, the housing association takes its £500,000 initial investment and the remaining £300,000 is for the PCT.

Example arrangement - % return: In this example, the sale proceeds are split directly according to the initial investment. In the “profit” scenario each party receives £1,000,000 (50%) each. In the “loss” scenario they receive £400,000 each.

Appendix 2

Hampshire Commissioners Planning Process

Task	Responsible person	Possible start	Length	Type	Dependent on
Project is dependent on prior agreement between social care commissioner / provider / landlord on feasibility and desirability of project. This will require feasibility discussions to confirm: ownership / lease / management agreements on the property; Rental levels and landlord responsibilities as a supported living service; projected cost of support as deregistered service; void cover and nomination rights; Building works required, funding sources, planning issues; impact assessments on service users. This work should be completed before any consultation with service users, families or advocates.					
Consultation (initial letter to service users – brief explanation of aims, point of contact for questions)	Provider	Week 1	1 day	Sequential	Pre-planning
Consultation (letter to staff)	Provider	Week 1	1 day	Sequential	Pre-planning

Task	Responsible person	Possible start	Length	Type	Dependent on
Letters to families (Brief explanation of aims, point of contact for questions)	Provider	Week 1	1 day	Sequential	Pre-planning
Person centred planning and needs assessment / care matrix / SDS / OT as required	Care Manager	Week 1	Ongoing	Parallel	10
Staff skills audit and training plans developed	Provider	Week 1	Ongoing	Parallel	Pre-planning
Endorsing letter to families (Adult services support for project)	AS Commissioner	Week 2	1 day	Sequential	12
Consultation (First meeting – explain what supported living is, discuss advocacy, etc)	Provider, AS Commissioner	Week £	5 days	Sequential	10-12
Mental capacity assessments if required	Care Manager	Week 4	4 days	Sequential	10
Advocacy referral if required	Care Manager	Week 5	1 day	Sequential	16
Consultation (First meeting with staff – explain what SL is and how this will impact on T&Cs)	Provider	Week 5	1 day	Sequential	11
Applications for deputyship if required, best interest decision if required	Care manager / families	Week 6	Ongoing	Parallel	17
Inform potential tenants of rental conditions (Explain what is meant by tenancy)	Landlord	Week 6	4 days	Sequential	10

Task	Responsible person	Possible start	Length	Type	Dependent on
Consultation (Second meeting with service users – establish wishes re: care provider; discuss transport arrangements, environmental modifications. Provider shares in house policies in relation to medication management, staff expenses, lone working. Shared expenses discussed.)	AS Commissioner / care manager	Week 7	4 days	Sequential	16
Agree staffing profile (Agree individual requirement and shared elements)	AS Commissioner / provider	Week 9	5 days	Sequential	13
Establish contractual basis for staffing	AS Commissioner / provider	Week 9	5 days	Sequential	23
Inform individuals of staffing profile (Explain how staffing will operate in deregistered service)	AS Commissioner / provider	Week 10	1 day	Sequential	23
Communicate staffing arrangements to family / advocates	AS Commissioner / provider	Week 10	1 day	Sequential	23
Agree process for advertising voids (AS nomination rights?)	All	Week 11	2 weeks	Sequential	23
Consultation (Shared expenses agreed and shared with AS Commissioner)	Service users with support from Provider	Week 12	1 day	Sequential	22
Consultation (Decision making meeting – yer or no? Provisional de-reg date agreed. Transport arrangements agreed)	All	Week 13	4 days	Sequential	28
Communicate plans to local housing dept	Provider, Landlord, AS Commissioner	Week 14	1 day	Sequential	30
Confirm insurance arrangements	Provider / Landlord	Week 14	1 day	Sequential	30

Task	Responsible person	Possible start	Length	Type	Dependent on
Confirm funding streams (ILF applications if applicable)	Care manager	Week 14	5 days	Sequential	13
Building work commences (Any alterations required to building?)	Provider, Landlord	Week 14	8 weeks	Sequential	Pre-planning
Telecare assessments and installation plans	Provider, care manager, OT	Week 14	8 weeks	Sequential	29
Confirm utility arrangements (who is paying for what and how?)	Landlord, service users, care manager	Week 15	5 days	Sequential	29
Consultation meeting (last concerns and queries, skill gaps)	All	Week 16	5 days	Sequential	29
REACH test (REACH standards to be considered, service must show potential to meet them)	Care manager, Commissioning, Provider	Week 16	5 days	Sequential	35
Apply to CQC for change in registration	Provider	Week 17	1 day	Sequential	29, 37
Change of registration date agreed (Provider to clarify with CSCI in writing)	CSCI	Week 18	1 day	Sequential	38
Inform benefits agency	Service user with support from Provider	Week 19	1 day	Sequential	39
Inform electoral register	Service user support from Provider	Week 19	1 day	Sequential	39

Task	Responsible person	Possible start	Length	Type	Dependent on
Communication with utility companies – date for switch to domestic rates	Service user support from Provider	Week 19	1 day	Sequential	39
Issue Tenancy	Landlord	Week 20	1 day	Sequential	39
Sign tenancy	Service user support from Provider	Week 21	1 day	Sequential	39

Appendix 3

Newsletter for staff produced by Midland Heart

Learning Disability Accommodation and Support Partnership Agreement

Staff Update February 2008

Where are we now?

Since the last update in December a number of things have happened:

- Learning Disability Services and Midland Heart held a briefing seminar on the partnership for councillors. Approximately 20 councillors attended and feedback was very positive both about the seminar itself and the partnership.

- Midland Heart have held information sessions for staff currently employed by Herefordshire Council and Aspire who will transfer as part of the partnership agreement.

- Further Information sessions are planned for family carers and other stakeholders over the next few weeks.

- Work on the contract negotiations have continued with regular meetings between Herefordshire Council and Midland Heart

What will happen next?

In the next few weeks the contract will be finalised. A report will be presented to Herefordshire Council Cabinet at the end of March asking for approval to proceed with the contract. At the same time a report will also be presented to Midland Heart Management Board.

Once the contract has been officially approved by each organisation it will be signed and we will then start the formal process of preparing for the transfer of the services to Midland Heart.

Although we have not as yet formally agreed the contract, both Herefordshire Council and Midland Heart have a commitment to the future partnership and we are both undertaking work to ensure that everything is in place to make the transfer as smooth as possible. Therefore over the next few weeks a number of activities will be taking place:

- Quality Audits – Midland Heart will be completing quality audits at all services. These will then be agreed by Learning Disability Services. This is to ensure that we all agree where services are at the moment and can therefore measure improvements

- Inventories –Midland Heart will be using service inventories as a basis to agree what fixtures, fittings etc will transfer over as part of the partnership agreement.

- One-to-ones" – Midland Heart will be arranging to meet all members of staff on a one-to-one basis. This is to enable them to find out what happens within services and any local „customs and practices" that they will have to consider when providing the services. It is an individual choice about sharing information before the formal process starts. However, it is important that you tell Midland Heart anything that you feel is important to your working situation, and as a result of earlier meetings they have amended the questions that individuals will be asked. For a copy of these questions please contact your line manager.

- Familiarisation visits – Midland Heart will begin spending time in services to get to know the staff and individuals who live there. Again we feel that this is important to ensure that they have as much information as possible and we can have a smooth transfer of services.

If you have any specific questions you would like to ask please contact either

Herefordshire Council: Lydia Bailey, Accommodation and Support Project Manager

☎ 01432 261543 or lbailey@herefordshire.gov.uk

Midland Heart: Rosemary Doherty, Operational Manager (Mental Health and Learning Disability)