

A strategic review of housing for people with a learning disability in the Royal Borough of Greenwich 2017-2022

A report by Golden Lane Housing for the Royal Borough of Greenwich

Part 2

- 1 Cordis Bright's report

Part 3

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Golden Lane Housing

Research to inform a
Learning Disability
Accommodation Strategy
for Greenwich

September 2017



CordisBright

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1 Executive Summary

1.1 Introduction and methodology

Golden Lane Housing commissioned Cordis Bright, an independent and specialist research and consultancy organisation, to conduct research to inform the development of a learning disability accommodation strategy for the Royal Borough of Greenwich. The research took place between October 2016 and February 2017.

The aims of the research were to:

- Identify current policy and good practice in meeting the housing needs of adults with learning disabilities
- Evaluate the current and future demand for housing services for adults with learning disabilities in Greenwich
- Review the current provision of housing services for adults with learning disabilities in Greenwich (for more information please see section 2.3.3)
- Identify potential changes in the future provision of housing services for adults with learning disabilities

The approach used to conduct the research consisted of:

- A rapid evidence and policy review to identify current policy and good practice. The search terms used to identify literature are available in Appendix 1, and the bibliography in Appendix 2
- An analysis of performance management data concerning housing and support for people with a learning disability in the Royal Borough of Greenwich
- In-depth interviews with local authority commissioners, housing and support providers and voluntary sector organisations
- Site visits to current services in Greenwich and interviews with service users, family members and staff
- Analysis and reporting

1.2 “What works” in meeting the housing needs of adults with learning disabilities

A rapid evidence review of existing policy documents, academic literature and practical guides was conducted to identify “what works” in meeting the housing needs of adults with learning disabilities.

1.2.1 Policy Context

Reducing cost remains at the top of the policy agenda. Plans to extend the cap on the Local Housing Allowance from the private sector to supported housing, and reduce rent in social housing are likely to impact the funding available to social housing providers from 2017/2018 onwards. The government have made clear their commitment to introduce a new approach to funding the housing benefits paid to all vulnerable people who live in the community. This is almost certainly going to mean a discretionary capped local fund under the control of the local authority available to top up the rents of supported housing services, as opposed to the current mandatory funding by central government. As a result, priorities for top up funding for all supported housing will be determined locally.

The shift away from larger residential care facilities towards smaller, supported living facilities, which are closer to home, has gained further traction in the wake of Winterbourne View. This is coupled with a continued commitment to a more person-centred approach to care and support, which is espoused in The Care Act 2014 and can be enacted through the use of personal budgets and direct payments.

Supported living, which aligns with the focus on personalisation and personal choice, has continued to grow in recent years. CQC has recently clarified its policy for registration to provide personal care as part of supported living, highlighting the importance of genuine choice for service users and the separation of personal care and accommodation agreements.

1.2.2 “What works” in meeting the housing needs of adults with learning disabilities

From the literature reviewed, several key features in meeting the housing needs of adults with learning disabilities emerged.

- Evidence suggests, and policy dictates, that local authorities should offer a **broad range of accommodation and support to people with learning disabilities**. This should encompass a spectrum of options from residential care, to floating support to enable people to live alone independently.
- There should be services in place which support the needs of a broad range of people, including a range of ages (from transition to care for older people with specific needs such as dementia care) and minority ethnic groups.
- There is evidence that **smaller scale residencies, based in the community which offer a higher level of choice and independence result in better outcomes for service users**. The argument espoused by the majority of the literature is to move away from more institutional services (at the most extreme end being hospitals but also including some versions of residential care) to more bespoke, community based services which offer increased independence and choice to service users.
- While there is evidence that, when done well, more personalised services can lead to a reduction in the cost of care, **small scale or individual support**

risks losing the economies of scale available to a larger service, particularly with regards to staffing costs.

- **Accommodation should look and feel like a home;** adaptations should be designed to be minimally intrusive and décor and architecture should be residential rather than institutional.
- **Locations should be chosen to enable integration with the community,** and should be close to family and friends.
- **Services should be designed around the needs of the service user.** Ideally, this should include an element of coproduction, and in all cases services should be person centred and offer as high a degree of personalisation as possible.

1.3 What the data tells us

The message from the data is fairly complex and does not lend itself to a simple explanation.

- In broad terms, the data suggests that there may not be a very significant increase in overall numbers of people with a learning disability in Greenwich (broadly in line with general population trends within the borough), but the composition of the group of people served is likely to change over time. A greater proportion of the total population supported by Greenwich commissioned and funded services are likely to present more complex needs and require more complex packages of support to sustain them in an accommodation setting.
- The second message from the data is that Greenwich is ethnically a diverse borough and this diversity is underrepresented in the data for people with a learning disability. This suggests that the housing strategy will need to make particular efforts to address the needs of the entire Greenwich population in a manner which is both appropriate and accessible.
- The third message from the data concerns out of area accommodation based placements. There are 135 people with a learning disability funded by the local authority not living in Greenwich. Of these, 25 are in neighbouring boroughs and the remaining 110 that could be truly termed out of area. However, of this 110 only three people are currently listed as being inappropriately placed, and a further two people are appropriately placed but looking for alternative accommodation.
- The final point about the data is that it suggests an overuse of residential care as the solution to housing and support needs when compared with provision commissioned by other authorities.

1.4 Views on current and future provision

Cordis Bright conducted 8 interviews and 1 focus group with stakeholders from three groups:

1. Council employees with a role in the commissioning of housing for adults with learning disabilities
2. Voluntary organisations, active in Greenwich representing people with learning disabilities
3. Support providers

Cordis Bright and Golden Lane also conducted 12 site visits and interviewed 17 service users, 7 family members and 35 staff.

In all cases, interviewees were asked a series of questions about the current and future provision of housing in Greenwich. The topic guides used in interviews are available in Appendix 3: Stakeholder topic guide - Appendix 6: Staff topic guide

1.4.1 What do stakeholders, service users, family members and staff think about the current provision of housing in Greenwich?

A significant majority of the people who were interviewed as stakeholders or during site visits mentioned three main points about the current provision of housing for people with learning disabilities in Greenwich:

- **The current housing stock used by services in Greenwich is of variable quality.** There are some examples of properties which are fit for purpose, and others which would benefit from significant adaptation. Issues with houses most commonly surrounded mobility for older service users, the upkeep and repair of buildings and “*institutional*” rather than “*homely*” design.
- **The way that support is planned and people are placed into services is reactive, rather than pro-active.** The majority of family members reported that they and their relatives did not have an understanding of the full range of options available to them. Commissioners, support services and representative organisations all mentioned that there was an issue with placements happening at moments of crisis. In these circumstances, it was often a case of finding the best place available, rather than long term planning to develop the optimal support for an individual.
- **There has been a reduction in the level of trust between some service users and their families and the Royal Borough of Greenwich.** A previous strategy for housing for people with learning disabilities was viewed very negatively by some service users and family members who stated that they had not been consulted in the process and disagreed with the proposed changes. This has led to a reduction in the level of trust meaning that families are suspicious of changes and worry that the new strategy will have negative impacts for people with learning disabilities in Greenwich.

1.4.2 How does the current provision compare with good practice?

Based on the review of good practice and the interview content, we have been able to develop a review of how the current provision of housing for people with learning disabilities in Greenwich compares to good practice. This is shown in the table below.

Figure 1: A comparison of good practice and the current provision of housing for people with learning disabilities in Greenwich

Good Practice	The Current Provision in Greenwich
A broad range of accommodation and support to people with learning disabilities. This should encompass a spectrum of options from residential care, to floating support to enable people to live alone independently.	There are a range of options, including residential care, supported living, shared lives and floating support. However, currently 50% of people with learning disabilities who are in housing, are in residential care. Also, there is not much information for service users and their families about other options which are available in Greenwich or best practice. Very few people had visited a range of options before picking their home.
Services in place which support the needs of a broad range of people, including a range of ages and minority ethnic groups	A lot of the houses are not suitable for older people or attractive for younger people. For example, a significant minority of houses are not fully accessible. There are a very small number of people from ethnic minority groups using housing services.
Services which offer a high level of choice and support people to live as independently as possible	The level of independence varies between houses. In part because of resident's varying levels of need. However, in some cases, people weren't able to go out as much as they would like due to a lack of support workers. In others, family members felt that with the right support their relative could be more independent, for example helping with cooking and cleaning.
Accommodation should look and feel like a home	The level of 'homeliness' varies. Some residences are very homely, whereas others were described by stakeholders, families and staff as "institutional". For example, they have long corridors of rooms, and paperwork stored in shared areas. A large number of properties are run down, and upkeep and repairs were regularly described as an issue. In some properties residents, had very personalised rooms. In others, there was less personalisation.
Locations should be chosen to enable integration with the community, and should be close to family and friends.	In most cases, the location of properties was described as a positive aspect by stakeholders, staff service users and family members. A small number are more isolated, or grouped with other facilities for people with learning disabilities. The majority of properties have good transport links and are close to shops and activities. The majority of service users were linked with the community, through activities and trips which they conducted regularly, jobs, or family and friends who visited them.

1.4.3 What do stakeholders, service users, family members and staff want from the future provision of housing in Greenwich?

In general, service users, family members and staff were more worried about future changes to services than stakeholders, particularly if they may include the closing of services. Whereas stakeholders were more likely to view the closing or significant adaptation of some existing services as a necessary part of improving the service offer.

However, in terms of the types of services offered, and the way that support is planned four key topics emerged in discussions about the future provision of housing with stakeholders, service users, families and staff:

- **The more innovative use of resources to create services which are more flexible and person centred.** This included increasing the usage of services such as shared lives and keyring schemes and building more properties like those recently opened on Granite street (which contain self-contained flats with room for carers integrated within larger, newly built housing developments). However, family members, staff and representative organisations also noted that it was important to ensure that individuals received the right level of support to live successfully in such settings.
- **A broad range of options**, and the ability to move between options as an individual's needs change. For example, as people with a learning disability get older or as they transition and develop the skills to become more independent.
- **Forward planning to identify or develop the right support for individuals.** Moving away from finding placements for people only when an immediate need arises (for example, a carer dies) towards long term, holistic planning throughout an individual's life, linked in with other areas of support, such as day services.
- **A transparent relationship between the council, service users and their families.** Families should have a clear understanding of all of the options available and how to access them. Any changes in the offer are developed considering the views and needs of service users and their families.

2 Introduction and Methodology

2.1 Overview

This is the report of research conducted to inform the development of a learning disability accommodation strategy for the Royal Borough of Greenwich.

The research took place between October 2016 and February 2017. It was conducted by Cordis Bright, an independent research and consultancy organisation, and commissioned by Golden Lane Housing.

2.2 Aims and objectives of the report

The aims of the report were to:

- Identify current policy and best practice in meeting the housing needs of adults with learning disabilities
- Evaluate the current and future demand for housing services for adults with learning disabilities in Greenwich
- Review the current provision of housing services for adults with learning disabilities in Greenwich
- Identify potential changes in the future provision of housing services for adults with learning disabilities

2.3 Methodology

As part of our collaborative approach, all research approaches and tools were designed by Cordis Bright and agreed with Golden Lane Housing and the Royal Borough of Greenwich before use.

The approach used to conduct the research consisted of four steps:

2.3.1 Evidence Review

An evidence review was conducted to rapidly identify current policy and best practice. The search terms used to identify literature are available in Appendix 1, and the bibliography in Appendix 2. The resulting review of “What works” in meeting the housing needs of adults with learning disabilities is split into two sections

- Policy context – distils laws, government statements and government consultations relating to supported housing
- “What works” – covers the major aspects of designing appropriate and effective services, based on themes which emerged in evidence based reports and practical guides.

2.3.2 In-depth interviews

Cordis bright conducted interviews with stakeholders from 4 different groups, regarding their views on housing in Greenwich now and in the future. These were:

- Council employees with a role in the commissioning and delivery of housing for adults with learning disabilities
- Voluntary organisations, active in Greenwich representing people with learning disabilities
- Support providers
- Housing providers

The resulting analysis from groups 1-3 are written up here and in 5.2. The interview conducted with a housing provider has been amalgamated into work conducted by Golden Lane Housing.

20 potential interviewees were identified by Golden Lane housing, who gave their contact details (where available) to Cordis Bright. Potential interviewees were emailed to request interviews, and when no response was forthcoming, a follow up email was also sent. In cases where a phone number was available, interviewees' offices were called up to three times to try to schedule interviews.

As a result, eight interviews and one three-person focus group were conducted. The topic guide used during the interviews is available in Appendix 3.

2.3.3 Site visits to current services in Greenwich

Site visits were conducted at 12 MCCH and GLO properties for adults with a learning disability between December 2016 and January 2017. The site visits focussed on the accommodation over which the council and its CCG partners have the most influence; i.e. portfolios from which mcch and GLO provide services under block contract arrangements. These account for around 60% of the total in borough capacity.

Before each visit the manager was informed about the purpose of the visit and requested to invite family members. During each visit interviewers from Cordis Bright and Golden Lane Housing (GLH) interviewed all the service users, family members and staff who were available and wanted to express their views. Interviews with each group followed a set of defined questions, which were developed collaboratively by Cordis Bright and GLH.

Interviews were conducted in a semi-structured manner, based on the time that people had and the environment that was available. In a minority of cases interviews with family members took place in small groups rather than one to one. Interviews with service users were adapted to meet their needs. Where appropriate staff or family members supported service users to understand and

answer questions. The topic guides used to conduct interviews are available in Appendix 4: Service user topic guide - Appendix 6: Staff topic guide.

Over the course of the 12 site visits 17 service users, 7 family members and 35 staff were interviewed. This is outlined in Figure 2.

Figure 2: Site Visit Interviews

Property	Type of Care	Run By	Service Users	Family members	Staff
10 & 14 Wilmount Street	Supported Living	MCCH	2	0	1
101 Royal Hill	Registered care	GLO	4	1	2
1-3 Samuel Close	Registered care	MCCH	0	0	3
167 & 169 Lodge Hill	Registered care	GLO	0	1	5
58 The Village	Registered care	GLO	1	0	2
64 Charlton Lane	Supported Living	GLO	0	0	2
69 Coleraine Road	Supported Living	GLO	2	0	2
75 Ashburnham Grove	Registered care	GLO	1	3	3
99 Elliscombe Road	Supported Living	GLO	2	0	2
Arnold House	Registered care	MCCH	1	2	5
Erindale Terrace	Registered care	MCCH	0	0	5
The Gables	Registered care	MCCH	4	0	3
TOTAL			17	7	35

2.3.4 Consultation events

Emerging findings from this research have been presented and “sense-tested” with family members/carers and people with a learning disability at two consultation events.

2.3.5 Data Analysis

The report includes an analysis of performance management data provided by the Royal Borough of Greenwich.

2.4 Report structure

The remainder of this report is structured as follows:

- **Chapter 3 - What works in meeting the housing needs of people with a disability.** This section reviews existing policy documents, academic literature and practical guides to identify “what works” in meeting the housing needs of adults with learning disabilities
- **Chapter 4 – The current provision of housing in Greenwich.** This section presents an analysis of performance management data as well as the views of stakeholders, service users, family members and staff on the current provision of housing in Greenwich
- **Chapter 5 – The future provision of housing in Greenwich.** This section presents an analysis of performance management data provided by Greenwich and also summarises stakeholders, service users, family members and staff’s ideas and hopes for the future provision of housing in Greenwich

3 “What works” in meeting the housing needs of adults with learning disabilities

3.1 Introduction and approach

This evidence assessment is based upon three types of evidence:

- **Policy documents** – Laws, government statements and government consultations relating to supported housing
- **Evidence based reports** – Academic literature from the past five years (2011-2016) on “what works” in meeting the housing needs of adults with learning disabilities
- **Practical Guides** – Developed by government and charities to put policy and evidence based practices into practice

The bibliography is available in Appendix 2: Bibliography

The policy documents are distilled in 3.2 - Policy Context. Due to the significant changes to the funding of supported living services currently under consultation, it is likely that the policy context will continue to change over the period of time that the Housing Strategy is being developed.

Evidence based reports and practical guides are included in 3.3, which covers major aspects of designing appropriate and effective services, as similar themes emerged in both types of material. In all cases, the source of content is made clear.

3.2 Policy Context

3.2.1 Key Messages

Reducing cost remains at the top of the policy agenda. Plans to extend the cap on the Local Housing Allowance from the private sector to supported housing, and reduce rent in social housing are likely to impact the funding available to social housing providers from 2017/2018 onwards. The government have made clear their commitment to introduce a new approach to funding the housing benefits paid to all vulnerable people who live in the community. This is almost certainly going to mean a discretionary capped local fund under the control of the local authority, as opposed to the current mandatory fund, largely funded by central government. As a result, priorities for funding for all supported housing will be determined locally.

The shift away from larger residential care facilities towards smaller, supported living facilities, which are closer to home, has gained further traction in the wake of Winterbourne View. This is coupled with a continued commitment to a more person-centred approach to care and support, which is espoused in The Care Act

2014 and can be enacted through the use of personal budgets and direct payments.

Supported living, which aligns with the focus on personalisation and personal choice, has continued to grow in recent years. CQC has recently clarified its policy for registration to provide personal care as part of supported living. This highlights the importance of genuine choice for service users and the separation of personal care and accommodation agreements.

3.2.2 Housing benefit and the Local Housing Allowance

Most people with learning disabilities who pay a rent to their landlords rely on housing benefit, which is available to people who have a rent liability and no means of paying their rent from either earnings or savings.

People with learning disabilities who live in supported housing and their own tenancies have to pay rent to a landlord and rely on housing benefit to do so. There is a slightly different benefit which is payable to people living in the private rented sector called the Local Housing Allowance. However, most landlords providing supported living are social housing landlords; i.e. housing associations, charities and local authorities.

Until recently social housing landlords were able to raise rents in line with the consumer price index plus 1% (Wilson, W. 2016b) and up to a defined amount, the rent for social rented housing was covered by housing benefit, paid by the local authority. Any shortfall in benefit received compared to the rent charges would need to be paid by the tenant to the landlord from their other benefits. The amount paid as housing benefit was defined based on the individual's circumstances¹. For example, the housing benefit rules give enhancements which allow greater benefits to be paid if people need more facilities or an extra room for a carer. These exemptions are only available if the vulnerable person making the claim meets a specific set of criteria and lives in specialised supported housing.

However, the government announced in the summer budget 2015 that all social landlords would be required to reduce their rents in social housing by 1% per annum for four years from April 2016. In addition, in the Spending Review and Autumn Statement 2015, the government announced a plan to cap rent covered by housing benefit in the social rented sector, based on amounts paid in the private sector local housing allowance (LHA). In both cases, the measures will apply to supported housing for vulnerable people provided by charities, housing associations and councils (Department for Work and Pensions and Department for Communities and Local Government, 2016).

After providers of supported housing raised concerns about the impact of both measures, the government has announced a one year exemption from the 1%

¹ <https://www.gov.uk/housing-benefit/overview>

rent reduction plan and a delay until 2019/20 on caps to LHA for residents of supported housing.

In April 2019, the proposal is that LHA rates will be introduced, but will be accompanied by a new funding model which will allocate ring fenced funding to local authorities in England to meet any shortfall between the LHA rates and the cost of provision (Department for Work and Pensions, 2016). The 1% rent reductions will be applied to supported housing schemes for three years up to and including 2019/20 (Green, D., 2016).

A consultation on the detail of the future housing benefit funding model for supported housing was released in November 2016, the results of which will be included in a Green paper published in spring 2017. The final plan will be announced in the Autumn of 2017 (Department for Work and Pensions, 2016).

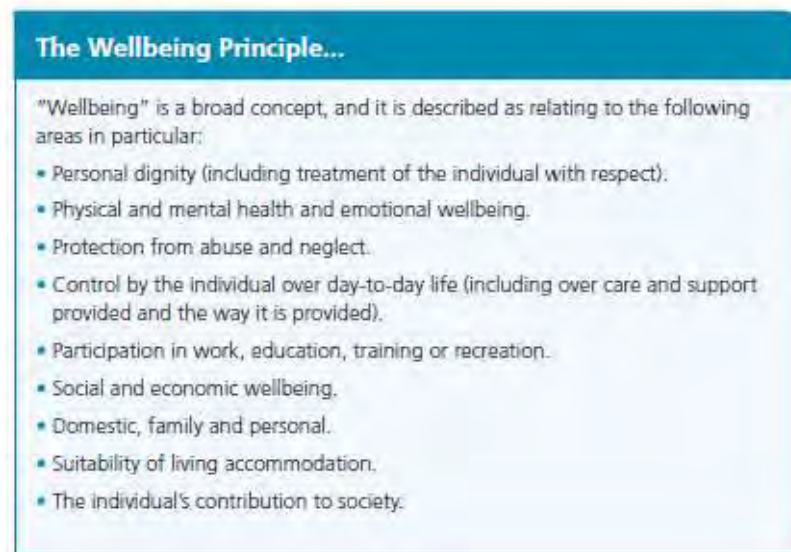
Until the details are released, there is a high degree of uncertainty surrounding the impact of the policy on housing for people with learning disabilities in Greenwich. It is likely that the move to a capped Local Housing Allowance, supplemented by funding which is to be shared amongst supported housing for people with all types of need (the elderly, mental health, learning disability, physical disability etc.) will be the outcome of the consultation. Local councils will need to decide how they allocate finite resources across all supported housing groups and what if any prioritisation is applied.

3.2.3 Care Act 2014

The Care Act 2014 extends the councils' scope to extensive responsibilities for their local population as well as people who are eligible for adult social care (Think Local Act Personal and Sitra, 2015). The act includes a series of specific references to housing:

- When looking at the needs of an individual and promoting their wellbeing, the local authority must take into account the 'suitability of living accommodation'. Within the act, wellbeing is defined as relating to:

Figure 3: The Wellbeing Principle (Think Local Act Personal and Sitra, 2015)



- Councils have a responsibility to provide services that prevent, reduce and delay the need for care and support. As part of this, housing can play a role in a variety of ways, for example, enabling people to live independently in the community.
- The local authority is responsible for ensuring that that information and advice on care and support and related areas is available to all when they need it. This includes information on housing and the housing options available.
- The Council should describe its view of the housing services required in a Market Position Statement, or equivalent document, linked to the Joint Strategic Needs Assessment (JSNA).
- The council should create a varied, high quality and sustainable range of housing options, by working with a variety of stakeholders including housing providers.
- The suitability of housing may be used as part of the assessment of eligibility for adult social care and where appropriate housing staff may be included in the assessment process.
- Councils must aim to link up health related services (including housing) and NHS services. For example, the council should consider housing and suitability of accommodation when reviewing a person's wellbeing and needs.

3.2.4 Transforming Care: A National Response to Winterbourne View

As a result of the abuse of vulnerable people at Winterbourne View private hospital, the Department of Health conducted a review of the care and support available for people with learning disabilities or autism who also have mental

health conditions or behaviours viewed as challenging. The review lays out expectations for the care of system, and actions for health and local authority commissioners.

At its heart, the report focuses on the need to significantly reduce the use of hospitals, both in terms of the number of people in hospitals and the length of stay.

The report highlights the evidence base for community based housing, particularly with regard to increasing independence, inclusion and choice and reducing behaviours which challenge.

It reiterates the importance of ensuring that support is:

- Centred around the individual – developed around their needs and choices
- Offered within the community, supported by local services
- Holistic, starting from childhood

3.2.5 CQC: Registering the right support

In February 2017, CQC released new policy statement on registering for providers for supporting people with learning disabilities.

The guidelines laid out a series of questions which would be considered when assessing applications to register for personal care to be provided in premises which are currently being, or were formally being used as a care home. The questions focus around ensuring that there is a tangible difference between the care formerly given within a residential care setting and that offered as part of supported living. Particularly:

- Separate agreements for personal care and accommodation arrangements
- The level of choice the supported person has over who provides personal care, who they live with, and where they live
- If the residence feels like a home (exclusive space for the person, homely environment, no office equipment or staff areas)
- Actions taken to change the culture from residential care to supported living. If the support and care will feel different for those receiving it.
- Tenants' and family members' involvement in the choice to change the regulated activity
- The residence accommodates a number of people which is appropriate to enable care to remain person centred (while the guidance highlights that this number will vary depending on the needs of individuals, they suggest that it should be a "small number").

3.3 “What works” in meeting the housing needs of adults with learning disabilities

3.3.1 Key Messages

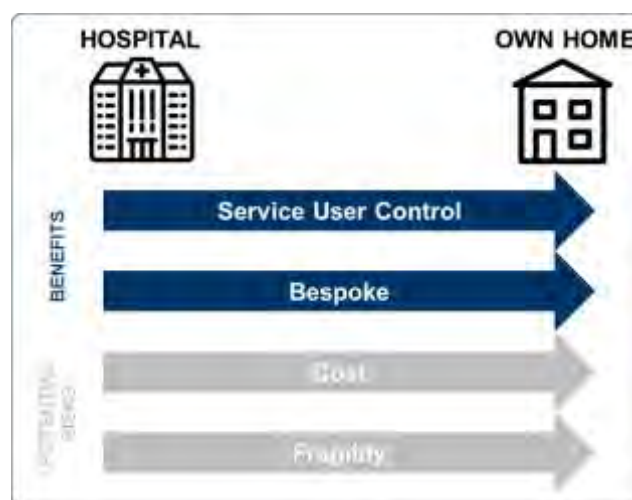
Evidence suggests, and policy dictates, that local authorities should offer a broad range of accommodation and support to people with learning disabilities. This should encompass a spectrum of options from residential care to floating support to enable people to live alone independently.

There is evidence that smaller scale residencies, based in the community which offer a higher level of choice and independence result in better outcomes for service users. The argument espoused by the majority of the literature is to move away from away from more institutional services (at the most extreme end being hospitals but also including some versions of residential care) to more bespoke, community based services which offer increased independence and choice to service users.

However, it is important to note that service models which offer these benefits may also have accompanying risks. While there is evidence that, when done well, more personalised services can lead to a reduction in the cost of care, small scale or individual support risks losing the economies of scale available to a larger service, particularly with regards to staffing costs.

Not only this, models which offer more independence and a higher level of bespoke design are often more fragile than more traditional models. Shared lives, for example, relies upon the development and maintenance of a personal relationships, making it more difficult to confidently forecast or to commission.

Figure 4: The benefits and potential risks of preferred service models



Regardless of the type of accommodation or support, a number of general principles appear within the literature. Accommodation should look and feel like a home; adaptations should be designed to be minimally intrusive and décor and architecture should be residential rather than institutional. Locations should be

chosen to enable integration with the community, and should be close to family and friends. In all cases, services should be designed around the needs of the service user.

3.3.2 Elements to consider in the Design of Services

Types of services available

There is evidence that small scale, community based services offer better quality on a range of outcomes than larger, more isolated provision for housing people with learning disabilities (Jones, E., 2013). There is a particular focus on moving from residential care to models of supported living in both guides and academic literature. This change can also be seen in the number of residential care facilities deregistering to become supported housing (National Development Team for Inclusion, 2015). This change is the result of a number of factors, including:

- National and local policy
- Concerns about the sustainability of residential care homes
- Changing expectations of people using services and their families
- More effective use of resources
- Increasing realisation about the limits of choice and control for people who use services in residential care

The focus should be on maximising choice, control and independence, which requires a broad range of models and funding sources. Jones (2013) suggests that making more 'ordinary housing' available with personalised care packages would be of value. National Development Team for Inclusion (2010) suggests that in any one local authority a person with learning disabilities should have access to a variety of supported housing models, and other models of care. These are listed below:

Figure 5: Supported Housing Models

Community Living Networks such as the Keyring model	A network of individuals who have a learning disability and who live in ordinary homes near to each other. A volunteer who helps other members with tasks such as reading bills is also part of the group. The group meets up regularly. Members also have access to paid support workers if they need more support. The model focuses on getting members to support each other and use natural community supports.
Extra Care schemes	Individuals have their own flat, which they may rent, part buy or buy outright (depending on the specific model). Residences are usually part of a wider development of flats for people who require support and

	may have additional communal space. Ideally, the groupings are kept small to avoid institutionalisation or stigma from the public. Each individual receives the level of support that they want, which may change over time.
Shared Lives (formerly known as Adult Family Placement)	An individual (or sometimes a small number of individuals) lives in a person's home and receives support and accommodation from them.
Shared supported housing	Shared supported housing is the most common type of supported living. It usually involves each individual having a tenancy within a shared house. Housing and support are arranged separately, so that either can be changed if it isn't working, without affecting the other.

Figure 3: Other support models

Family investment and trust funds	Offer advice and support to families to explore and undertake a range of options for investing money for a person's support
Home ownership on the open market	People to either inherit homes or buy on the open market
Low cost home ownership	Support people to access products including Home Ownership for people with Long term Disabilities (HOLD), Open Market Homebuy, Newbuild Homebuy and shared ownership re-sales, and Family funded shared ownership
Private sector rented properties, in particular via Housing Association Leasing Schemes	Enable people with learning disabilities to access the private rental market and organise any support required to live independently
Public sector rented properties	Work with the public sector to offer a range of rental properties which are appropriate to the needs of people with learning disabilities
Residential care	As part of a broader offering, traditional residential care should be available

Research by the Joseph Rowntree foundation identified benefits and potential disadvantages of some of the different types of support. For example, tenancies

with shared communal areas and a dedicated full-time support were associated with “higher overall levels of support and less social isolation, but also less independence”. Conversely, individual tenancies with floating support were associated with “lower levels of support and the potential for greater independence, but also loneliness” (JRF, 2007). These are laid out in Figure 6.

Figure 6: Advantages and disadvantages of different methods of providing housing and support

Shared Tenancies With Accommodation- Based Support	Individual Tenancies With Floating Support
Danger of less individualised support	Fully individual support
24-hour staff cover sometimes possible	Limited number of support hours available each day
Maximum flexibility of support, as staff are always at hand	Difficult to change support hours at short notice
Less privacy/time alone	More privacy/time alone
Less chance of being lonely	More chance of being lonely
Support and housing often managed by the same organisation	Clear separation between landlord and support provider
Possibility of minimizing costs per hour of support	Potentially higher costs per hour of support, because of the need to allow for staff travel time
System suited to the employment of full-time staff – giving greater consistency of support	System suited to the employment of part-time staff – giving less consistency of support

Personalisation and Supported Living

There is some concern that personalisation, particularly when espoused by government, is coded language for ‘cost cutting’ and particularly as there is a lack of evidence of the positive impact of personalisation on the lives of individuals (Ellis, R., Sines, D., and Hogard, E., 2015).

Not only this, there is evidence that personalisation is a particularly difficult principle to apply to the provision for people with learning disabilities (SCIE, 2009), compared to those who are more independent and can more easily take up choices and control of their support.

However, there is evidence that increased choice for people with learning disabilities in where to live, and who to live with is associated with increased safety and reductions in abuse and neglect (Gardner, J.F, & Carran, D.T., 2005). O’Brien also proposes that offering more choice and independence to people with learning disabilities can enable them to reach a level of independence or capability which was never expected (O’Brien, J., 2003). Perhaps most importantly, research shows that people who have learning disabilities, want to

be involved in designing and choosing the services which work for them (Stancliffe, R.J. et al., 2011), (Department of Health, 2013).

Stancliffe et al. (2011) argue that “*policies promoting individualised settings, such as one’s own home or an agency apartment...provide substantially more choice about living arrangements*” than residential care facilities.

One way that this has been made possible in recent years is through supported living, which enables people with learning disabilities to live in their own home, while receiving the support that they require. Supported living has been in operation for more than 15 years, but has become increasingly popular as research and policy have begun to place greater emphasis on ensuring that people who use services are offered greater choice and control (National Development Team for Inclusion, 2015).

Supported living is based upon the philosophy that the individual chooses:

- Who they live with (if anyone)
- Where they live
- Who supports them and how they are supported

Ellis et al. (2015) found in the evaluation of supported living in Southwark that a move from a large scale, block contract to a supported living setting led to “*ongoing improvements in the quality of most people’s lives*”. Proponents of supported living argue that, when it is used effectively, it can be appropriate for people with all types of need, from moderate to profound learning disabilities (O’Brien, 2003).

Another study found that individuals experienced a number of benefits as a result of moving into supported living. These included more space and privacy and increased independence in their activities, access to money, cooking and cleaning, and personalization of their living spaces (Sheerin, 2015).

However, Sines et al. (2012), Sheerin (2015) and Perkins and Berkman (2012) highlight that community living, as opposed to group living can lead to a high degree of isolation. Perkins and Berkman (2012) suggest that this is particularly true for older people, who may be used to living in larger homes and have had less contact with the larger community. Jones (2013) also points out that sharing accommodation does not automatically forge meaningful links between individuals, and cannot be seen as an automatic proxy for friends of choice, suggesting that choosing housemates would help to avoid this.

There is also a risk of residential care services deregistering to become supported living, but continuing to support people in a similar way (National Development Team for Inclusion, 2010). For example, people may be made to live with people they did not choose, or have little choice over the level or type of support that they receive (Duffy, S., 2013). The recently issued CQC guidelines specifically identify this issue, and state that changes in registration will require a significant difference in the service offered.

O'Brien also warns against the assumption that supported living will be less costly than other forms of support (O'Brien, J., 2003), suggesting that cost-cutting should not be the reason for focusing on supported living.

As people are given more choice, in the form of personal budgets, they are moving away from services with fixed levels of support. To adapt to this, services will need to offer more flexible, low level, low cost support (National Development Team for Inclusion, 2010) for example:

- Floating support
- Assistive technology
- Home sharers/support tenants
- Live in Carers
- Good neighbour schemes
- Community Living Networks
- Community Schemes

One example of best practice in personalisation is given by The Department of Health:

Advance Support and Hackney Council are working to empower individuals with complex needs to have more independent lives through shared ownership schemes. They have worked with the Tizard Centre at the University of Kent to try to create better support provision for people in Hackney. They also worked with local housing providers to help them understand the particular needs of the people they support.

One individual with complex needs, Xenia, had lived in a series of residential settings, none of which had worked well for her. It took three years to set up the shared ownership scheme. This included a long period to find a suitable property where Xenia could live by herself and time to explain the concept of shared ownership to Xenia's family, who were very involved in the whole process. Xenia's sister has guardianship of her and signed the mortgage on her behalf.

The new set up is working well for Xenia, and adjustments continue to be made to fit her needs as they change.

Location

Research by the Joseph Rowntree Foundation (2007) identified developing links with the community as a problem area, describing people with learning disabilities living in supported housing as dependent on family members for social networks.

They described a risk that supported living can result in tenants who are “*well supported in practical aspects of day-to-day life (self-care, cooking, housework), but socially isolated*”.

Considering whether the location facilitates links with the local community has been seen as increasingly important (Strong & Hall, 2011). In particular, the ability to make friends of choice, rather than relying on support staff to fill this role, or housemates who have not been chosen (National Development Team for Inclusion, 2010). In the cases where locations are more remote, easy access to public transport becomes particularly important.

Another element which may impact the level of integration is the type of neighbourhood. For example, one supported living project, established in Dublin, found that the large number of young adults who commute out of the area for work and were focussed on raising their families meant that the area was very quiet during the day and lacked a strong community (Sheerin, 2015).

It is important to note that in some cases, enabling people using the services to create links with community may require a degree of positive risk taking, which should be considered in the training of staff and support available (Think Local Act Personal & Sitra, 2015).

Jones (2013) highlights the risk of favouring more rural or isolated areas, particularly for people with learning disabilities who have challenging behaviour. The use of isolated locations is attributed in part to avoiding the perceived risk of upsetting neighbours and also because it can be difficult to find more central locations which fulfil needs such as an enclosed garden or space for staff parking. However, the report stresses the importance of trying to facilitate social inclusion and easy access to local amenities, friends and family.

Design

The Department of Health emphasizes the value of smaller, more personalised settings, particularly for people with behaviour which can be described as challenging (NHS England, 2014).

In general, the trend is towards housing which is more like ‘ordinary’ housing (Jones, E., 2013). For example, housing a number of people who might ordinarily live together, in a setting which is homely, without obvious adaptations. Jones suggest that groupings should be in line with the size of an average household (1-3 people), specifying 1-5 as an appropriate grouping. However, it is also important to take into account the potentially higher staffing need of smaller or individual settings.

In the same vein, homes should appear to be as ‘homely’ as possible, with any adjustments to fit specific needs designed to create as little deviation from the norm as possible. For example, toughened glass (Jones, E., 2013) can improve safety, without looking ‘institutional’.

In accommodation which is shared, design must take into account the appropriate balance between private space and shared space, for example, the

use of en suite bathrooms, and the size of common/living rooms (National Development Team for Inclusion, 2010)

In 2015, Kent County Council released specifications for the development of housing for people with learning disabilities which highlighted a number of requirements to make the designs as effective as possible in supporting tenants to lead independent lives. These included:

- Use of visual contrast (e.g. contrasting doorframes and doors, no use of “swirly” prints)
- Ceilings which can hold hoists
- Room layouts which are practical (e.g. straight line from bed to bathroom) and can be easily adapted to specific needs (e.g. room for hoists over beds)
- Sound proof walls and ceilings to account for challenging behaviour

“Essential” and “desirable” features for factors such as room size, number of flats in a building, bedrooms in a house, size of rooms were also clearly specified and made publicly available for potential developers to view (Kent County Council, 2015).

Assistive technology

A broad range of assistive technology which may be of value to people with learning disabilities is available, including:

- Adapted phones (fewer buttons, pictures)
- Automatic lighting
- Bogus caller panic alarm
- Curtain opener
- Door sensors with voice prompts (record reminders which are played when the door is opened)
- Easy appliances (e.g. washing machines with fewer buttons)
- Epilepsy sensor
- Finger print lock
- Flood sensor
- Magiplug (lets out water if the bath tub is going to overflow or if it’s too hot)
- Medication dispensers

- Panic button
- Telecare phones
- Video entry

There is limited research into the impact of assistive technology on the quality of life or cost of services for adults with learning disabilities. However, one review of a larger telecare study, which included 11 service users with learning disabilities, identified an average annual saving on £20,860 - £23,194 for social care and the NHS and £491-£546 for the NHS (Beazley, M. and Connor, K., 2012). However, it should be noted that this is based on a very small sample size so caution should be taken in interpreting this finding.

A study commissioned by the Department of Health found one service which has spent £10,000 on assistive technology to increase the independence and privacy for 33 people. The investment resulted in a saving of £122,000 from direct staff salaries, and reinvestment of £54,000 back into a mobile night response service thus achieving a net saving of £68,000 (Advance Housing & Support Ltd, 2007).

Another study reviewed the efficacy of a program, Just Checking, which used technology to monitor the level of care given to a sample of 380 service users over 9 local authority areas and with 33 different support providers. The program identified an over provision of care of £1.58 million and an under provision of care of £0.69m. This resulted in an over provision (and potential saving) of £0.9 million per annum (University of Birmingham and KPMG, 2016).

3.3.3 The Process of Designing Services

Co-production

A common theme in guidance materials is the importance of person centred planning, particularly ensuring the people using the service feel ownership of change throughout the process. This includes the development of new services, and personal transitions to new accommodation or a new types of housing support (for example if their accommodation is deregistered).

The Department of Health highlights the importance of directly involving people with learning disabilities and, where possible, their families and friends in designing and delivering services. They provide a case study example of The Health Improvement Partnership project in Norfolk.

The project was put in place to change the way that information about health services is designed, and improve the ways that information is delivered to people with learning disabilities. To do this, the experiences and advice of people with learning disabilities was collected and used to make recommendations.

“To make sure that there was full co-production, a steering group of people with learning disabilities and family carers

was put in place to oversee the project. A series of workshops were planned with a range of commissioners, providers and disabled people to identify the problems and recommend changes.”

The REACH standards set out a series of standards against which to quality assure services, and ensure that any service provision meets the stands for supporting people to have the lives that they want. These are:

- I choose who I live with
- I choose where I live
- I have my own home
- I choose how I am supported
- I choose who supports me
- I get good support
- I choose my friends and relationships
- I choose how to be healthy and safe
- I choose how I am part of the community
- I have the same rights and responsibilities as other citizens
- I get help to make changes in my life

Partnership working

The Department of Health highlights the importance of linking with neighbours to share ideas, particularly before developing new services in order to avoid “*reinventing the wheel*” (Department of Health, 2013)

In one example, Swansea, Neath Port Talbot and Bridgend ‘pooled’ budgets to improve local infrastructure and to prevent out of area placements. They have worked together to create contracts based on evidence based practice and ensure that providers share good practice (Andrew and Jones, 2012).

Furthermore, any changes to service provision must be in line with CQC regulations, meaning that it will be important engage with CQC and guarantee this.

Costings

More traditionally, the potential economies of scale have been seen as a major benefit of large residential services for people with learning disabilities. This has impacted the continuing commissioning of a relatively large number of residential places. In a recent review, Laing & Buisson (2011) noted that in some cases, economies of scale did exist. Based on their calculations, a fully occupied 4 bed residence offers an annual net margin of 6.29% (£11,905), whereas an 8-bedroom house offers a return on capital of 13.82% (£98,358)

However, according to National Development Team for Inclusion, recent studies show that well planned supported living can be as cost effective, if not more so, although the report does not give specific details. (National Development Team for Inclusion, 2010). The Association of Supported Living (2011) describe 10 cases where the development of appropriate supported living scenarios for individuals who previously lived in residential homes or hospital settings had a positive impact for the individual and resulted in a reduced cost for the local authority. In total, the savings over the 10 case studies were over £900,000 a year in public money.

In another case, a provider (Choice Support) were able to make savings of £1.17m over five years after moving to a more personalised programme of care, using Individual Service Funds (ISF's). This involved moving from registered care to a more individualised level of support for each individual, within a supported living environment. This was achieved through a number of operational changes, such as changing staff terms and conditions and revising management structure, but also by deregistering care homes, reducing the number of direct support hours and increasing the use of assistive technology (Ellis et al., 2015)

Preparing Staff

When services are changing, the engagement and involvement of staff is vital to a smooth transition and effective ongoing service (Strong & Hall, 2011). Changes in services are likely to involve a greater flexibility in staffing and the potential to aggregate support. Time must be factored in to prepare staff for this, including offering training and support to bring about the necessary 'culture shift'. There should be regular consultation and communication with staff before, during and after any changes (Strong & Hall, 2011).

3.3.4 Considerations for specific groups of people with Learning Disabilities

Transition

There is a large amount of evidence that many disabled young people and their families do not receive the support that they need during the transition from children's service to adult services. In one study, Clark et al. (2011) identified that 80% of young people with disabilities (including learning disabilities) felt that they needed but did not receive pre-transition help in relation to current or future housing needs. Three quarters of their parents also felt this way.

Clark et al. (2011) suggests two methods of support which have worked previously to prepare young people with learning disabilities to move into supported housing:

- A two-stage housing scheme where young people start off housed in a residential home where they develop the skills and abilities to live more independently in nearby supported living accommodation
- A transition service worked in partnership with Mencap to offer supported living workshops and place young people in supported living housing for short periods as a “taster”

Black and Minority Ethnic Groups

There is evidence that there are high levels of unmet need in minority ethnic families caring for a person with a learning disability (Kirkpatrick, 2011) (Poxton 2011). This is particularly important as it is the statutory duty of health and social care organisations to ensure that there is equality of access and the uptake of services.

In reviewing services, Poxton (2011) suggests that statutory agencies consider:

- How many people with learning difficulties from BME communities are in out of area placements?
- Are there any plans to develop relevant local services?
- Do these plans connect to overall local housing strategies?
- Do resettlement plans affect people from BME communities?
- Is information and advice readily available? Is it culturally sensitive?
- Are specialist and community based housing providers involved?

Kirkpatrick (2011) notes that there are dimension of culture, religion and language which must be considered when looking to offer services which are attractive and appropriate for minority ethnic service users and their families.

For example, family carers who did not speak English were less likely to be aware of the options available post transition. Not only this, in some cultural groups *“parents expressed concerns about the young person being led astray and disregarding religious beliefs and cultural customs in particular settings”*.

Poxton (2011) suggests that to create effective services commissioners must:

- Identify to what degree the current housing offering is appropriate for BME groups

- Work in partnership with local communities, their organisations, and informal networks to communicate the housing options and what they actually mean
- Address the level of demand for specialist service as opposed mainstream services that are flexible and can fit their needs
- Involve BME organisations in the development and, where appropriate, the provision of services
- Avoid making assumptions about how different BME families and communities behave

Old Age

As the wider population ages, so too does the population of people with learning disabilities (Shaw et al., 2011). People with learning disabilities are living longer, but generally experience the aging process earlier, with health problems such as mobility, hearing and visual impairment evident as early as age 40 (Ruiz et al, 2012). As such, there is a high need to offer housing which supports the needs of older people with a learning disability.

Ellis (2014) argues that, just as for other groups of people, people with learning disabilities value “aging in place”, explaining that remaining at home is linked to a sense of security, as well as access to friends and family, independence and health benefits. However, people with learning disabilities are less likely to be involved in making the decision of where they live. Often the decision to move is made at moment of crisis, when the family carer dies or becomes unable to fulfil support needs.

Many adults with a learning disability and their older parents and carers do not make plans for their future (Bibby, 2013). Bibby argues that this is the result of 10 key factors:

- Lack of confidence in present and future provision
- Difficult relationship with professionals
- Mutual care/interdependency
- Lack of information
- Painful/difficult subject
- Carer purpose and identity
- Carer sense of duty
- Service-user fear of unknown (own abilities)
- Carer concern regarding loss of control

- Service-user unwilling to leave home

Bibby suggests that this can be combatted by reassuring families that planning and leaving home does not mean an end to family involvement and by a long-term focus on improving the relationship between families and services, so that they become more trusted partners. Shaw et al. (2011) highlight the importance of effective partnership working between adult social services for the elderly and those for people with learning disabilities in order to offer an effective service.

If moving into housing, both parents and people with learning disabilities in one study expressed a preference for housing that was in large groups and enabled them to live with their peers, particularly friends. They were opposed to the idea of smaller or individual units, fearing isolation (Shaw et al., 2011)

Janicki (2011) highlights the needs to offer individualised support to people with learning disabilities and dementia, based on the idiosyncratic progression of the disease. In terms of service type, Janicki describes two options. First, linear or 'aging in place', whereby care is modified according to each stage of dementia to allow the affected person to remain in the setting for as long as possible. Secondly, sequential in which homes are set up to support a small number of adults for personalised, long term dementia care (not necessarily specialised to people with learning disabilities). They may move from one placement to the next as their dementia progresses, or the staffing and support are adjusted to reflect their changing needs.

Janicki argues that there is no cost benefit to either type of support, stating that the annual cost of care for adults with dementia averages \$US53,320 (£34,157 at 2010 exchange rate) in ID group homes and averages \$US53,220 (£34,093 at 2010 exchange rate) in assisted living homes (based on research published in 2010, focussed on mainland America).

There is little literature available on the quality of care in each type of support. Instead, Janicki highlights elements of the service design as indicative of quality. For example, size; smaller settings allow people using the service to feel at home, to become more involved in group activities and to become more familiar with staff. He also suggests that physical environment is an important factor. As in the case of all housing, it should provide for privacy and safety, facilitate activities and movement and offer gathering places for interaction.

3.4 Conclusion

The literature suggests that there are benefits to offering more person centred, small scale, community integrated accommodation. Common risks such as potential isolation, or an increase in costs must be anticipated and considered in the design and commission of the services. The needs of specific groups such as BME service users and older people must also be considered.

To meet with government and regulation requirements, local authorities must offer a range of accommodation, and support individuals and their families to choose the appropriate support.

Ultimately, services should be commissioned and designed with the needs of service users at their heart, based on the inputs of service users and their families.

4 The current provision of housing in Greenwich

4.1 Key Messages

A majority of people who were interviewed as stakeholders or during site visits mentioned three main points about the current provision of housing for people with learning disabilities in Greenwich:

- **The current housing stock used by the services we visited in Greenwich is of variable quality.** There are some examples of properties which are fit for purpose, and others which either need significant adaptation or are no longer suitable for adults with learning disabilities. Issues with houses most commonly surrounded mobility for older service users, the upkeep and repair of buildings and “*institutional*” rather than “*homely*” design.
- **The way that support is planned and people are placed into services is reactive, rather than pro-active.** The majority of family members felt that they and their relatives did not have an understanding of the full range of options available to them. Commissioners, support services and representative organisations all mentioned that there was an issue with placements happening at moments of crisis, and being a case of finding the best place available, rather than long term planning to develop the optimal support for an individual.
- **There has been a reduction in the level of trust between some service users and their families and Greenwich Borough Council.** A previous strategy for housing for people with learning disabilities was viewed very negatively by some service users and family members who felt that they had not been consulted in the process and disagreed with the proposed changes. This has led to a reduction in the level of trust meaning that some families are suspicious of changes and worry that the new strategy will have negative impacts for people with learning disabilities in Greenwich.

4.2 Analysis of Data Relating to Current Provision

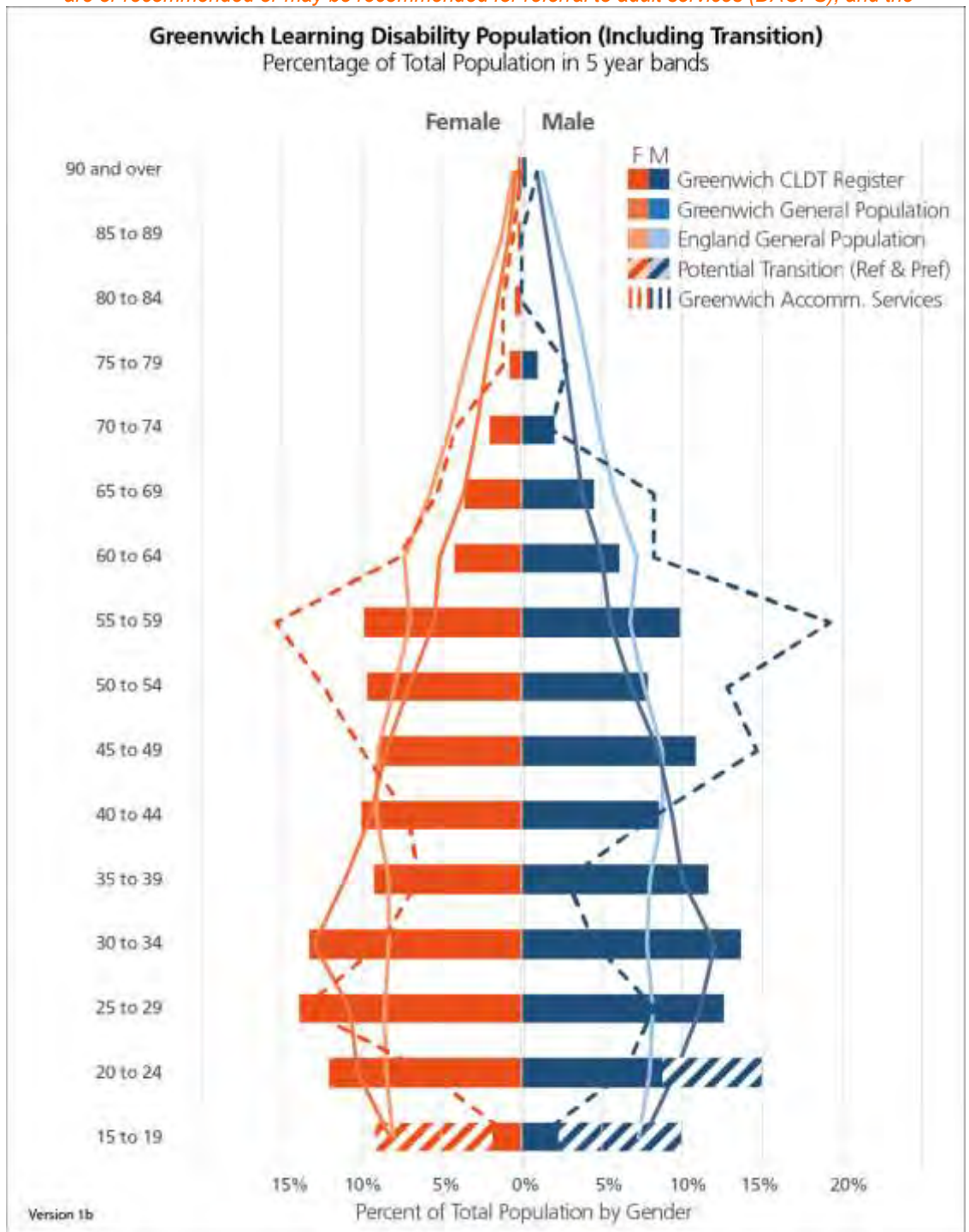
4.2.1 Learning Disabilities Population

There are currently over 900 people listed as having a learning disability in Greenwich (*Snapshot Service Data_Care Pack - Sept 2016*), of which 95% are on the Community Learning Disabilities Team (CLDT) Register.

Data from Impulse, covering people aged 16 to 21 who are still the responsibility of Children’s services, shows that there are 20 people who are identified as having a learning disability who are recommended for referral to the Department of Adult and Older People Services (DAOPS). There are a further 60 people who are possible referrals.

The chart below shows the breakdown of the learning disabilities population by age, with the national and Greenwich data for the general population shown for comparison purposes.

Figure 7: Learning Disability population in Greenwich, including young people aged 15 to 14 who are or recommended or may be recommended for referral to adult services (DAOPS), and the



number of people currently using accommodation-based services.

The CLDT Register provides details on the specific registration category of the people on the register. The most common registration category is Learning Disability (78%), followed by Autism (9%).

The table below shows the CLDT Registration Category for people on the CLDT Register and those defined as having a learning disability on the general client list:

Figure 8: Clients on the CLDT Register by Registration Category

CLDT Registration Category	Percent of Clients
Learning Disability	78%
Autism	6%
Downs Syndrome	5%
Autism with severe challenging behaviour	3%
Mental Health	2%
Physical Disability with associated Learning Disability	2%
Cerebral Palsy	1%
Downs Syndrome with severe learning Disability	1%
Multiple	1%
Asperger's	1%
Non-Specific Diagnosis (e.g. unknown or combined)	1%
Hearing Impairment with associated Learning Disability	0%
Tourette's Syndrome	0%
Deaf / Blind with associated Learning Disability	0%
Visual Impairment with associated Learning Disability	0%

The overall average age of clients on the CLDT Register is 41, but the average age of people with Autism is significantly lower, at 27 (33 with challenging behaviours), whilst the age of people with general learning disabilities is 43.

Figure 9: The average age of people on the CLDT Register by Registration Category

CLDT Register Registration Category	Average Age
Hearing Impairment with associated Learning Disability	50
Non-Specific Diagnosis (e.g. unknown or combined)	43
Learning Disability	43
Mental Health	42
Asperger's	38
Downs Syndrome	37
Physical Disability with associated Learning Disability	36
Cerebral Palsy	35
Multiple	34
Downs Syndrome with severe learning Disability	34
Autism with severe challenging behaviour	33
Tourette's Syndrome	31
Autism	27
Deaf / Blind with associated Learning Disability	26
Visual Impairment with associated Learning Disability	25
Average	41

There is some discrepancy between the ethnic backgrounds of Greenwich people with a learning disability when compared to the wider population of Greenwich with the most marked differences between the proportions of the population defined as 'White' where there is a 13.5% variance. People described as Black

or Black British where there is a -8.1% variance and people described as Asian or Asian British where there is a -3.8% variance. In summary, there is a strong indication that people from the BME communities are underrepresented in data on people with a learning disability in Greenwich.

Figure 10: Ethnicity of Clients

Ethnicity	% as per LD register	% in accommodation services	% as per 2011 Census summary	Variance from Register
White	76%	85%	62.5%	13.5%
Black or Black British	11%	8%	19.1%	-8.1%
Asian or Asian British	6%	2%	9.8%	-3.8%
Mixed	4%	4%	4.8%	-0.8%
Any Other Ethnic Groups	2%	1%	1.9%	0.1%

The table shows the ethnicity of clients by the CLDT Registration Category

Figure 11: Ethnicity of clients by the CLDT Registration Category

CLDT Registration Category	Un-known	Any Other Ethnic	Any British	Asian or Asian British	Black or Black British	Mixed	Not Stated	White
Asperger's			2%					1%
Autism	20%	7%	4%	11%	12%			5%
Autism with severe challenging behaviour		7%		4%	6%			3%
Cerebral Palsy	10%		2%					1%
Deaf / Blind with associated Learning Disability								0%

CLDT Registration Category	Un-known	Any Other Ethnic	Asian or British	Black or British	Mixed	Not Stated	White
Downs Syndrome		7%	4%	9%	6%	10%	4%
Downs Syndrome with severe learning Disability							1%
Hearing Impairment with associated Learning Disability				1%			0%
Learning Disability	70%	71%	85%	70%	67%	90%	80%
Mental Health			2%	1%	3%		3%
Multiple					3%		1%
Non-Specific Diagnosis (e.g. unknown or combined)				1%			0%
Physical Disability with associated Learning Disability		7%		2%	3%		1%
Tourette's Syndrome							0%
Visual Impairment with associated Learning Disability			2%				

There is a notable difference in the ethnic background of the LD population depending on the age group, with a much higher proportion of people with a Black or Asian background in the younger groups, specifically the 18-24 year old group.

The chart below shows the breakdown of the adults with learning disabilities population by age group, covering 18-24 year olds, 25-49 year olds, and 50-74 year olds. The data on the population under 18 and over 75 is too small to provide accurate figures

Figure 12: Chart showing the ethnic background of people by age group



The table below provides the figures used in the chart:

Figure 13: Table showing ethnic background of the population by age group, in percent, compared to the general population (based on 2011 Census data)

	Any Other Ethnic Groups	Asian or Asian British	Black or Black British	Mixed	White
Learning Disability Clients					
18-24	1%	5%	34%	8%	48%
25-49	1%	9%	10%	4%	73%
50-74	2%	2%	6%	2%	88%
Census Data					
16-24	2%	16%	18%	6%	58%
25-49	2%	13%	21%	3%	60%
50-74	1%	6%	5%	1%	86%
Difference between Census and Clients (red shows more CLDT clients compared with census)					
16/18-24	1%	11%	-16%	-1%	9%
25-49	1%	5%	11%	-1%	-13%
50-74	-1%	4%	-1%	-1%	-1%

4.2.2 Learning Disabilities Services

Data from Greenwich for adults with learning disabilities (*Snapshot Service Data_Care Pack - Sept 2016*) identify over 900 people with learning disabilities, of which 72% receive community services, accommodation services or both.

Figure 14: Percentage of people using support services by type

Service Type	Percent of Clients with an LD
Community	41%
Accommodation	21%
Both	10%
None	28%

Included in the Community-based services are people who use Shared Lives services.

Accommodation services in the data provided are broken down into three types:

- **Supported Living services** – unregistered supported accommodation
- **Residential Care** - Care homes registered with CQC to provide personal care without nursing)
- **Nursing Care** - Care homes registered with CQC to provide personal care with nursing

The table below shows the number of people in each service type (based on *Snapshot Service Data_Care Pack* data from September 2016).

Figure 15: Accommodation Types by Percent

Accommodation Type	Percent of Clients
Residential	62%
Nursing	1%
Supported Living	38%

Of the accommodation provided, 55% is within Greenwich, and 45% is outside of the Royal Borough boundaries.

For the purpose of this analysis, we have distinguished between Greenwich, Local and Out of Area placements:

- **Greenwich** – placements made within the boundaries of RBG

- **Local** – placements made within the neighbouring authorities to Greenwich (Lewisham, Bromley and Bexley), which are up to 4 miles from the Greenwich border.
- **Out of Area** – these are placements made outside of Greenwich and neighbouring authorities.

The map below shows these areas.

Figure 16: Boundaries of Greenwich and Local Placements



The table below shows the percentage of placements made within each these areas.

Figure 17: Type of Placement by Location Type

	Greenwich	Local	Out of Area
Nursing	50%	0%	50%
Residential	55%	8%	37%
Supported Living	55%	10%	35%
Total	55%	8%	37%

Out of area placements range from 4 to 226 miles from the Greenwich border. The map below shows the location of out of area placements, with local authorities shaded according to the number of out of area placements that they have.

Figure 18: Locations of placements outside Greenwich and local authorities shaded by number of placements

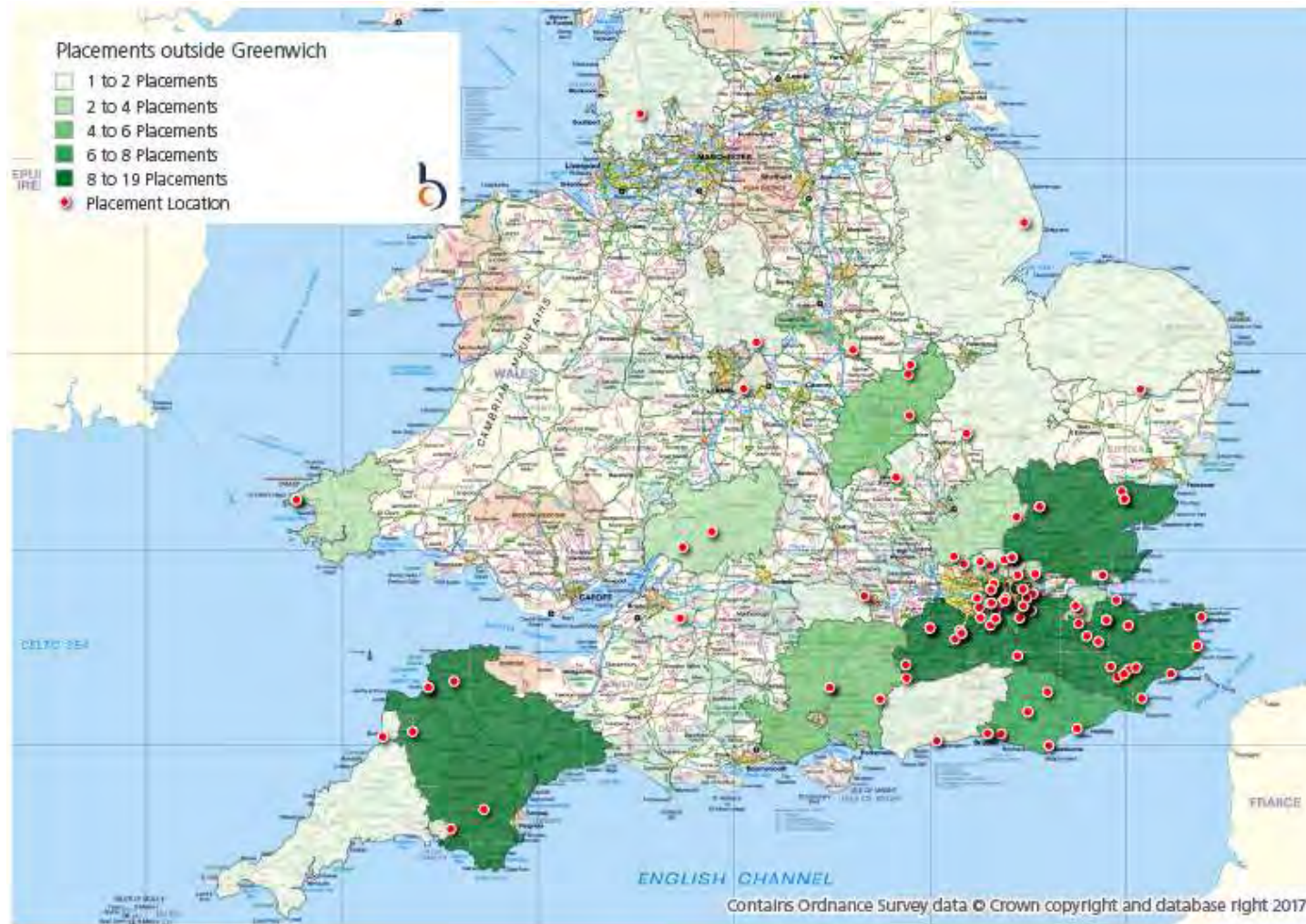


Figure 19 - Out of Area Placements by Type

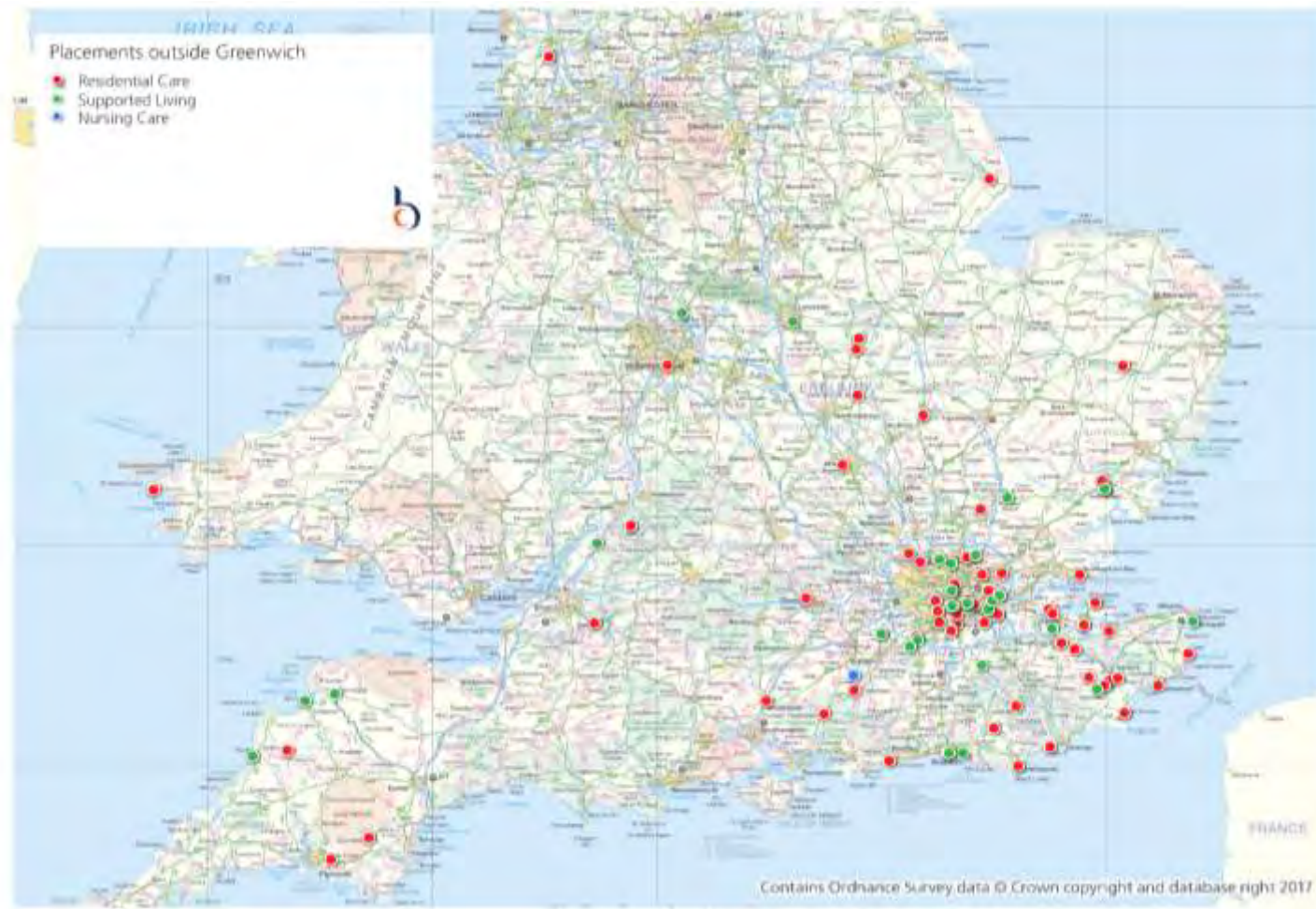
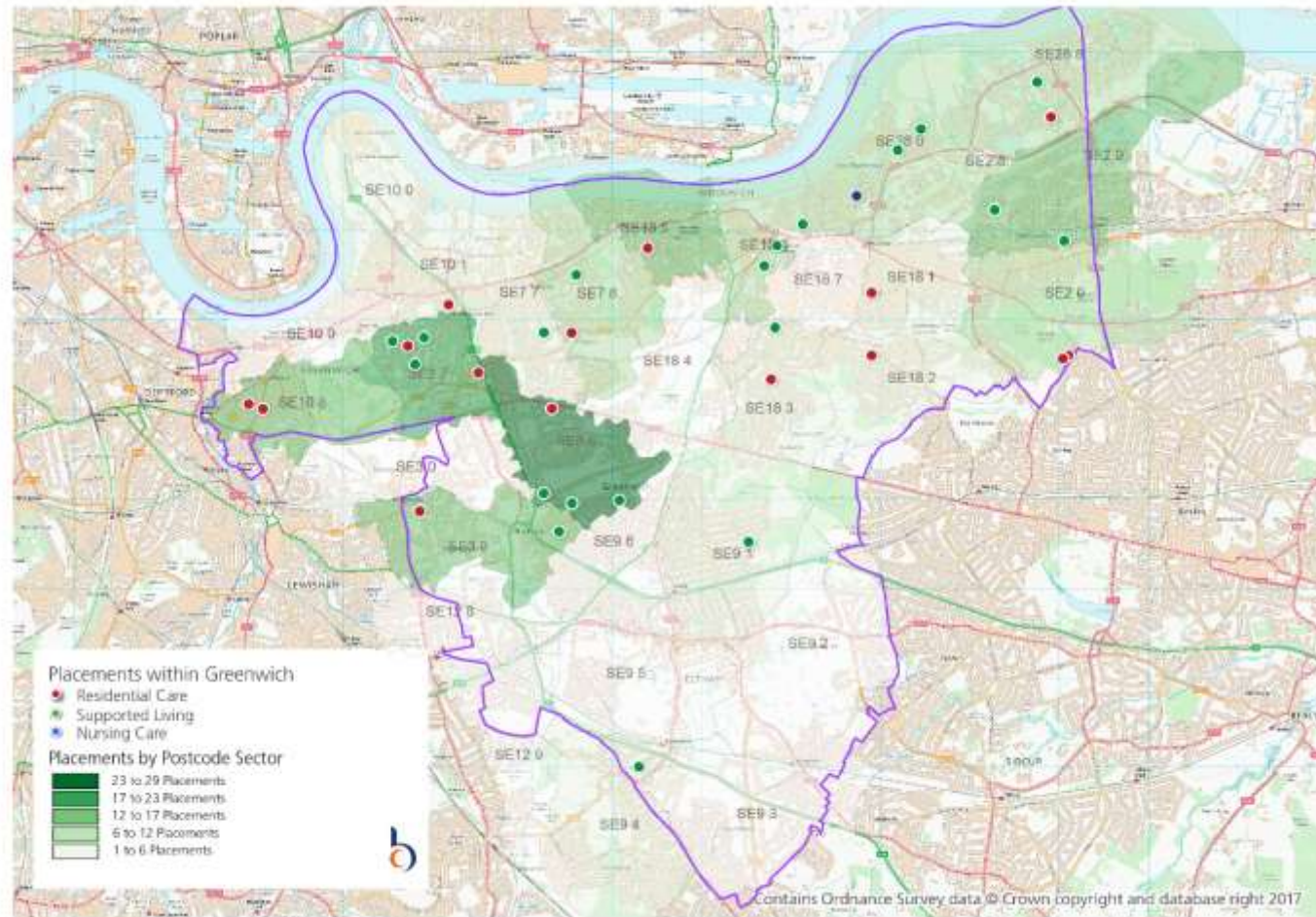


Figure 20 - Placements within Greenwich by Type (Postcode sectors shaded by total number of placements)



The table below shows the number of placements made outside of Greenwich by distance from the Greenwich boundary and type of service.

Figure 21: Distance from Greenwich by type of accommodation service

Distance (Miles)	Nursing	Residential Care	Supported Living	Grand Total
0 to 4 (Local)		16	20	36 (28%)
5 to 9		11	5	16 (12%)
10 to 19		7	6	13 (10%)
20 to 49	1	27	8	36 (28%)
50 to 99		10	2	12 (9%)
100 to 149		3	2	5 (4%)
150 to 199		4	5	9 (7%)
200 to 300		2	1	3 (2%)
Grand Total	1	80	49	130

When looking at the average distance from Greenwich boundaries for non-Greenwich placements, it appears that people with more complex needs are placed further from Greenwich, including deaf/blind clients, those with mental health problems, people with Tourette's Syndrome, and people with autism and challenging behaviour. This is shown in the table below.

Figure 22: The average distance of non-Greenwich services by the CLDT Registration Category

Registration Category	Average Distance (Miles)	Number of Placements
Deaf / Blind with associated Learning Disability	103	1
Mental Health	101	2
Tourette's Syndrome	90	1
Autism with severe challenging behaviour	82	7
Learning Disability	42	85
Cerebral Palsy	30	3

Registration Category	Average Distance (Miles)	Number of Placements
Physical Disability with associated Learning Disability	23	2
Downs Syndrome with severe learning Disability	23	3
Autism	22	14
Downs Syndrome	19	7
Multiple	3	1

Of the out of area placements, three people are listed as being inappropriately placed, and a further two people are appropriately placed but looking for alternative accommodation.

4.2.3 Accommodation Service Costs

Data from the CLDT provides information on the costs of individual placements. The table below shows the average weekly cost of accommodation services.

Figure 23: Average weekly cost of accommodation services

Service Type	Average Cost
Nursing	£1,339
Residential Care	£1,326
Supported Living	£993

Shared Lives services (classified as a Community-based service) cost £345 per week.

There does not appear to be a significant correlation between the distance of a placement from the Greenwich boundary and the cost of the placement.

Figure 24: Distance from Greenwich and cost of placements

Distance from Greenwich (Miles)	Nursing	Residential Care	Supported Living
In Greenwich	£682	£1,377	£1,032
0 to 4	-	£1,063	£906
5 to 9	-	£1,370	£1,273
10 to 19	-	£1,343	£839
20 to 49	£1,996	£1,311	£756
50 to 99	-	£1,332	£1,081
100 to 149	-	£830	£1,191
150 to 199	-	£1,507	£1,094
200 to 300	-	£701	£1,030

The table below shows the unit cost of care and support services for people with learning disabilities across London boroughs. The data come from Personal Social Services Expenditure and Unit Costs data published by NHS Digital. Unit costs are based on the total expenditure on services divided by the number of users of the service in the year. These figures may be inaccurate for community-based services where levels of service and users vary considerably, so they should be treated with caution and the figures will be different from the average cost of placements based on actual placement data used elsewhere in the report.

Figure 25 - Unit cost of learning disability care and support services from Personal Social Services: Expenditure and Unit Cost data 2015/16²

	Domiciliary Care	Residential Care	Nursing Care	Supported Housing	Supported Living
Tower Hamlets	£2,718	£1,864	£2,714	£2,500	£40
Greenwich	£429	£1,781	£2,559	£219	£360
Camden	£851	£1,774	-	-	£511

² <http://content.digital.nhs.uk/pubs/pssexpcosts1516>

	Domiciliary Care	Residential Care	Nursing Care	Supported Housing	Supported Living
Richmond upon Thames	£351	£1,713	£1,243	£660	-
City of London	£6,829	£1,695	-	-	-
Lewisham	£1,053	£1,658	£1,452	£1,115	£0
Merton	£2,851	£1,650	£1,198	£65	£155
Hounslow	£446	£1,640	£612	£22	£481
Bromley	£942	£1,586	£1,883	£264	£1,991
Havering	£3,427	£1,511	£1,153	£17	£67
Kingston upon Thames	£120	£1,508	£2,301	-	£273
Islington	£1,429	£1,498	£785	£2,198	£72
Hillingdon	£1,268	£1,497	£2,133	£1,511	-
Barnet	£537	£1,493	£1,726	-	£117
Redbridge	£921	£1,489	£936	-	£242
Croydon	£493	£1,455	£2,019	-	£966
Haringey	£1,052	£1,437	£531	£541	£32
Ealing	£651	£1,424	£891	-	£184
Harrow	£140	£1,392	£948	£1,918	-
Bexley	£386	£1,349	-	£46	£443
Hammersmith and Fulham	£787	£1,338	-	£28	£246
Wandsworth	£132	£1,328	£1,589	£110	£223
Waltham Forest	£306	£1,306	-	£1,032	-
Southwark	£511	£1,303	-	-	£622
Lambeth	£1,103	£1,300	£1,455	-	£370
Sutton	£831	£1,257	£1,853	£67	£530

	Domiciliary Care	Residential Care	Nursing Care	Supported Housing	Supported Living
Newham	£376	£1,217	£523	£1	£210
Hackney	£1,442	£1,202	£838	£36	£432
Westminster	£5,504	£1,176	£1,696	£6	£297
Kensington and Chelsea	£148	£1,120	£2,086	£683	-
Barking and Dagenham	£371	£1,116	£958	£21	£313
Enfield	£637	£1,042	£920	£294	£4
Brent	£384	£1,033	£726	£869	-

4.3 Stakeholder Interviews

Cordis Bright conducted interviews with stakeholders from 4 different groups, regarding their views on housing in Greenwich now and in the future. These were:

- Council employees with a role in the commissioning of housing for adults with learning disabilities
- Voluntary organisations, active in Greenwich representing people with learning disabilities
- Support providers
- Housing providers

The resulting analysis from groups 1-3 are written up here and in 5.2. The interview conducted with a housing provider (4) has been amalgamated into work conducted by Golden Lane Housing.

As a result, eight interviews and one three-person focus group were conducted. The topic guide used during the interviews is available in Appendix 3.

4.3.1 Council Employees

Cordis Bright interviewed two council employees, both directly involved in the commissioning of services for people with learning disabilities. Both of the council employees were of the view that Greenwich's housing for people with learning disabilities requires significant changes, both in terms of the housing stock, and the way that services are commissioned and provided.

They were both aware of the negative impact of a previous iteration of the housing strategy for people with learning disabilities. They hoped that the more inclusive approach to developing the new strategy would ensure that it was accepted by service users, family members and staff more readily than the previous version, despite knowing that some difficult decisions were going to have to be made, particularly around the potential closure of some residences.

Current Housing stock

Both of the individuals interviewed considered some of the current housing stock to be no longer suitable for the needs of service users. The needs of service users are changing, both as individual's age or new people come into services, and as good practice is updated and expectations shift.

For example, accessibility was raised as an issue, particularly with regards to the aging population residing in properties. Narrow stairways and corridors and split-level floors were given as examples. They also stated that some of the properties had a more institutional than "homely" feel and that in a lot of cases, the properties needed repair work and upkeep.

Comments about specific residences are recorded in the following table:

Figure 26: Council stakeholder's comments on specific properties

Property	Council Stakeholders' Comments
167 & 169 Lodge Hill	Located in a quiet, peaceful area, but this leaves people very reliant on transport. This suits some people a lot better than others.
69 Coleraine Road	A very nice building but with a number of issues, such as cracks in the walls, and unusable showers.
75 Ashburnham Grove	It is in a nice area, but the building feels more like an institution than a home and is difficult to navigate. A lot of work would be required to update it.
The Gables	The Gables is a priority to change. It has a beautiful property with large grounds, but there were questions about its suitability as a home for people with learning disabilities. It is also very expensive to maintain. However, the complex arrangement between the council, the service provider (mcch) and the NHS trust which owns the building has hampered previous attempts to sell the property.

Housing and support providers

Both stakeholders reported that the "day to day" relationships with housing and support providers worked relatively well. They described regular meetings with providers, but one suggested that these could be used more effectively to ask questions such as:

- What other good practice is there?

- What do you have in other areas which is good? Can we use it here?
- Would you like to be developing more in Greenwich?

The stakeholders suggested that Greenwich could be more proactive in creating strategy and engaging housing and support providers in delivering it. They also suggested that the bureaucracy within Greenwich could be nimbler, making it easier to adapt and develop. For example, a previous project focussed on capital development failed because of the demands from finance.

One highlighted that the largest problems with housing providers was with properties owned by the council or the NHS. For council properties, there has been a reluctance to invest because of the high degree of uncertainty about the future of the properties. However, in some cases there has been minimal investment for over a decade.

Problems with properties owned by the NHS relate to the transfer to primary care trusts five years ago. There are unresolved questions around the transfer of capital assets and the Clinical Commissioning Group's ongoing responsibilities to pay towards rent and care and support costs. The council has contacted the NHS repeatedly but have been unable to get responses to their questions. Currently, mcch, who manage the properties, are not paying rent but are unsure of if this will change in the future.

The Gables property has been particularly challenging. It is held in trust (we are advised) by the NHS, after having been left for the benefit of the people of Greenwich. In the original contract with mcch, the agreement was to sell the Gables and reinvest the capital into other services. However, this has stalled due to the difficulties in "*untangling*" the legal aspects of selling the property.

One stakeholder also described issues with the relationship between the council and some housing providers, with regard to the ongoing upkeep and repair of properties.

In terms of service providers, one stakeholder praised the relationship between the council and a major service provider, mcch, describing it as a "*really good relationship*". However, they also described issues with GLO, particularly surrounding staffing models. The individual described difficult relationships and conflict between managers and staff and trade unions when attempts were made to modernise the way services were run. For example, a manager's attempt to change staff rotas to split up more experienced staff led to trade union involvement and was only resolved after the council became involved.

Another issue raised by both stakeholders was a "race to the bottom" in terms of staff salary as a way to reduce the cost of services. This has had an impact on the quality and retention of staff.

The Commissioning of Services

Both council employees stated that there was potential to be more innovative in the way that services were commissioned. One described how the current

process can lead to very “*traditional*” outcomes for people, specifically entering residential care.

In recent years, there has been a shift towards supported living from residential care. At this stage, most of the “*low hanging fruit*” changes have been made, but Greenwich has not yet reached its target of no more than 40% of service users with learning disabilities in registered care. The split is currently around 50:50 between registered care and supported living.

Both of the stakeholders discussed how, with time and a personalised approach, they believed that more people were capable of living more independently - particularly through supported living. One stakeholder explained how the council could make better use of personal budgets to create personalised care packages. The council are in discussions with mcch about moving away from block purchasing of residential care towards supported living.

Expectations of service users and families

The council employees interviewed stated that family members and service users were generally happy with the services that they receive, even in the cases where the stakeholders felt that the services were not appropriate. One interviewee also noted that people do not just value the service, they value the people working with their relatives. They are prepared to put up with a lot of issues because they are satisfied that their relatives are properly supported. The environment is not necessarily their primary concern.

One interviewee also stated that it would be very important to educate service users and family members on the types of options which are available to them, as some may be happy with the services simply because they don't know what else is a possibility.

However, both of the stakeholders interviewed were acutely aware of the negative impact of the previous housing strategy on relations between family members and service users and the council. They stated that the previous attempt had angered some people because they felt that they hadn't been listened to, and that the changes would not have been at a pace which worked for them. People felt that the process was focussed on saving money and stripping back services.

One stakeholder explained that because of the negative feelings created by the previous attempt, there have been only minimal changes to the approach to housing in the intervening period, to avoid further damaging trust. Both saw the new strategy as an opportunity to move on from this and begin carrying out changes in a way which was less objectionable to service users and their families.

4.3.2 Greenwich Living Options (GLO)

Cordis Bright interviewed two representatives within Greenwich Living Options (GLO), Greenwich Council's support provider. The individuals had experience of

supported living, registered care and shared lives, all of which are offered by GLO.

Both GLO representatives had mixed views about current housing provision in Greenwich. Considering GLO services specifically, they stated that some properties were in better condition and more fit for purpose than others. Ashburnham, Eliscombe and Charlton Lane were mentioned as having issues.

Both stakeholders were particularly positive about the shared lives service and considered it to be a cost effective and valuable service.

The Current Provision of Housing

GLO runs 3 supported living properties and 6 residential homes, housing 42 people in total. In the past GLO worked in more properties (around 14-15), but these have closed in recent years. Originally the properties were well spread across the borough, but are now concentrated around Woolwich, Charlton and Greenwich.

Both GLO representatives described the variety in the quality of the housing stock used by GLO. For example, some of the properties are “nice and very well maintained”, whereas others are no longer fit for purpose, such as Ashburnham which is in a bad condition. Others, such as Elliscombe Road, are not suitable for older people who have mobility issues and Charlton lane “*doesn't flow very well*”.

Both individuals also valued the location of properties, explaining that a large number were in leafy suburban areas with good transport links. However, two properties (167 & 169 Lodge Hill) are clustered in a learning disability community site which used to be hospital site. The site has become associated with adults with learning disabilities, meaning that although it is visually attractive it is less desirable because it is less integrated into the community.

They also raised issues about the suitability of accommodation for younger people, highlighting that currently most GLO homes house older people, and would therefore not be attractive to a younger person. The majority of residents in GLO services are also white. One stakeholder highlighted the need to develop services in Greenwich which meet the needs of black and ethnic minority groups, particularly Asian people.

Relationships with housing providers

One GLO representative noted that there have been significant difficulties in the past in pushing housing providers, to pay for repairs or updates to properties. For example, replacing a kitchen in one property took years. The stakeholder explained that the problem stems from ambiguity in the contracts as to whether responsibility fell to GLO or the housing provider. In the past, the council had employees responsible for reviewing contracts, but this currently falls to social care managers, who are less adept at ensuring the contracts are satisfactory.

Shared Lives

GLO's shared lives scheme currently supports 40 people in 35 residencies. Both stakeholders described shared lives as a cost-effective service which offered personalised support to service users.

However, one stakeholder described difficulties finding carers within Greenwich due to the high cost of living and the stagnation in wages for carers (there has been no significant increase in the last 7 - 8 years). Currently, around half of the shared lives placements are out of borough, although the majority are in nearby boroughs such as Kent, Sidcup and Lewisham.

One individual commented that because of the relatively small size of shared lives within the total offering for people with learning disabilities, it was sometimes "lost" among bigger, more complex services which require more focus and energy. They also felt that commissioners were sometimes wary of shared lives because it is less predictable in nature than other services (due to the reliance on finding individuals who want to be carers, and creating the right matches between service users and carers, it is impossible to predict exactly how many placements will be created by any investment).

They mentioned that shared lives is growing at a national level, but the growth is based on the fact that some local authorities have "really embraced it". For shared lives to continue to grow in Greenwich requires the support of senior managers and commissioners.

4.3.3 Representative Organisations

Cordis bright conducted interviews with three representative organisations; Greenwich Advocacy, Greenwich Action for Voluntary Service and Mencap. Also, one focus group with two employees and one service user from the Greenwich Carers Association.

The level of knowledge which participants had of the housing and support available to people with learning disabilities varied. For example, one charity worked mainly with people with mild or moderate learning disabilities, who generally did not live in residential care or supported living. However, in all cases, the stakeholders were concerned about the impact of the strategy on the care and support that their service users would receive. They were worried that the strategy would result in services being cut and support being reduced, and were looking for reassurance that this would not be the case.

All the individuals interviewed had criticisms of the current provision of housing and support. These centred around two issues:

- That the process to plan housing was reactive and crisis driven, rather than based on long term planning
- The strategy would lead to a significant increase in the use of supported living, which would not offer the level of support which they felt was necessary for their clients.

Current provision

A stakeholder with significant knowledge of the current housing provision described how the “*name and philosophy*” of services have changed over time, but “*the elements of the old school remain the same*”. They felt that the way that current services (both supported living and residential care) are run does not enable independence (for example teaching people to cook) but rather works in the way which is most practical for staff and the provider.

One stakeholder was particularly worried about the level of support that people who lived in their own flats could expect to receive. They explained that for a lot of people with learning disabilities, tasks such as reading instructions or using the microwave were not possible, making the day to day tasks of living independently very difficult. They described how as a result, some of their clients have very poor diets and become obese. They stated that a better process for defining the level and type of care which is required by each individual is necessary to avoid this.

The majority of the stakeholders mentioned that parents who have children with learning disabilities living at home are worried about what will happen to their children after they die. They worry that there is no long-term planning in place for their future, so they do not know what will happen and they could be left without support or be placed somewhere which is unsuitable.

One stakeholder explicitly described how people are forced to make decisions when something changes. For example, when their carer dies, and this results in moving into “*the best home available, not the best home*”. They also described how many of their younger clients would like to move into a house with groups of friends, but that this is very difficult to organise within the current system.

For people with learning disabilities who live independently in council properties, rather than in supported living or residential care, one person interviewed described another set of challenges. These included:

- Difficulty getting repairs done to properties. For example, one client has had a collapsed bathroom ceiling for over three months.
- Fears around safety stopping them from accepting living in some areas where they may be placed by the council
- Inability to conduct the bidding process required to secure a council house

4.4 Site Visit Interviews

4.4.1 Introduction

This section presents findings from site visits which were conducted at 12 MCH and GLO properties for adults with a learning disability between December 2016 and January 2017. It focuses on the comments given by service users, family members and staff regarding the current provision of housing. The future

provision of housing is explored in Chapter 5, The future provision of housing in Greenwich.

4.4.2 Service Users

Service users were generally happy with their accommodation. They liked the staff and the house. Most service users lived with people they liked, or at least with people they did not dislike. The largest issues surrounded mobility, a significant proportion were struggling to navigate stairs in homes without lifts, or access baths. Some also struggled to leave the house due to difficulty using public transport or walking on the steep hills around their home, which restricted their access to the community.

Day to day life

Service users described a broad range of activities that form part of their daily lives, ranging from BMX biking, to picnics, to dance and music classes. The majority of service users chose to go to day centres, others “*prefer to do [their] own thing*”. Service users, particularly those in supported living, often described their role in the day to day running of their homes, for example, helping with the cooking and cleaning or going to the shops to buy groceries.

In all cases, service users had their own rooms. A minority of people chose to spend a lot of time in their rooms, watching TV or sitting quietly. The main attraction to this seemed to be that it was quieter than the communal spaces. Others preferred to spend most of their time in communal spaces.

Relationships between service users

In the majority of cases where it was discussed, the relationship between service users varied between “*being used to each other*” through to friendship. In one residence, there were examples of residents who did not get along. There were no cases of people choosing who they lived with.

Relationships with Staff

Without exception, the service users we spoke to appeared to have good relationships with the staff. However, in the majority of cases staff were present during the interviews and in many cases, they were actively involved in prompting or supporting communication with service users.

Choices and Preferences

The level of choice varied. The majority of residents had some degree of choice over decoration of their rooms, or the whole house. The majority of residents spoke about the activities which they chose to do. However, for a significant minority of residents, there were issues with being able to do the activities that they liked because of a lack of staff time.

Positive views

A significant majority of the service users we spoke with were happy with where they lived. They liked the staff and the people they lived with. Service users who were able to express so, were positive about the homes that they lived in and the activities in which they participated.

Even when issues were apparent, for example, a need for repairs or decoration, service users did not mention it.

Negative views

A minority of residents (who were all older people) described difficulties manoeuvring within their homes, particularly as a result of having bedrooms which were only accessible via stairs. Another mentioned difficulty accessing the bath. Others described having difficulty walking on the street outside, which was steep and narrow or an inability to use public transport

4.4.3 Family Members

Family members had a relatively pragmatic view of the current state of accommodation in Greenwich. They recognised that the accommodation is not perfect. Particularly in the case of older buildings such as The Gables and Ashburnham. There are elements that they dislike, such as the long corridors and stairs. However, for the most part they like the staff and the support which their relative received, and worry far more about the impact of changes in the future than about the current model.

Family members also have a lack of knowledge about other options for their relatives. They were unlikely to have had much choice in where their relatives reside and have not seen other properties within Greenwich or heard much about other types of care which may be suitable (for example, supported living or shared lives). When discussed, they were often suspicious that other models were simply a way for the council to reduce costs and would lead to a lower level of support and increase the risk of isolation.

The accommodation

Family members' views of the accommodation varied. In the cases of The Gables and Ashburnham they recognised that the housing needed significant renovation and repair. For example, new windows or carpets. In other cases, such as Lodge Hill and Arnold House they were happier with the housing.

Unsurprisingly, the newer, purpose built locations such as Royal Hill were viewed as having less issues. Whereas parents with relatives at Ashburnham and The Gables recognised that the lack of lifts, the long corridors and general layout were less than ideal.

Family members were more positive about the location of accommodation. Properties such as Ashburnham and Royal Hill, in particular, were viewed positively by family members because they were on leafy, suburban streets in

“nice” areas. In other cases, family members reported that their relatives lived relatively close by and were easy to visit.

In general, family members had a relatively stoical approach to the accommodation, often describing it as not perfect, but good enough. While they mentioned specific improvements that they would like to see (for example, making it homelier or adding en suites) they were more interested in ensuring that the level of care was appropriate and that services did not close than in significantly changing the design or décor of accommodation.

Care and Support

The majority of family members were positive about the care and support that their relatives received. They described the support workers as caring and explained how the service users had built trusting relationships with them.

The main issue which came up concerned continuity of care and quality/quantity of communication relatives received. Turnover in staff meant that there were often staff who did not know their family member’s needs and communication with relatives was hindered. Some family members also noted a shortage of staff, which had affected the service users’ ability to do things such as go out as much as they would like.

Choice and Control

In almost all cases family members had not been aware of alternative choices of housing when being shown accommodation being offered. Consequently, there was less choice or control about where their relative lived. For the most part, they had very little idea of what other options were available within Greenwich or elsewhere.

Family members also felt as if they had very little control or choice in the future of their family member’s care. They feared that services could be closed down at any time, leaving their relative with nowhere to live, or being forced to move somewhere they did not choose or like.

Relationship with the council

The majority of the family members interviewed had a very negative view of the council and the process of developing or changing the housing strategy. This was mainly based on the previous accommodation strategy, which they reported was poorly thought out and badly handled. They fear that any changes in the strategy mean that their services may be closed, leading to high level of change and uncertainty for their relatives.

4.4.4 Staff

Staff were more aware of the issues with the current accommodation than either service users or family members. This may be because they are the most likely to experience or notice the problems which result from issues with the building,

location and upkeep or because they are more aware of best practice and other options for housing people with learning disabilities.

The biggest issues that they raised were around mobility and the changing needs of service users. The majority of the sites visited supported older people, who were struggling, or likely to soon struggle with activities such as climbing stairs or getting in and out of baths. GLO³ in particular also experienced problems surrounding the upkeep of properties. Repairs were slow, and there were often difficulties in getting some landlords to carry out repairs.

Staff also reported that the process to organise support did not always result in service users being placed in the most appropriate homes. Staff who reported this suggested that the process needed to be more long term, rather than a response to an immediate need, such as a carer dying. They also suggested that compatibility needed to be more strongly considered in the process and service users and their families needed to be made more aware of the different options for support available to them.

Quality of the Buildings

Staff's views of buildings fall into two broad groups: (1) those who reported that the services were inappropriate for the current or future needs of current service users and would need very significant adaptation, and (2) those who stated that the residences that they worked in were generally fit for purpose, but that there were small adaptations which could make them better.

Examples of homes which were seen as inappropriate for service users' needs included:

- Staff at Royal Hill felt that the open plan layout of the building was not working for some service users as it meant that there was no quiet space outside of bedrooms.
- Staff at Erindale described significant issues with the service users all sharing one bathroom and the small size of bedrooms.
- Staff at the Gables reported that the building was inappropriate for use as a residential home for people with learning disabilities due to the number of stairs, long narrow corridors, the small bedrooms and institutional feel.

Staff at residences such as Charlton Lane and Wilmount Street were generally more positive about the buildings, describing them as generally fit for purpose. They suggested specific improvements such as wider doorways at Charlton Lane, or a second lift at Wilmount Street.

The issues most commonly mentioned by staff were mobility and space. In the majority of the residences visited, the service users were middle aged or older.

³ Greenwich Living Options – Support Provider run by Greenwich Council

Staff were aware that residents or tenants were either already experiencing issues with mobility, or likely to in the near future. This included:

- Struggles with stairs in properties without lifts
- Difficulty accessing baths and showers
- Mobility outside the property, such as steep hills or pavements which are not suitable for wheelchairs

In some cases, staff reported that adaptations such as lifts or rising baths would be enough to enable residents to remain the property. In other cases, for example, Elliscombe and Coleraine, staff stated that it was likely that the residence would not be appropriate for service users as they aged and should probably only be used for service users without mobility problems.

In terms of space, staff often reported that there was not enough space for wheelchair users, for example, wheelchairs being stored in the lounge rather than bedrooms because of a lack of space, or doorways which were too narrow for wheelchairs. Space more generally was also an issue in some houses. For example, specific rooms being very small and therefore difficult to find residents to fill, or communal areas which were too small to fit everyone with their wheelchairs.

On the other hand, staff also mentioned some positive elements about residences. When houses had lifts or en suite bathrooms, staff often highlighted the positive impact. Garden space was also highlighted as a benefit.

Upkeep

The level of upkeep was raised as an issue in the majority of site visits. There were two main elements. First, specific repairs ranging from replacing lightbulbs to fixing roofs and windows. In the majority of cases (both GLO and MCCH) where repairs were discussed, the process was described as slow and infuriating. For example, a broken garden wall at Elliscombe took over a year to be mended. The windows at Ashburnham have required replacement for some years, but this has been repeatedly delayed due to uncertainty about the future of the property.

In the case of GLO properties, staff often attributed the problems to a specific housing provider. They described issues with the process to request repairs, which sometimes required that the service contact contractors directly, as well as problems with the repairs themselves. For example, one house had been having problems with the showers for months, another was having ongoing issues with the heating. The procurement process to replace items was also described as slow.

Similar problems were also described by some mcch⁴ properties. For example, at Wilmount Street, the housing provider A2 Dominion⁵ were described as slow to address issues.

The other element of upkeep which was often mentioned by staff was cyclical maintenance. Staff reported that there was too little investment in the ongoing upkeep of the property, for example, redecoration of communal areas or the refurbishment of bathrooms or kitchens. In many houses, staff were unsure of when this was last done. They described the properties as “run down” or “in need of some TLC”. There were some exceptions to this, for example, the staff at Charlton described how it was redecorated every 5 years, with inputs from the service users.

Whilst there were issues with maintenance there was evidence that there had been investment in providing level access and specialist bathroom equipment; in response to the needs of aging residents.

Location

Most staff were positive about the location of services. They were generally described as close to the community, offering access to shops, healthcare and activities. In some cases, there were issues with mobility, for example, the steep hill outside of Elliscombe Road, which were difficult for older residents to climb, and the bad pavements around Charlton Road, which were difficult for wheelchair users.

Organising housing support

Views on the way that support was organised varied. Some described the process as thoughtful and thorough, and stated that it ensured that service users were placed in the right residence for them. Staff at a significant minority of the residences mentioned problems with the current process to organise appropriate accommodation for people with learning disabilities. Based on their personal experience of filling empty rooms they often raised concerns that the process did not give service users enough choice over where to live. They also described the importance of “fit within” the house, and in some cases reported that they had had to actively push back against the council to stop people who would not fit with the service being placed there. For example, a young man being placed in a service filled with middle aged and older men.

On the other hand, some residences had rooms which they had been unable to fill for significant periods of time. For example, at Coleraine Road. Smaller bedrooms in some locations were vacant for some time and staff felt they would probably never be let.

⁴ Support Provider

⁵ Social Housing Provider

A small number also questioned whether there were enough services for younger people. They described how the needs of younger people were likely to be different, for example, the need for Wi-Fi, the willingness to use assistive technology and more access to the community. They reported that there were significantly more places which were appropriate for older people, and not enough for young people.

Level of Support

For the most part, staff were positive about the quality of the care given to service users. In some cases, the staff reported that service users were not able to live life as independently or fully because of the level of support. For example, at Royal Hill some residents would like to be out in the community more, but reported that there were not enough staff to support them. Some properties had a dedicated vehicle which was not used as frequently as it could be due to lack of qualified drivers.

Some staff also flagged that service users' needs were likely to increase in the future, for example, as dementia progressed or mobility reduced, and that the level of care required was likely to increase in the near future.

4.4.5 Site Specific Feedback

To better understand the current services, the key points from interviews at each site are detailed in the table below. The content is based purely upon feedback given by service users, family members and staff at each location and as such, is based upon personal opinions. The level of detail varies significantly based on the number of interviews conducted and the depth of the interviews that we were able to achieve.

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
10 & 14 Wilmount Street	MCCH Supported Living	<ul style="list-style-type: none"> The building has positive aspects such as the garden, individual bathrooms, and homely decoration. The service users get on well. Some service users have grown in independence since moving to Wilmount Street from registered care. Very central for access to shops and other facilities A lift in one of the two adjacent properties 	<ul style="list-style-type: none"> There may be mobility issues for tenants on the first floor as they age and begin to struggle with the stairs. The housing provider, A2 Dominion can be slow to fix issue. 	<ul style="list-style-type: none"> A lift for the 'other' semi Improve the speed at which things are fixed

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
101 Royal Hill	GLO Registered care	<ul style="list-style-type: none"> The building is spacious and wheelchair accessible, including a wheelchair accessible lift to the upstairs bedrooms. Each room has its own bathroom with a shower. There is a garden which residents enjoy in the summer. The house is well located, close to the shops, the pub and Ashburnham. Service users decorate their own rooms, and are asked about decoration for communal areas. 	<ul style="list-style-type: none"> The house is not very homely, it feels like an institution The layout does not work for residents - the only space outside of the bedroom is a large kitchen diner, where everyone is grouped in together - there needs to be quiet room for people to "do their own thing". This is particularly important as the environment is often noisy and some residents are very sensitive to noise. The area is residential, meaning that service users must use a car or minibus to get to activities and places of interest. It is very hard to manage repairs and upkeep with one particular housing provider. For example, there have been a lot of issues with the showers which are still not fixed. At one point, there were so few working lightbulbs that it became a safety risk. The whole location is wheelchair accessible, but 	<ul style="list-style-type: none"> Create a more welcoming and homely feel (this may require a differently designed building). Add more sensory aspects, particularly for autistic service users (for example, textured walls). A rising bath for residents who struggle to use the shower.

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
			<p>most of the residents do not need this - some staff question whether the house could be better used supporting people who had mobility difficulties.</p>	

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
1-3 Samuel Close	MCCH Registered care	<ul style="list-style-type: none"> The building is well maintained 	<ul style="list-style-type: none"> There are some issues with accessibility. The bungalows are not designed for larger specialist wheelchairs and the bedrooms and bathrooms are quite small for service users who have high needs. Some of the door thresholds are not level access, leading service users to trip. No 1 is occupied by up to seven people with autism and challenging behaviour. Having so many people together in one shared has been causing friction. At No.1 there is a lack of separate spaces to do activities At No.1 the vacant bedroom is small and hard to let. No 1 can also get very cold in the winter. 	<ul style="list-style-type: none"> Bigger rooms. Wider doorways. Turning areas for the wheelchairs. Stop using the smallest bedroom as nobody wants to live there.

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
167 Lodge Hill	GLO Registered care	<ul style="list-style-type: none"> Staff think this may be the only location in the borough which specialises in elderly and high support needs. The location is quiet and peaceful, and some residents have family nearby. There is a new wet room, which has made a big impact. The service shares a handyman with a day service and he has been able to do some redecoration recently. 	<ul style="list-style-type: none"> The largest issue is with space. The lounge/dining room is too small to fit everyone and their chairs. The doorways are too narrow for the wheelchairs and to move trolley beds in and out of rooms. The staff sleepover is a fold out bed in the office. The location is also isolating as there is no community nearby (it is on a hospital site). 	<ul style="list-style-type: none"> A second lounge or sensory room. More space for activities in the house.
169 Lodge Hill	GLO Registered care	<ul style="list-style-type: none"> Unlike other properties, the staff at Lodge Hill described a specific housing provider which had received criticism elsewhere as prompt with repairs. 	<ul style="list-style-type: none"> As with 167, the largest issue at 169 is space. There is not enough space in the dining room and the rooms are relatively small for a wheelchair user. As with 167, the location is also an issue because it is not a normal residential area (on a hospital site). 	<ul style="list-style-type: none"> A second lounge. As people age they will need ground floor rooms.
58 The Village	GLO Registered care	<ul style="list-style-type: none"> The location is good, close to local shops where the service users are known. 	<ul style="list-style-type: none"> It is hard to involve service users in choices about the house because everything comes from a pre-agreed procurement list. 	<ul style="list-style-type: none"> En suite bathrooms.

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
		<ul style="list-style-type: none"> There is a lift to the first floor (this does not serve the second floor). 	<ul style="list-style-type: none"> There are ongoing issues with the heating on the top floor. 	
30a Charlton Road Blackheath	GLO Supported Living	<ul style="list-style-type: none"> The building is fit for purpose. It is over one floor and has wide hallways and doorways and large rooms. The building is redecorated regularly and service users and their families are consulted about the decoration. The location is also good as it is close to the GP and shops. The residents get on well, and fit is strongly considered if new people are moving in. 	<ul style="list-style-type: none"> There are high work surfaces in the kitchen which mean that the service users, who all use wheelchairs, cannot use them. The pavements around the house are bad, which makes pushing wheelchairs difficult. 	<ul style="list-style-type: none"> Widen some doorways. Assistive technology such as doors which service users could open themselves and hot water dispenser so that they could make their own hot drinks. The service users are getting older. Staff will need training on dementia and end of life care to support them. A sensory garden or room. Improvement to the surrounding pavement surfaces.

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
69 Coleraine Road	GLO Supported Living	<ul style="list-style-type: none"> All the bedrooms have a shower or sink. However, the showers are not used. Resident are supported to make decisions about the decoration of the home. There is also a garden, which service users help to weed and keep tidy. The location is close to shops, the cinema, pub, cafes and the GP, although it may become less practical as residents become less mobile. Service users get on well, and some have family nearby who visit. 	<ul style="list-style-type: none"> The building is not fully fit for purpose, as the bedrooms are too small for hoists and there is no lift. As a result of accessibility issues there has been difficulty filling rooms. Repairs are slow, for example, the showers in some rooms do not work. There is also no cyclical maintenance of the property. The property looks tired and requires a refresh. The transport links are not very good. On a steep hill 	<ul style="list-style-type: none"> Adaptations to support residents as they become less mobile (e.g. a stair lift). Redecorate the property. New carpets Purpose built, en suite bathrooms

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
75 Ashburnham Grove	GLO Registered care	<ul style="list-style-type: none"> The building is split into separate flats, allowing residents to have personal space, as well as enjoying shared areas. There is also a large outdoor space which is looked after by volunteers. The location is particularly good. It is residential, leafy and safe but close to shops, swimming pool, cinema, sports centre and Royal Hill. Many of the residents have lived with each other for a very long time - they are used to each other, and some enjoy each other's company. Some residents have family living nearby who visit them. 	<ul style="list-style-type: none"> The building requires serious upkeep, for example, the windows need replacing. This has been put off repeatedly as the council does not want to spend the money if the service may close. The stairs are hard for some residents to manage. The layout is winding meaning that it is easy to get lost and staff have to spend a lot of time moving around the building. Although split up into separate areas it feels like one large home and has an institutional feel 	<ul style="list-style-type: none"> Add en suite bathrooms. Add lifts. Create a homelier atmosphere. Add a quiet room. A lot of repairs to the building, for example, the roof and windows. Family members would like for the building to be updated. They worry that if it was knocked down and something better was built on the site that they would have to move out and back in, meaning two separate disruptions and new environments. The residents are aging and find it more and more difficult to navigate the stairs and use the bath, however family members stressed that adaptations should be made (e.g. moving to ground floor flats) to allow them to keep living at Ashburnham as long as possible.

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
99 Elliscombe Road	GLO Supported Living	<ul style="list-style-type: none"> • Service users have a lot of choice and control over the house, for example, they have complete choice over how their rooms are furnished and decorated and are very involved in cooking and cleaning. • The location allows the service users to access the community, and to be very independent if they want to be. Some service users live near friends who they visit regularly. • There is a garden. • The service users get on well and enjoy each other's company. 	<ul style="list-style-type: none"> • There are issues with mobility, particularly because the residents are older people. The building is not at all wheelchair accessible and has a very steep hill outside. The house has steep, narrow stairs which would not be appropriate for a stair lift. The kitchen is over two levels, and there are steps leading down to the garden, which are becoming difficult for some service users to navigate. • The service users share 2 bathrooms between four, but this is currently causing no problems • The building is a little run down. There is no money to redecorate and no planned maintenance. One specific housing provider can be slow to conduct repairs (for example, a broken wall in the garden took over a year) • The office doubles as a sleep-in room - it is small and filled with files and paperwork. 	<ul style="list-style-type: none"> • A stair lift. • It is likely that the residents will have to leave the property when their mobility reduces. • There may be issues with sharing bathrooms in the future.

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
Arnold House	MCCH Registered care	<ul style="list-style-type: none"> The building has lifts and is split up into four 5bed flats. The location is good as it is close to buses and shops. However, one family member suggested that residents were not able to make the most of this as there often were not enough staff to go out. Some service users have family nearby, who they visit regularly Some residents are considered part of the community and have a positive relationship with local shops and are involved with the local church. The site has a training room and a large garden. 	<ul style="list-style-type: none"> The look and feel of the building is institutional, for example, the front of the building has a turning circle for vehicles and does not look at all homely. Some of the bedrooms are small. There are some maintenance issues, for example, two cookers are broken Family members reported that residents were not friends with each other and one family member stated that their relative was not being challenged enough to develop or maintain skills. For example, service users not involved in cooking or cleaning, when some have the ability to do so. 	<ul style="list-style-type: none"> Add en suite bathrooms. A more specialist approach to vision impairment. Block off the turning circle at the front of the building. "Spruce up" the front of the building to look homelier. Decorate the building in a homelier manner involving the input of residents. Adaptations to enable people to remain in the residence as they age.

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
Erindale Terrace	MCCH Registered care	<ul style="list-style-type: none"> • Some service users have family members nearby, who visit regularly. • The location is good because it is near the GP, day centres and shops. • MCCH are relatively quick at repairing things. 	<ul style="list-style-type: none"> • There is an overall issue with space. For example, 1 bathroom and shower between all the service users, which can be a problem when they all have to get ready in the mornings to go to day centres and there is no space for staff "down-time" as the staff room only fits 2 people. • The site also requires some alterations to be fit for purpose. For example, the garden is not safe for service users to use, the bath is also unsafe so a shower trolley is used instead. • The bedrooms and communal areas are "tired" as they have not been decorated in years. • There are 2 waking night staff, although staff do not usually need to respond to service users at night. 	<ul style="list-style-type: none"> • A staff area. • Easy access doorways for wheelchairs of all sizes. • Better garden facilities. • Proper baths/showers (either en suite, or a suitable number for residents to share).

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
The Gables	MCCH Registered care	<ul style="list-style-type: none"> The building is large, so residents are able to enjoy quiet space if they wish. They are able to choose their rooms and decorate them as they wish. One bedroom is en suite. There is also a large garden which service users enjoy using and parking space for the mini-bus. Most of the residents get on, and if they do not, there is plenty of room to avoid each other. The location is close to the shops, bus stop and GP and some residents have family nearby. 	<ul style="list-style-type: none"> Staff are clear that the building is old and not suitable for all of the service users. For example, some residents struggle with stairs (there is no lift and many of the bedrooms are on the first floor) and some residents struggle to get in and out of the baths. Some of the bedrooms are too small. For example, one of the few ground floor bedrooms that is vacant is not big enough for a wheelchair and hoist. Although there are different 'flats' everyone can wander through other people's flats (not bedrooms) There is a second floor not utilised- just used for archiving paperwork. The garden is very large but is not well maintained. 	<ul style="list-style-type: none"> Significant modernisation is required Walk in showers rather than baths. More ground floor accommodation for residents who become unable to use the stairs due to age related mobility issues.

5 The future provision of housing in Greenwich

5.1 Key Messages

In general, service users, family members and staff were more concerned about future changes to services than stakeholders, particularly if they may include the closing of services. Whereas stakeholders were more likely to view the closing or significant adaptation of some existing services as a necessary part of improving the offering.

However, in terms of the types of services offered, and the way that support is planned four key topics emerged in discussions about the future provision of housing with stakeholders, service users, families and staff:

- **The more innovative use of resources to create services which are more flexible and person centred.** This included increasing the usage of services such as shared lives and keyring schemes and building more properties like those recently opened on Granite street (which contain self-contained flats with room for carers integrated within larger, newly built housing developments). However, family members, staff and representative organisations also noted that it was important to ensure that individuals received the right level of support to live successfully in such settings.
- **A broad range of options**, and the ability to move between options as an individual's needs change. For example, as they get older or as they transition and develop the skills to become more independent.
- **Forward planning to identify or develop the right support for individuals.** Moving away from finding placements for people only when an immediate need arises (for example a carer dies) towards long term, holistic planning throughout an individual's life, linked in with other areas of support, such a day services.
- **An open relationship between the council, service users and their families**, whereby they have a clear understanding of all of the options available and how to access them. And any changes in the offering are developed considering the views and needs of service users and their families.

5.2 Data Analysis Relating to the Future Demand for Accommodation-based Services

There are a number of sources of future demand of accommodation-based services:

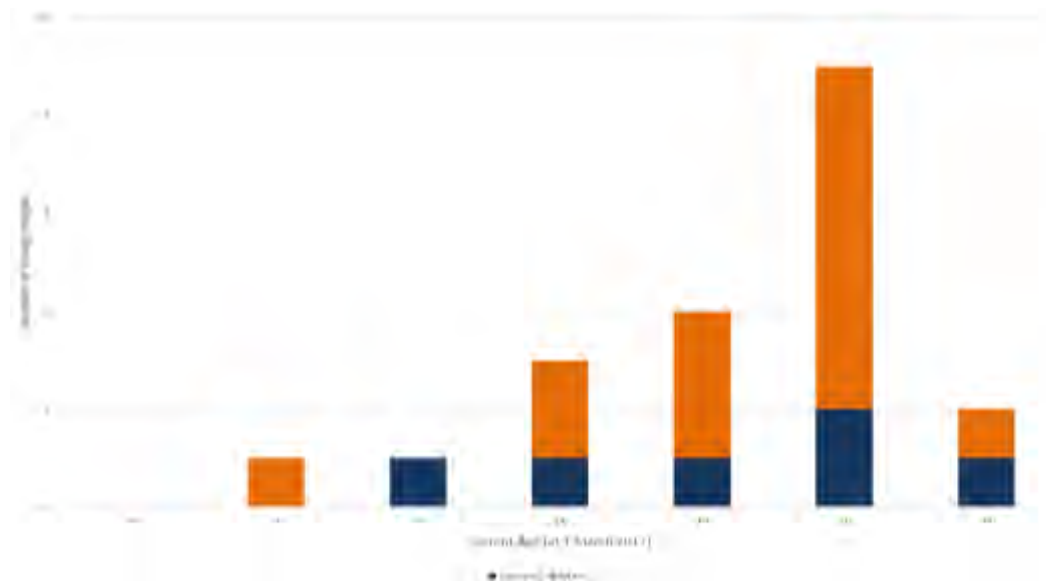
- Young people transitioning to adult services – these are people aged 18-21 who will be entering adult services.

- Existing adult service users living with an ageing parent/carer
- Increasing support needs arising from the ageing process
- People currently placed in inappropriate out of area placements being brought back into the Borough
- There will be a short-term increase in demand for accommodation-based services due to a larger older population combined with younger people requiring accommodation-based support, although the two groups will have different housing needs, particularly in terms of young people with autism / ASD

5.2.1 Young People

20 young people with learning disabilities are recommended for referral to the Department of Adult and Older People Services (DAOPS), with a further 60 people as possible referrals.

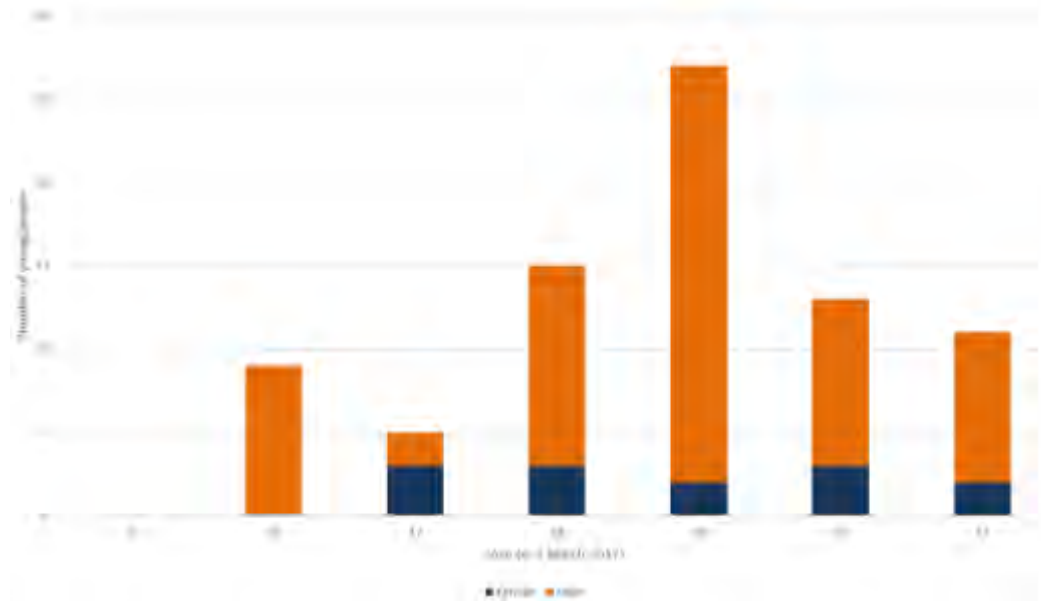
Figure 27: Age and Gender of young people recommended for referral to adult services (DAOPS)



Males account for 70% of the recommendations for referrals, which is significantly above the gender split of all current adult clients, of which 56% are male.

80 young people (20 recommended, as highlighted above, and 60 potential referrals) are identified for referral or possible referral to adult services, as shown in the chart below. Of this 80, 84% are male.

Figure 28: Young people aged 15-21 recommended for referral of possible referral to adult services (DAOPS)



Prevalence rates for people with a moderate or severe learning disability based on work by Eric Emerson and Chris Hatton of the Institute for Health Research, Lancaster University suggest rates for all age groups remain broadly static between 2011 and 2021. For younger people, the rates are 0.68% of the 15-19 population, and 0.60% of the 20-24 population.⁶

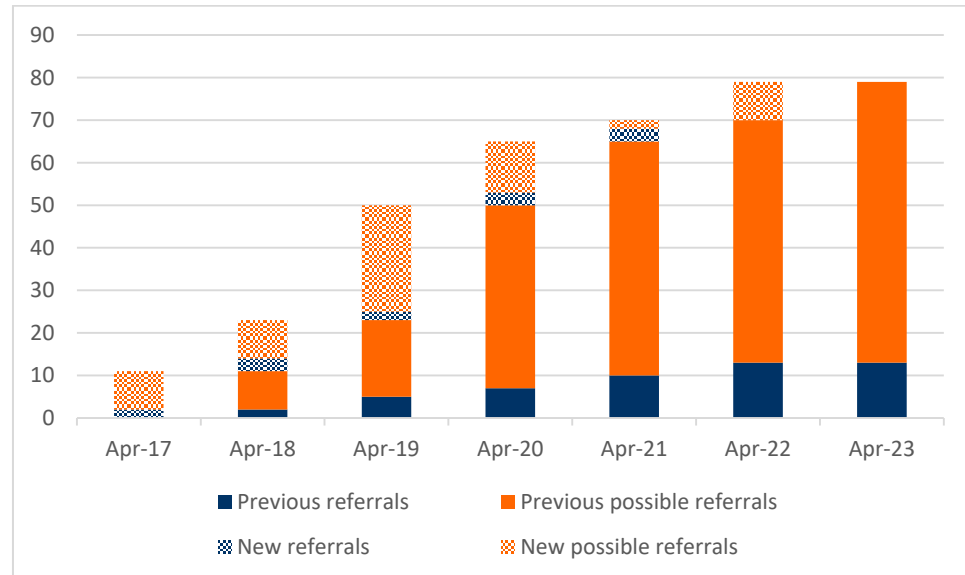
These rates are used by the Projecting Adult Needs and Service Information (PANSI)⁷ tool to produce a projection of the number of people with moderate and severe learning disabilities based on the population in Greenwich. The projected numbers, together with the number of young people recommended for referral or possible referral to adult services, are shown in the table below.

Figure 24 below shows the build-up of new referrals assuming that the transition from children's to adults services occurs at around 21 years of age by April of that year. This suggests that at the lower end of referrals to adult services there will be around 10 new service users who are expected to make the transition to adult services and a further 55 that are possible referrals. Although clearly it is impossible to predict what happens in the next three financial years or indeed the next eight financial years it would seem fair to assume that even if some of the young people who have been identified as likely referrals to adult services are not referred, some of the 55 who are considered possible referrals may be referred, so the overall number of referrals is not likely to change significantly.

⁶ Emerson E, Hatton C. Estimating the Current Need/Demand for Supports for People with Learning Disabilities in England Lancaster: Centre for Disability Research, Lancaster University, 2004.

⁷ Projecting Adult Needs and Service Information (PANSI), produced by the Institute of Public Care (IPC) at Oxford Brookes University – www.pansi.org.uk

Figure 29 Cumulative build-up of referrals over time, based on referrals and possible referrals in each year based on the current ages of young people.



In practical terms, this would appear to indicate at a minimum the following level of demand.

- By the end of financial year 2019/20 there will be a least seven young adults requiring adult service provision in that year.
- By the end of financial year 2022/23 this number will have probably increased to around 13 young adults in total requiring adult service provision, in that year.

It is important to recognise that these numbers are at the lower end of any estimates. It makes no assumptions about the group of young people without a clear assessment. However, if just 10% of the 66 young people in this group require adult service provision then the number of new young adult service users will be over 20 each year.

It is important to recognise that the population of people with a learning disability is not static. On average a person with a learning disability will have a lifespan 15 years shorter than the average for people without a learning disability. Currently life expectancy in the general population is around 81.5 years. This means the average life expectancy of a person with a learning disability is around 66.5 years of age. There are currently 67 adults with a learning disability aged 65 and over. So although by 2022/23 there may be as many as 20 new young adult clients who require access to adult service provision the overall population may well not be significantly greater.

Figure 30: PANSI projections of people with severe and moderate learning disabilities in Greenwich and DAOPS Referrals & current adult service users

Age Group	PANSI estimate	DAOPS Referrals & current adult service users
15-19	109	74
20-24	136	119

This data suggests that the number of potential young people entering adult services is a little low. It is noted, however, that there are an additional 102 young people, based on the Impulse Data, who have yet to be assessed for referral to adult services, including 71 between the ages of 18 and 21.

It is particularly noticeable that the number of female young people currently identified for referral or possible referral to adult services is low, although this rate is in line with the national prevalence rate for Autism Spectrum Disorder based on Autism Diagnostic Observation Schedule (ADOS) scores of 10 or more, which is 1.8% for males and 0.2% for females.

In terms of people with physical disabilities and learning disabilities, there is one person who is recommended for referral to adult services and a further 5 people who are possible referrals.

The overall conclusion is that the number of new people with learning disabilities is not going to increase significantly over the next 5 years, and PANSI projections suggest that the number of 18-24 year olds will remain fairly static until 2025, with an increase to 2030.

For services, there will be a greater number of people entering adult services identified as having Autism Spectrum Disorder, as identified in the Impulse data on young people who will be transitioning to adult services. Impulse data show that 30% of young people who are recommended for referral are identified as having ASD, and 62% of young people who are identified for possible referral.

PANSI data suggests that the number of people with autism who present a challenge to services will remain largely static. This suggests that a continued move to providing smaller scale supported living services will suit a growing population of people with learning disabilities with ASD.

5.2.2 Existing Adults with Learning Disabilities living with elderly parents/carers

The data provided do not indicate the household status of people with learning disabilities who are not currently in accommodation-based services, so it is not possible to specifically identify people being supported by older carers.

There are 98 people identified as having a learning disability aged 45 or over who are not receiving accommodation-based services, but who are receiving day care, home care or respite care, suggesting that they have significant support needs:

Figure 31: Number of people receiving day care, home care or respite care not receiving an accommodation-based service

Age Group	Number
45 to 64	77
65 to 74	17
75+	4

The 21 people aged 65 and over are potentially at the highest risk of requiring accommodation-based services providing high levels of support, such as residential or nursing care.

5.2.3 Increasing support needs arising from the ageing process

Care and support needs generally increase with old age. The table below shows the percentage of people using the different service types by age.

Figure 32: Service users by type of service and age band

Age Band	Accommodation Services	Community Services	Both Services	No Services
Under 18				1
18 to 24	22	4	73	33
25 to 44	62	25	169	154
45 to 64	80	59	105	63
65 to 74	20	7	22	7
75+	6	1	5	

There is a clear increase in the number of people using accommodation-based services as they get older, with 50% of people over 75 in accommodation-based services. There is also a decrease in the number of people using no services as they get older – currently all people with learning disabilities over the age of 75 use either community services or accommodation services.

As with the general population, the number of older people with learning disabilities is expected to grow over time, both as a result of a larger younger population which is aging, and because of improved health and wellbeing of the population. People with learning disabilities still die, on average, 15 years younger than the equivalent non-learning disabled population.⁸

The Institute for Health Research, Lancaster University (ibid) suggests that general prevalence rates for people with moderate or severe learning disabilities will remain static, meaning that the growth 65+ and 75+ learning disabilities population will be the result of a larger younger population.

The table below shows the percentage growth in the older learning disabilities population based on the growth of the Greenwich population and standard prevalence rates relative to the 2015 population.

Figure 33 - Predicted increase in the older LD population (Emerson and Hatton / POPPI)

Age Group	2020	2025	2030
65-74	9%	18%	40%
75 - 84	5%	26%	37%
85+	14%	29%	43%

Based on the current population in Greenwich in accommodation-based services, the table below shows the predicted number of older people with learning disabilities (55 and older) requiring accommodation-based support. The highlighted cells show the numbers of the 55-59 year old cohort over the subsequent 5-year periods.

⁸ Glover, G and Ayub, M. How people with learning disabilities die, Improving Health and Lives: Learning Disabilities Observatory, England, 2010

Figure 34 - Estimated number of older LD population in accommodation-based services, based on 2017 accommodation-based service population

Age Group	2017	2020	2025	2030
55-59	47	35	21	17
60-64	22	41	30	17
65-69	18	19	35	25
70-74	9	15	15	29
75-79	5	7	12	12
80-84	2	4	6	8
85-89	1	2	3	4
90-94	1	1	2	2
Totals	105	124	123	114

Whilst there is an increase in accommodation needs of older people though to 2025, it is noted that there is a lower number of people of younger people (25-55), so there is likely to be a short-term increase in accommodation needs due to the larger ageing population. The accommodation needs of a frailer older population will be different to those of younger people with care and support needs, particularly the larger percentage of young people with a diagnosis of Autism or ASD.

5.2.4 People currently placed inappropriately out of borough

Currently, 55% of placements to accommodation-based services are made within the RGB boundaries. Of the remainder, 8% are made in bordering authorities (Lewisham, Bromley and Bexley) and 37% are made further away.

Of those people placed out of borough, 5 people are flagged as needing to move to alternative accommodation, although only 2 of these are because their current placements are inappropriate. This suggests that the remaining placements (110 across all accommodation types) made out of area are appropriate for those individuals.

In looking at out of area placements, a distinction is drawn between those placements made to neighbouring authorities and those made further away. There are arguments for placements being made in neighbouring boroughs:

- A placement made in a neighbouring authority may be closer than a placement made within Greenwich

- Demand for some specialist services, such as challenging behaviour services, may not be sufficient to enable provision within the Borough, and specialist resources may be shared between a number of authorities.

The data on the type of accommodation service provided suggests that a range both residential care and supported living services are provided outside of the Greenwich boundaries:

Figure 35: Location of placement by accommodation service type

Type of Accommodation	Greenwich	Local	Out of Area
Nursing	50%	0%	50%
Residential	55%	8%	37%
Supported Living	55%	10%	35%
Total	55%	8%	37%

The table below shows where, in percentage terms, people with specific needs, based on the CLDT Registration Category are placed.

Figure 36: Placement of people on the CLDT register by type of need

Registration Category	Greenwich	Local	Out of Area
Deaf / Blind with associated Learning Disability	0	0	1
Tourette's Syndrome	1	0	1
Cerebral Palsy	6	0	3
Downs Syndrome with severe learning Disability	5	1	2
Autism with severe challenging behaviour	18	1	6
Autism	39	3	11
Physical Disability with associated Learning Disability	8	0	2
Multiple	7	0	1
Learning Disability	617	14	71
Downs Syndrome	36	3	4

Registration Category	Greenwich	Local	Out of Area
Mental Health	18	1	1
Asperger's	6	0	0
Hearing Impairment with associated Learning Disability	3	0	0
Non-Specific Diagnosis (e.g. unknown or combined)	3	0	0
Visual Impairment with associated Learning Disability	1	0	0

There does appear to be a pattern of people with more complex needs being placed outside of Greenwich. For example, 88% of people with a general learning disability are placed in Greenwich, compared to 100% of are deaf / blind with an associated learning disability placed out of area.

Cost data suggests that there is not a strong link between the location of a placement and the cost: out of area placements are not notably more expensive than local placements. However, there are additional costs arising from out of area placements, including travel time and cost related to reviews. Not only this, for carers or family who are still based on Greenwich transport costs can be significant.

5.2.5 General Observations

The placements data show that the majority of accommodation-based placements (including Shared Lives) are to residential care settings.

Figure 37: Placement by type of accommodation for all placements

Type of Accommodation	Percent of Placements
Nursing	1%
Residential	55%
Supported Living	33%
Shared Lives	11%

This is above national benchmarks for residential care placements⁹, and suggests scope to increase the number of Supported Living and Shared Lives placements, both of which bring significant financial savings to the local authority.

5.3 Stakeholder Interviews

The following section lays out the views of three groups of stakeholders interviewed by Cordis Bright:

- Council employees with a role in the commissioning of housing for adults with learning disabilities
- Voluntary organisations, active in Greenwich representing people with learning disabilities
- Support providers

The stakeholder's views on the current provision are reported in 4.2. Their comments regarding the future of housing for people with learning disabilities in Greenwich are laid out below.

5.3.1 Council Employees

Both stakeholders spoke about using resources more creatively to offer a more personalised service to people with learning disabilities in the future. This included creating more high quality supported living, adapting existing properties and more long term planning at an individual and a strategic level.

Future Housing Provision

Both stakeholders from the council felt strongly that services could become more flexible and person centred, and that resources could be used in more imaginative and innovative ways.

This involved:

- Offering more high quality supported living. One stakeholder stated that to do this would require that providers were offering a service which was truly supported living, rather than “*tokenistic*”, for example, ensuring that they gave a two-month eviction period rather 4 weeks (which has happened in the past).
- Providing more floating support in order to offer general needs tenancies for those who don't need such a high level of support. For example, there are some keyring support circles already in place, which are very cost effective.

⁹ Short and Long Term (SALT) Support data from NHS Digital, which provides national data on adult social care activity, shows that on average 21% of people with learning disabilities received long term support in residential care in 2015/16, and accounts for 39% of spending.

- Improving transition services. In most cases these should aim towards a community model, but support young adults to develop the skills required at their own pace. For example, starting in a transition home or supported living and then acquiring the skills required to manage their own flat with support.
- Better use of personal budgets to create personalised care packages
- Significant adaption of some existing properties, and the sale of others in order to ensure that all homes are fit for purpose.
- Developing more flats for people with learning disabilities within new developments. In recent years, a small number of properties have been built, for example a development in Granite Street which includes one three bed flat and five two bed flats, which all self-contained, but include an extra room for an overnight carer. It would be valuable to have similar flats dotted across the borough, some of which had on site space for staff on site but not in people's homes.

Barriers and Enablers to Improving Housing

A number of barriers to achieving success were identified by the stakeholders interviewed:

- The cost of housing in Greenwich – It is important that people with learning disabilities have the same opportunities as other people, which generally means being able to leave home once they reach adulthood. However, just as most other young people are unable to live alone in London due to costs, shared housing should be the norm for young adults (18-35) with learning disabilities. It will be important to ensure that people's expectations align with this.
- There has been minimal long term planning for people with learning disabilities in Greenwich for a significant period. As a result, a small number of care homes have been built and no supported living. This will need to be rectified.
- The introduction of the supporting people programme has broken the link between the social and housing budget. Currently, there is no way to guarantee that there would be a revenue stream to support any supported living services being built, making the prospect of developing new residences far less appealing
- The reduction in trust between the council and families and service users. Any new strategy will be far more successful with their support.

However, they also listed three significant enablers:

- There is political will to make changes. Particularly after the issues from the last consultation, the council's leadership are committed to improving the offer

- Cooperation between directorates is improving. It will be important to ensure that housing for people with learning disabilities is considered in the social housing being built as part of new developments. They are forging links with the regeneration and skills directorate to make this happen. It will also be important to work closely with the children services to offer more joined-up services in the future.
- The approach being taken by Golden Lane Housing to produce the strategy is likely to significantly improve relations between the council and families, which in turn will increase the likelihood of the success of the strategy.

5.3.2 Greenwich Living Options

In the future, the GLO stakeholders interviewed hope to further develop the use of shared lives in Greenwich. However, both stakeholders also noted that doing so would require the support of leaders within the council and appropriate budget.

Both stakeholders state that GLO's offering should be part of a broad range of services available for people with learning disabilities, offering a high degree of choice to individuals.

Future Provision

In the future, GLO would like to expand Shared Lives to support more people. Currently, there is a "*regular stream*" of referrals, not all of whom can be placed. However, both stakeholders interviewed recognised that it is not the right option for everyone, and should be offered as part of a range of options. One also noted that it can be difficult to predict the size of growth, because it is so reliant on finding the right people to become carers and creating the right matches between carers and service users.

GLO is also working on a number of improvements to the services that it offered, particularly regarding staff performance. As discussed in 4.3.2, there have been difficulties with relations between GLO management and staff, which they are working to improve.

One stakeholder also suggested that it would be important to develop services which offer appropriate support to people ethnic minorities. They suggested that one important element of delivering this successfully would be reaching out to those groups, who have tended not to engage in the past.

Both stakeholders were of the opinion that a broad variety of options should be offered to people with learning disabilities, enabling them to choose the option which best works for them, and to move between options as their needs or wishes changed over time.

Barriers

The interviewees from GLO identified three main barriers to improving housing for people with learning disabilities:

- The costs involved in offering high quality services. The budget would need to be made available to fund them.
- The shrinking profit margins available to shared lives carers. The carers have not had a substantial pay rise in 7-8 years, but the cost of living has risen. As a result, profit margins have shrunk, making it difficult to recruit new carers.
- The service users and their families' resistance to change. In the past, they have had very negative reactions to change as they fear negative impacts on service users care. They deserve to be properly involved and consulted in changes. need information to understand different options.

5.3.3 Representative Organisations

Housing Offer

In the future, all of the stakeholders interviewed would like to see a broad range of service available to people with learning disabilities. They also all stated that it is important to ensure that everybody receives the right level of support, no matter where they live (in services or independently).

A number of specific suggestions emerged from individual stakeholders about the future housing proposal:

- All council homes (those for people with and without disabilities) should be fitted with basic adaptations (e.g. wet rooms) to make them suitable for people's needs, rather than having to fit them later when people move in
- Any new builds should have lifts, doors which open automatically and other adaptations which mean that people can continue to live there into old age
- Homes should appear the same as mainstream housing and be integrated into the community
- It will be important to consider the risk of isolating people with learning disabilities – everybody needs to be close to the community and single tenancies will not be right for everyone
- There will always be people whose needs mean that they need very high levels of care and should be in residential homes
- The location of any housing is important. It should be close to shops, family members, social activities and transport.
- Any supported living should be "*clever*" – able to adapt to the specific needs of the individual by offering more/less care based on their needs, which may change over time

- Safeguarding is important – it will be important to consider how housing for learning disabilities is mixed with other types of housing in order to avoid them being at risk because of other tenants

One stakeholder suggested the housing which has been recently developed at Granite Street (described in 5.3.1) is an example of good housing, and that more housing should be developed in line with this.

The stakeholders also had specific suggestions about how to support people to continue living with their families, if this was their wish (a minority highlighted the importance that this really was a choice, rather than the only option). All of the suggestions centred around offering families the right support, such as respite care or home adaptations to enable them to keep living together.

Forward Planning

All of the stakeholders interviewed also mentioned that in the future, there should be more forward, proactive planning of housing, rather than reactive crisis management. Suggestions included:

- Transition planning from a young age which supports young people to prepare to move into the right kind of housing
- Support for families to plan for the future, showing what the options are and how to prepare for them.
- A holistic approach to developing services and planning for individuals, which considers day services, respite service, health needs and any other elements which may make up an individual or a family's care package. Any consultations should also be conducted in tandem, to avoid consultation overload for families.

5.4 Site Visit Interviews

5.4.1 Service Users

In the majority of cases it was very difficult to talk to service users about what they would like in the future. This was because in most cases service users told us that they were happy with their current provision and that there was nothing they would change.

However, in some cases interviewers were able to talk about what service users valued and would therefore be important to consider in future provision. Key elements were:

- **Living with the right people** - Residents reported that it was important to live with people who were the same gender or around the same age as they were. Service users also stated that they liked living with other people, rather than alone.

- **Living in the right place** - Service users liked being near to shops, the pub, amenities such as the swimming pool, and their friends. Service users who lived near to family members also liked this.
- **Having the right facilities** – A small number of service users said that they would like access to outdoor space, particularly a garden. Others mentioned that they were struggling with stairs or baths and would like the service to make that easier for them.

5.4.2 Family Members

Most family members biggest desire for the future was that services remain open. For them the ideal scenario would be for the services their family members use to remain open, often with slightly improved décor, design or support.

Changing Needs

When asked if they felt that their family member's needs were likely to change in the future, most people mentioned that they were likely to need more support and adaptations as they a

Accommodation

Family members mentioned a number of issues with the current accommodation, which are discussed in 4.4.3. For the most part, their hopes for the future was for their family member to receive care in a similar or the same property but with specific improvements. The most commonly mentioned were:

- En suite bathrooms
- Redecoration to make the residence feel homelier and/or less run down
- Support with mobility issues, for example, stair lifts

Support

Most family members were happy with the level of support that their relative currently received, and hoped that this would continue in the future. Some family members mentioned the importance of continuity of care, so suggested that if services closed that it would be beneficial for staff to move to a new service with the same service users.

In one case, a family member stated that the service user could be supported to become more independent and develop new skills. They would like future support to be more focussed on achieving this.

Relationship with the Council

In the majority of cases, family members biggest wish for the future was for a change in the way that they interacted with the council. They worried that changes in the strategy would lead to services closing or privatised and services

users being forced to move to inappropriate services. For example, service users being moved into supported housing with a lower level of support which would not meet their needs. They wanted to have assurance from the council that the services would not close or, if they had to, that their relatives would be offered suitable alternatives and that a thoughtful, appropriately paced transition plan would be in place to conduct the move.

5.4.3 Staff

When asked what they would change about their service, most staff had specific improvements in mind. The two most common suggestions were lifts, and refurbishment to make the residence look less tired and homelier. En suite bathrooms and a better process for organising repairs were also mentioned by more than one staff member. House specific suggestions are included in 4.4.5.

When asked about how housing for people with learning disabilities in Greenwich could be improved more generally, suggestions included:

- **Improving the design of homes**
 - Investment in the property
 - Designing services which are welcoming and homely, rather than institutional
 - Modernising facilities (for example, including Wi-Fi)
 - Ensuring that all properties have enough bathrooms (ideally en suite)
 - Integrating housing into the community

- **Offering the right support**
 - A better process to ensure that service users are placed in the right accommodation for them
 - Have a more personalised approach to supporting people, and offering service users real choice about where they live
 - Long term planning to ensure that people are placed in residences which will be appropriate for the long term, to avoid them having to move as their needs change
 - Making sure that there are enough residences which are fully accessible to people with limited mobility, including bungalows as some people are not able to use lifts
 - Ensuring that there are enough appropriate spaces for young people and for older people who have higher levels of need (e.g. dementia or reduced mobility)

- **Improvements for housing and support providers**
 - Ensuring that housing providers are maintaining buildings properly (both MCCH and GLO)
 - Working hand-in-hand with day services to offer people more exciting activities outside the house.
 - Improving the working culture in some services

Appendix 1: Literature search

We will develop a bibliography using the following search terms, in Google Scholar:

Primary search term	Secondary search term	Tertiary search terms
"Learning disability"	"Best Practice" "Good Practice" "Evidence" "Evaluation" "What Works"	"Accommodation" "Adult Placement" "Holistic Services" "Housing" "Residential" "Supported Living"

The primary search term will be searched in combination with each secondary and tertiary search term (e.g., "Learning disability" + "Best Practice" + "Accommodation", "Learning disability" + "Best Practice" + "Adult Placement" ...etc.). This will result in 24 distinct searches. We will look at the first 50 articles for each combined search term, for a total of 1,200 articles. Abstracts will be scanned for all potentially relevant, publicly available articles, and the most appropriate articles were chosen for the bibliography.

This was supplemented by guides and policy documents identified via google searches and suggested by Golden Lane Housing.

All the materials used are listed in Appendix 2: Bibliography.

Appendix 2: Bibliography

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Appendix 3: Stakeholder topic guide

Introduction

Golden Lane Housing have been commissioned to produce an accommodation strategy for adults with learning disabilities by Greenwich Council.

Golden Lane Housing is a specialist housing charity that was established by Royal Mencap Society to increase the housing options for people with learning disabilities. They are working with Cordis Bright, a company which provides consultancy, advice and research aimed at improving public services, to conduct research which will inform the strategy.

You have been identified by the project steering group as a key stakeholder who Greenwich would like to hear from to inform the accommodation strategy. Your views are very important in this research. We would like to understand your perspective on what is working well within housing for people with learning disabilities in Greenwich currently, as well as any issues which could be improved in the future.

Your responses in this interview are confidential; they will not be shared outside of the Cordis Bright team and we will not attribute any comments to you in any reports we produce as part of the review. The only exception to this is if you share information that

raises safeguarding concerns. In this instance, we would need to pass on your comments but we would make every effort to discuss this with you first.

If you have any questions during the interview, please just ask. If you would prefer not to respond to any questions, then just let me know and we can move on to another question.

Thank you in advance for your time.

Core questions

Introduction

1. Name
2. Organisation
3. Role and any other previous experience relevant to the topic
4. How does your role fit into Housing for LD
5. Have you ever visited any homes occupied by a person with LD? where? when? first impressions? Type of home?

The current situation

6. What is your view of housing and accommodation for people with learning disabilities across Greenwich currently? *Prompts:*
 - a. Quality of housing stock
 - b. Accessibility of housing stock
 - c. Location of housing stock
 - d. State of repair of housing stock
 - e. Fitness for purpose of housing stock
 - f. Rent/charging levels & Value for money of housing stock
7. What, if any, are the gaps in housing provision in Greenwich in terms of housing stock?
8. How could these gaps be resolved in the future?
9. What do you perceive the main barriers to improving accommodation for people with learning disabilities in Greenwich? *Prompts: finance, politics, suitable land / buildings etc.*
10. What do you perceive the main enablers to improving accommodation for people with learning disabilities in Greenwich?
11. What do you think could be done to encourage investment to meet the housing needs of people with learning disabilities?
12. Continuing to live in the family home is the housing choice for many people with learning disabilities who live with families; is there anything we need to include in the strategy to make this a more sustainable option for those who want it?
13. Thinking about your answers to the previous questions, what would you like to see the Greenwich strategy for accommodation for people with learning disabilities to contain?
14. Do you know of any other plans or strategies / developments which the accommodation strategy for people with learning disabilities should take account of? What are these? *Prompts: could you provide more information about these please.*

Relationship between social care/commissioners and providers

15. When a need for housing /accommodation is identified who within the council is responsible for securing the housing/accommodation needed?
16. How effectivity do you think commissioners of housing and providers of housing for people with learning disabilities work together in Greenwich? *Prompts: housing, adult social care and providers. Why do you say this?*
17. What could be done to improve this in the future?

Involving stakeholders in the process

18. As we develop the accommodation strategy, how would you like to be involved?
19. Is there anything else that you would like to say about meeting the accommodation needs of people with learning disabilities in Greenwich?

Questions for housing / support providers

1. What type of support do you provide in Greenwich:
 - a. Type of housing
 - b. Type of care
2. How many people do you support in Greenwich?
3. Where is your accommodation located / support provided (names of support) in Greenwich?
4. How is the accommodation / support you provide in Greenwich funded? Could you please provide approximate splits?
5. Do you have plans for the future in Greenwich? What are these in terms of accommodation / support for people with learning disability?
6. How are your plans funded and is there anything you need Greenwich to do to enable that investment
7. The strategy must plan for a broadly cost neutral budget in terms of support; are there particular service models or approaches you believe will work more efficiently without reducing quality
 - a. Does Greenwich have the full range of service models for the future
 - b. What's your experience of assistive technologies; can they really create efficiencies and improve quality?
8. Do you provide housing / support elsewhere? If yes, are there any models that you think you would like to see more of in Greenwich? If yes, what are these, please describe them and why?
9. How would you describe your relationship with commissioners in Greenwich? Why do you say this? Could this relationship be improved in any way do you think? If so how?
10. How would you describe your relationship with other providers in Greenwich? Why do you say this? Could these relationships be improved in any way do you think? If so how?

Representative groups

1. What is your view of the project so far?
2. What, in your view, is the best way to improve stakeholders/service users / families in the project in the future?

Thank you for your help with this

Appendix 4: Service user topic guide

Introduction

I work for Cordis Bright, which is a company that does research on social care. We are working with Greenwich Council to try to understand the housing needs of people in Greenwich with learning disabilities now and in the future.

We are not planning to change where you live or the service that you receive.

I would like to ask you some questions about the place where you live now, and what you like and don't like about it. I also want to understand what is important to you about where you live.

If anything, I ask is not clear to you, please let me know.

If there is anything that you don't want to talk about or you don't want to answer any more questions, please let me know and we will stop or move on.

I won't tell anyone else what you've said to me, except if I am worried that you or someone else could be in danger. If that happens I will try to tell you first.

Do you have any questions?

Thank you for speaking with me.

About you

1. What is your name?
2. How old are you?
3. How long have you lived at **[insert name of service]**?
4. Who else lives in this house? Are any of them your friend?
5. Do you go to a day centre? What activities do you do?

Satisfaction levels

6. What do you like best about living at **[insert name of service]**? (*Your bedroom, the garden, the other people, the staff, the food*)
7. What do you like doing at **[insert name of service]**?

Negative aspect of current setting

8. What makes you sad? How do you cheer yourself up?
9. What happens when you don't get on with someone else who lives here?
10. What happens when you don't get on with the staff?
11. If you have a problem with the house (e.g. something breaks) what do you? Have you ever done this?
12. Is there anything you would change about **[insert name of service]**?

Important elements of housing services

13. Do you use public transport? (*The bus, the train*)

14. Who do you like to live with? *Prompts: Friends, same age, same gender*
15. Do you like living near your family?
16. Do you like having carers who are around all the time?

Appendix 5: Family member topic guide

Introduction

Golden Lane Housing have been commissioned to produce a strategy for housing for adults with learning disabilities by Greenwich Council. Golden Lane Housing is a specialist housing charity that was established by Royal Mencap Society to increase the housing options for people with learning disabilities. They are working with Cordis Bright, a company which provides consultancy, advice and research aimed at improving public services, to conduct research which will inform that strategy.

It is important to note that this is not changing your current housing services. We are looking at the bigger picture rather than individual services. We want to understand what the services are like now, and what everyone will need in the future.

As the family member or advocate of a person with learning disabilities, your views are very important in this research. We would like to understand your perspective on what is working well within housing for people with learning disabilities in Greenwich currently, as well as any issues. We would also like to understand what you would like to see in the future.

To do this, we will ask a series of questions about your family members views and experiences and about your own views.

Your responses in this interview are confidential; they will not be shared outside of the Cordis Bright team and we will not attribute any comments to you in any reports we produce as part of the review. The only exception to this is if you share information that raises safeguarding concerns. In this instance, I would need to pass on your comments but I would make every effort to discuss this with you first.

If you have any questions during the interview, please just ask. If you would prefer not to respond to any questions, then just let me know and we can move on to another question.

Thank you in advance for your time.

About the Service User *(May wish to skip questions if they have already been covered in discussions with the person who uses the service)*

1. Please could you tell me a little bit about your family member who uses learning disabilities services? *(Name, age, any information about their learning disability)*
2. How long has your family member lived at **[insert name of service]**?
3. Has your family member lived in any other places previously? *(Other residential care/supported housing facilities, residential school, at home etc.)*

Service User's Satisfaction levels *(May wish to skip questions if they have already been covered in discussions with the person who uses the service)*

4. Does your family member like living at **[insert name of service]**?
5. Does your family member like the building itself? *(The layout, their bedroom, the amount of space, garden, breakdown of private and communal space)*
6. Do your family member like the location? *(Is it quiet/busy enough? Is it close enough to their family and friends? Is it close enough to amenities?)*
7. Does your family member like the people they live with? *(Did they chose them? Do they get on well? Are there any conflicts or disagreements?)*
8. Does your family member like the staff who care for them? *Do they get on with staff? Do they like the amount of time they spend with staff?*
9. Is there anything your family member would change about the service?

Family member's Experiences of Housing Services

10. Please could you tell me about your experiences of organising housing for your family member? *(Who did you contact? What help did you receive? How long did it take? Where there any issues?)*
11. Were you happy with the housing options your family member was offered?
12. Is there anything that you would change about the way that housing is organised for people with learning disabilities in Greenwich?
13. If you or your family member has any issues with the service (e.g. something is broken, a disagreement with staff etc.) do you know who to contact? Do you have any experience of doing this?
14. Have there been any complaints made concerning the property in the last 12 months? If so, how many and what were they?

Family Member's Satisfaction

15. Do you believe that the **[insert service name]** building is appropriate to fit the needs of your family member? *(Do they have enough private space? Do they have/need en suite bathroom? Is there the appropriate equipment/adjustments to the building to fit their needs e.g. winches, lifts? Does the building feel 'homely'? Do they have/want access to a garden?)*
16. In your opinion, does the location of **[insert service name]** fit your family members needs and enable them to live life to the fullest? *(Are they able to access shops, leisure activities easily? Are they close to family and friends? Are there good relations with other people in the area?)*
17. Do you think that the number and type of people in the service is appropriate for your family member? *(Is it an appropriate number of other people? Is it an appropriate mix of people i.e. gender, age, type of learning disability? Would your family member prefer to choose who they live with?)*
18. Do you think that the level and type of support that your family member receives from staff at **[insert service name]** is appropriate? *(Do they have enough care? Do they have enough privacy/time without staff? Does the care they receive support them to live life as independently as possible?)*

19. Is there anything you would change about the service?

Future Needs

20. Do you think that your family member's needs are likely to change in the future? *(Need more/less support, want to live in a different location or with different people)*
21. Is there anything else that you would like to tell me, or that you think we should know?

Thank you again for speaking with me.

Appendix 6: Staff topic guide

Introduction

Golden Lane Housing have been commissioned to produce a strategy for housing for adults with learning disabilities by Greenwich Council. Golden Lane Housing is a specialist housing charity that was established by Royal Mencap Society to increase the housing options for people with learning disabilities. They are working with Cordis Bright, a company which provides consultancy, advice and research aimed at improving public services, to conduct research which will inform that strategy.

It is important to note that this is not changing your current housing services. We are looking at the bigger picture rather than individual services. We want to understand what the services are like now, and what everyone will need in the future.

As somebody who works with people with learning disabilities and knows at least one of the services your views are very important in this research. We would like to understand your perspective on what is working well within housing for people with learning disabilities in Greenwich currently, as well as any issues. We would also like to understand what you would like to see in the future.

To do this, we will ask a series of questions about your family members views and experiences and about your own views.

Your responses in this interview are confidential; they will not be shared outside of the Cordis Bright team and we will not attribute any comments to you in any reports we produce as part of the review. The only exception to this is if you share information that raises safeguarding concerns. In this instance, I would need to pass on your comments but I would make every effort to discuss this with you first.

If you have any questions during the interview, please just ask. If you would prefer not to respond to any questions, then just let me know and we can move on to another question.

Thank you in advance for your time.

About you

1. What is your name?
2. What is your role? Please could you briefly describe your role? (*Day to day activities, who you report to*)
3. How long have you worked at **[insert name of service]**? Have you/Do you worked at any other services in Greenwich?

Quality of the Service

4. In your opinion, does **[insert name of service]** provide appropriate, high quality support for the service users?

5. Do you believe that the **[insert service name]** building is appropriate to fit the needs of service users? *(Do they have enough private space? Do they have/need en suite bathroom? Is there the appropriate equipment/adjustments to the building to fit their needs e.g. winches, lifts? Does the building feel 'homely'? Do they have/want access to a garden?)*
6. In your opinion, does the location of **[insert service name]** fit the service users' needs and enable them to live life to the fullest? *(Are they able to access shops, leisure activities easily? Are they close to family and friends? Are there good relations with other people in the area?)*
7. Do you think that the level and type of support that service users receive from staff at **[insert service name]** is appropriate? *(Do they have enough care? Do they have enough privacy/time without staff? Does the care they receive support them to live life as independently as possible?)*
8. Is there anything you would change about the service?
9. What is the maintenance policy and procedure? Do you have a log of repairs and service user feedback? Can we see it?
10. Have there been any complaints made concerning the property in the last 12 months? If so, how many and what were they?
11. Have there been any formal notices or referrals made concerning the property such as safeguarding referrals or CQC notices in the last 12 months? If so, how many and what were they?

Organising Housing Support

12. How do service users currently organise to receive support/move into **[insert service name]**?
13. Is the process practical and easy for service users and their families to conduct?
14. Does the process ensure that people end up using services which are appropriate to their needs?
15. Is there anything you would change about the way housing support for people with learning disabilities is organised?

The Future of Housing Support

16. Do you think that the needs of service users in **[insert service name]** are going to change in the future? In what ways?
17. Do you think that the needs of service users in **[insert service name]** are going to change in the future? In what ways?
18. How do you think that housing support in Greenwich needs to change to meet future needs?

Thank you for speaking with me



CordisBright Limited

23/24 Smithfield Street, London EC1A 9LF

Telephone	020 7330 9170
Email	info@cordisbright.co.uk
Internet	www.cordisbright.co.uk

Survey results

Accommodation strategy
for people with a learning disability



Golden Lane Housing

working in partnership with menCap





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Executive summary

Golden Lane Housing (GLH) are working with the Royal Borough of Greenwich (RBG) to develop their housing strategy.

Adult service users, their family, carers were asked to participate in anonymous surveys to help Golden Lane Housing evaluate the suitability of the housing they currently live in and their needs for the future.

Parents of children and young adults who were still in education either at school or college were also asked to consider their future needs for appropriate housing.

The surveys included questions about the participants' experiences and their aspirations and concerns for the future.

Over 100 responses were received. In addition to emailing or writing to our own unique database of interested parties the surveys were available to others using websites of groups GLH is working with during the project including the Greenwich Parent Voice, Charlton Park Academy and also at GLO and mcch properties via the support staff.

The responses contained within this report were used to inform the housing strategy for people with a learning disability.

Methodology

The survey forms were developed with input from the GLH project team, Corbis Bright, Robert Daniels MP for the Royal Greenwich Peoples' Parliament and our partners in the Royal Borough of Greenwich Council teams.

Four surveys were planned during Stage 1 of the Housing strategy.

- **Survey 1** - for family members living with a person with a learning disability - 7 responses
- **Survey 2** - for everyone in all groups; it asks for people's views on GLH's initial proposals for the housing strategy - 23 responses
- **Survey 3** - for those with a child or young person currently in education - 29 responses
- **Survey 4** - for those in 'Shared Lives' - 45 responses

Respondents were asked to complete the survey online or could request a printed version.

Questionnaire topics included:

- questions about where the person lived
- their current situation
- their thoughts and aspirations for the future

The responses were imported into Microsoft® Excel Data analysis was completed using Excel.

Survey 1

For family members, carers and people with a learning disability who all live together



Overview of results

7 responses - 1 person with a learning disability, 1 person was their parent/carer and 5 family members

The data received was from a small number of parents, carers and adults with a learning disability who live at home. As such it cannot be considered representative of this group across Greenwich.

The average age of carers taking part in this survey over 51.

Those responding said that their physical and mental health in general was okay most of the time or better.

Most had lived in Greenwich for more than 10 years and their property was likely to be a 3 bedroomed terraced house.

Surprisingly; by a significant majority of respondents reported having to share a bedroom despite being adults.

Just under half said they could not access all areas of the house.

Whilst two respondents said they didn't need respite others appeared to not have any knowledge of or access to respite.

There was concern about who would care for their loved one if they were unwell and it was felt that a paid carer coming to their home would not be a suitable option. Respondents were not confident that their loved one would be able to live in a shared house with others either.

The survey also tells us that there is a lack of information for those seeking information about housing. There was perhaps a little more confidence about people generally getting the right support and housing when the time came to ask.

About the respondents

Chart 1: age

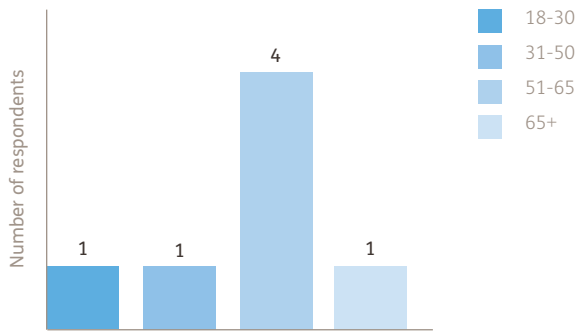


Chart 2: work type activities

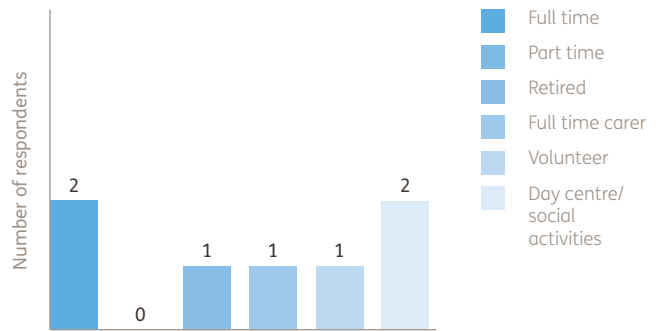


Chart 3: physical health

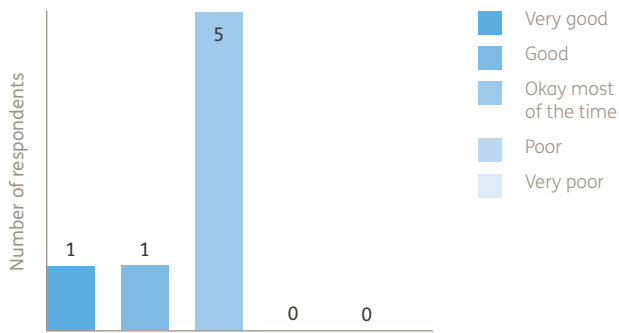


Chart 4: mental health

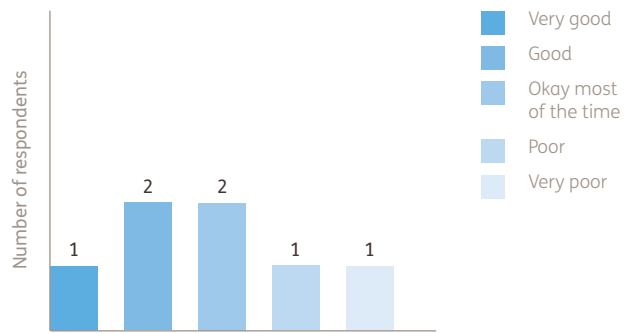


Chart 5: how long have you lived in Greenwich?

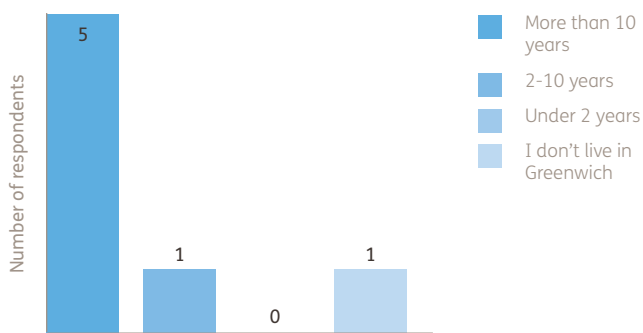


Chart 6: who owns the home you live in?

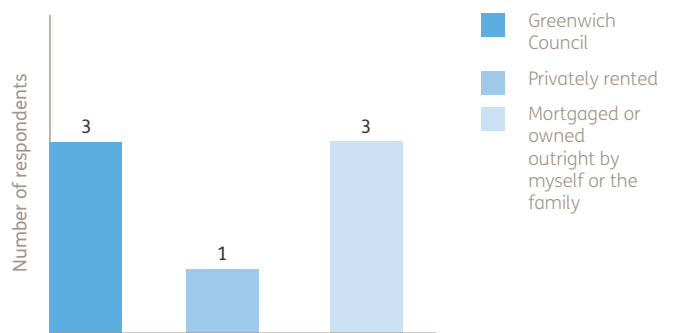


Chart 7: type of property

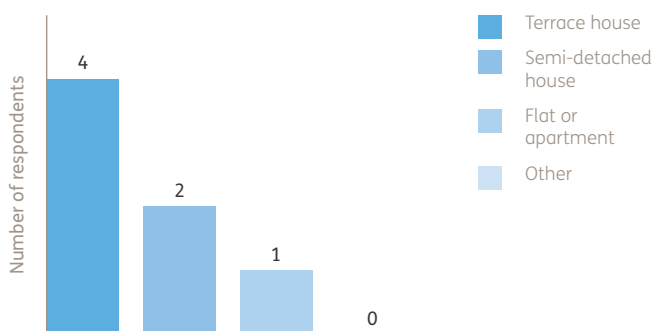
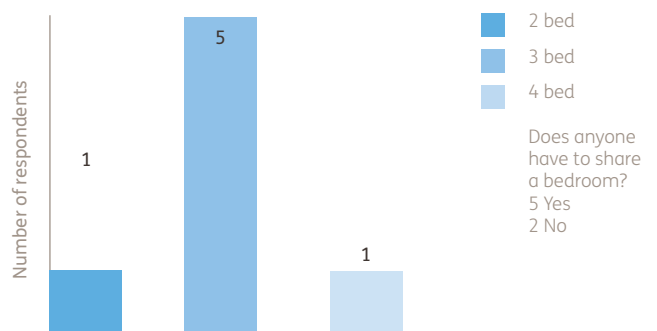


Chart 8: how many bedrooms?



Survey 1 questions

Is your house accessible for everyone who lives there?

4 Yes

3 No

If no, what are the reasons?

- I need my own room
- A second toilet downstairs would help because we only have one upstairs and five of us living in the house. My daughter who has learning disability is unable to hold her bathroom needs. when someone else is using the bathroom she has nowhere else to go.

Can you access respite care when you need it?

3 Don't know if I qualify

1 Can access it most of the time I need it

3 Don't know/left blank

Do you receive a support package?

0 Yes

0 No

1 I rely on friends

6 Didn't answer

The person with a learning disability would be able to continue living in the family home with paid support if the family could not keep caring for them

1 Yes

6 No

Are you confident that they would get the support needed to share a different house and live with other people - (not necessarily family or people with a learning disability - maybe a friend or someone who has a physical disability) if they chose?

0 Yes

7 No

To have a job or go to college and live there with people I work or train with

0 Yes

7 No

What information about choices for housing people with a learning disability have you been given?

0 All I need or some

7 None

How confident are you that people with a learning disability will be able to secure good quality, affordable housing in Greenwich in the future?

1 Confident

3 Little bit confident

1 Not at all confident

Other comments:

- Bad past experience of independent living for my daughter.
- Because it's a question of money.

Survey 2

Open to everyone to complete



Overview of results

23 responses - 3 completed the easy read version and 20 completed the non-easy read version.

We shared with people our views of the current issues and our thoughts at the time about the potential solutions we thought should go into the strategy. We asked people for their thoughts. People told us if they agreed with our proposition, partially agreed or did not agree.

We asked for comments and it was very helpful to receive these; especially where people either partially agreed or did not agree. We have therefore shared some of these comments in this summary report; with some slight amendments to maintain confidentiality.

On the whole people agreed with our proposals. There were however some very helpful comments. Whilst the principles we proposed were welcomed by the majority there was important advice about the detail; people wanted to know how we were going to achieve it.

We asked people about helping families to make a plan for the future and to prioritise elderly carers; people mostly agreed with this but we were asked not simply to prioritise on the basis of age but look at people's vulnerability and we should look at younger people also.

We asked people about providing more specialist housing for people with a learning disability and mostly people agreed with our proposal however we were reminded that we should work with individuals and make assessments based on their needs.

For the very small number of properties that could not meet people's needs we suggested how we

would approach these issues and mostly people agreed. People told us that location remained very important to them and that people need to be able to see exactly what the alternatives look like. We were advised to be very careful about how these issues are raised with individuals. If there are any changes planned, we need to do everything possible to reduce the worry and anxiety this may cause.

People agreed with our proposals for under-performing landlords.

Whilst people mostly agreed with our proposals around supported living there was a broad spectrum of advice and some concerns. There are misgivings that supported living means less support than the alternatives or means reducing support and are wary; and that making sure people actually get the right package for them is what matters.

Proposals to develop specialist housing as part of the affordable housing programme in the borough received the highest level of support. Our proposals to provide accommodation for people who did not meet the threshold qualification for adult social care support; was mostly supportive but people had concerns about being isolated in new developments. Our proposals make it easier for families who want to care for their loved ones at home; to get the right social housing that works for them was supported. It appears that some of those who only 'partially agreed' felt our proposals did not go far enough.

Increasing number of homes for people with a learning disability

The issue

There are two connected issues here:

- How to get information about housing together with support. Families find the current process very difficult.
- GLH doesn't think social care departments have enough specialist skills and experience across their teams to deliver right housing solutions.

The solution

- GLH will help the Royal Borough of Greenwich (RBG) develop the housing skills, experience and capability to deliver future housing solutions.
- With the help of RBG's housing department, GLH will help social care develop the information, advice, guidance and support it can offer to families and make it much easier for people to understand the process. We will do this by working with families and helping them make a plan for the future with RBG.

Do you agree with the issue and our solutions for it?

- 16 Yes
- 6 Partially
- 1 No

Comments:

- There needs to be good information for young people and families available to help them make decisions and plan for themselves - including what the different roles are.
- Hard to get information from RBG.
- The housing team do not understand and know how to deal with people with a learning disability.
- You cannot, in my view, simply set on one side the issue of the care provided to persons with a learning disability.
- Despite reassurances that you had care as well as housing in your sights, the document seems almost exclusively about housing.
- You use the word 'support' with two meanings - support, as here, with the choice of future home; but also refer to the 'support' given to a loved one in their family home. It is confusing to have this dual use.
- The issues are well identified. However there is also the resource issue - there are insufficient funds for funding of specialist staff and physical provision and as the austerity programme is continuing, this can only get worse. The ideal would be for a commitment by the council to ring fence services for this very needy sector.
- The ideal would be for a commitment by the council to ring fence services for this very needy sector of the borough population so that they and their families can have realistic long term expectations of what services will exist.
- Important to involve specialist providers who have experience working in RBG.

Making a housing plan for the future

The issue

- Families have little information about how the housing and support 'system' works and how they can plan ahead. Many fear the future, not knowing what might happen next.

The solution

- We think all families who currently care for their loved one's at home should be encouraged and helped to make a plan for their future housing and support needs.
- Families who are home owners have choices about how to plan for the future using discretionary trusts etc.
- GLH think that social care, the council's housing department and their housing association partners should agree how best to make similar arrangements for tenants of social housing.
- We can't do everyone at once so we think we should prioritise the most elderly or those with frail carers in both home ownership and social renting to be supported to help make a plan.

Do you agree with the issue and our solutions for it?

- 17 Yes
- 4 Partially
- 2 No

Comments:

- Yes – as long as making a plan does not stop with the most elderly.
- We would have grasped this opportunity as I'm sure many families, who are currently in this situation, will do if support and adaptations are made available. 18 years ago there was also very strong pressure from social workers to enable adults with learning disabilities to 'move on' in the same way as their non-disabled peers. However, the care home option has not been a totally positive experience for us.
- You should prioritise the most vulnerable.
- The issues are well identified. However there is also the resource issue - there are insufficient funds for funding of specialist staff and physical provision and as the austerity programme is continuing, this can only get worse.
- Any learning disability housing strategy will need to focus not only on the need for people to move because of elderly or frail parents but also on, what is a natural aspiration, for a young person to want to move to independent living.
- My view is a whole person approach should be taken and all people considered.
- Making a 'housing plan for the future' is only part of the solution. What about care needs.
- Why should someone elderly living at home be higher in the queue for resolution than someone who is even older and inappropriately placed in a GLO or other care solution.
- It is important to support those who are young and becoming adults from the start. By prioritising elderly and frail - it will mean that there is a growing group of people who are not learning to be independent.

Housing for people with a learning disability who are elderly

The issue

- Many of the issues with the current accommodation are due to the very large number of elderly people living in the accommodation approximately 50% are over 50 years old. Problems of accessibility and aging mean that for many the current accommodation does not meet their needs.

The solution

- We would like to explore with individuals, families and the council the development of new specialist services for elderly people with a learning disability. We do not wish to follow a care home model (but you may have other views).
- The council has some sheltered accommodation which might be suitable to be adapted to the needs of a range of elderly people with a learning disability. Most of the sheltered accommodation at these sites would continue to be used by non learning disabled elderly people as usual. People who moved there could take their staff with them if they wanted to.

Do you agree with the issue and our solutions for it?

- 14 Yes
- 7 Partially
- 2 No

Comments:

- My brother lives in a Council flat and is able to be fairly independent. However, his health is deteriorating and it is envisaged he will need less independent accommodation in the future, in a 'nursing home' kind of environment with on-site assistance.
- There isn't really enough information available about the solutions to make an informed response at this stage.
- There also needs to be more 'halfway house' provision to provide skills for young people.
- If their present home can be adapted so they can stay there this should be done; only move if they want to move.
- Shared lives is the same as living with the parent/s or family. It may be suitable for the minority but 'independent' with good support in a self-contained shared setting allows living in the real world. I feel it is a cost saving exercise for the RBG.
- Not sure on what basis you can say that some buildings will be suitable and others not without having done the work with individuals.
- A care model might well be appropriate for others.
- Are there examples of people elsewhere 'taking their staff with them' and that this works?

Changes to the current accommodation refurbishing and reproviding support/care services

The issue

People are worried about:

- The very small number of properties we think cannot meet the needs of the current tenants or indeed future tenants even with refurbishment.
- The upheaval of having major building works done to properties that need improvement especially if that means people have to move out temporarily.

The solution

- Our promise was to be honest with you. We will need to create replacement accommodation and support for anyone affected. The council must provide suitable alternatives either for the long term or temporarily. Nobody will be made homeless, returned to their family or sent out of the borough.
- We think we should talk to individuals and families about this first. People might need advocates to help them. We think we will need to show people what the alternatives look like so people can see what is being proposed.

Do you agree with the issue and our solutions for it?

- 19 Yes
- 3 Partially
- 1 No

Comments:

- Communication is key.
- It sounds logical.
- People need to see exactly what the future accommodation might be like to help reduce their anxieties and opposition.
- Vital that alternatives are fully discussed and agreed with families before anybody is moved.
- Very important for any new accommodation to be part of a community.
- As long as one is completely honest and the alternative as really suitable.
- But are you suggesting that the Local authority are actually that interested in doing anything? Why not try very hard to get a positive response from the Local authorities to see what it is they are actually prepared to do.
- Please be very careful when talking to individuals - many people will become anxious at the prospect of the unknown.
- Properties need some improvement but are still good homes and should stay open.
- You need to address and ameliorate the worry and the effects of the major upheaval.

More accommodation and different accommodation is needed

The issue

- We have over 100 people placed in homes out of RGB because there is not enough accommodation in the borough.

The solution

Create the following accommodation:

- Housing for younger people with complex needs. There are a small predictable number of people each year that will need fairly specialist accommodation. People who are inappropriately placed and/or are living outside the borough and may wish to return. Some are in neighbouring London boroughs and so are quite close by in other cases, people's families have also moved out of the borough to be nearer them. We will concentrate on those who have moved most recently and where quality and cost of the service they receive are of concern.

Do you agree with the issue and our solutions for it?

- 18 Yes
- 3 Partially
- 2 No

Comments:

- As long as there is adequate provision.
- More homes should be built for individual persons needs and be affordable.
- If the accommodation is suitable it may be appropriate to use property in a neighbouring borough if it is close to the border.
- An analysis of why people have been placed out of Borough would be a prerequisite of judging your solutions.

Landlord's performance

The issue

- Robert Danie Is the Peoples' Parliament MP brought this to our attention when GLH first came to Greenwich. Some of the properties have not been maintained very well. This was also an issue for some properties we visited.

The solution

- There are two landlords in particular where maintenance was an issue. We need landlords who have money to invest in refurbishing the properties to make them fit for the future. We will try to introduce other landlords.

Do you agree with the issue and our solutions for it?

- 17 Yes
- 6 Partially
- 0 No

Comments:

- Some landlords do not listen to what people with a learning disabilities have to say they also blame the tenants when its the landlords duty to the property
- Poorly maintained properties will affect health outcomes and therefore defeat the purpose of independent living.
- Landlords need to be accountable at an earlier stage.
- In my opinion, the maintenance strategy adopted by the landlord falls below an acceptable standard in terms of its day-to-day application. Will the Housing Strategy also seek to address issues such as these so that the quality of living accommodation is consistently high across all provision?
- My experience of the situation is only based upon one individual case. refurbishment has been undertaken. it's taken too long and not enough improvements made.

Supported living

The issue

- The majority of the accommodation we visited are registered care homes. This is surprising as many of the properties were ordinary houses or bungalows. GLH's experience is that elsewhere most of these types of services have deregistered as a care home and transferred to supported living arrangements.
- GLH believe supported living when done well has two distinct advantages over registered care:
 1. People in supported living have a tenancy and housing rights.
 2. People in supported living have a full range of benefits like everyone else including Housing Benefit.
- This means that in supported living the cost of providing the accommodation is paid for by central government up to a local limit of about £160-£200 per person per week whereas in residential care these costs are paid for by RBG.

The solution

- We see no reason why the process of transferring to a supported living model should not start very quickly. It is not a case of simply changing the 'labels' but recognising people have rights and are treated as citizens in their own right. Neither is it a process that will happen overnight. We would ask people to have a look at the Feeling Settled report carried out by NDTI: www.glh.org.uk/feeling-settled-report
- We also think that there may be some cost savings to RBG. Any savings will be reinvested in other learning disability services.

Do you agree with the issue and our solutions for it?

- 14 Yes
8 Partially
1 No

Comments:

- Supported living is working well for me.
- Any savings is welcomed as long as it is reinvested in social care for the benefit of those it was intended.
- The process of moving to supported living needs to be seen as part of the bigger picture. What options are in place for people to move from higher level of support to lower level of support? The strategy needs to identify any barriers or blockages.
- I have read the 'feeling settled' report and this in itself raises lots of questions. I fully support the exhortation for all parties to be proactive and work in a person-centred way, however, I don't support the process happening so quickly that there is little time for deliberation and preparation.
- Supported living is not appropriate for my relative.
- RBG really need to focus on suitable homes all parts of the Borough.
- Support for people with learning difficulties living as tenants seems to dwindle to practically nothing after a while.
- Supported living is fine for some people but some want a home of their own live more independently.
- You will have to define precisely what support could and would be provided under a supported living model before I could give you a view. In principle, I am indifferent to the method of delivering the package but keenly interested in the package that is delivered.

New housing developments

The issue

- Each year there are a small number of young people with a learning disability with very complex support needs who become adults and need specialist housing and support.
- This is a relatively small but predictable number based on information from children's services. They are far more likely to be sent out of borough. We will therefore need to develop a small number of specialist housing solutions as part of our affordable social housing development.

The solution

- We will need to develop a small number of specialist housing solutions as part of our affordable social housing development for people with complex and intensive needs. Not all affordable housing developments will be suitable for this type of development. Design, aspect and privacy issues must be carefully handled.

Do you agree with the issue and our solutions for it?

- 21 Yes
- 1 Partially
- 1 No

Comments:

- It sounds a good idea to customize the provision to the needs of the service users themselves.
- For those with ASD whose behaviour challenges - design is particularly important.
- Housing should be able to help them stay in their boroughs where they have a support network family friends on hand.
- Would developing new solutions necessarily be better than the existing provision?

Fair treatment and opportunity

The issue

- Many people with a learning disability do not meet the threshold for adult social care. It is regrettable but is it the current reality we have to deal with.
- We would like the strategy to be able to offer accommodation to people with a learning disability as citizens like any other.
- Like any other citizen on a low wage or on benefits, social housing is in very short supply and is not available to everyone who needs it. We do not think it is realistic to tell people that everyone who wants this sort of accommodation will get it. Far from it. However, that does not mean none should be provided.
- We are also concerned about people living without enough support so we need to find a solution that will be low cost and safe.

The solution

We think there are three ways of achieving this:

- Access to existing mainstream social lettings based on the model the council's housing department and mental health colleagues have developed with support being provided by Keyring type services which are very cost effective. We think we should aim to cluster these together in the same location and close to existing staffed homes.
- Earlier we highlighted the need to provide new learning disability supported housing projects for people with high and intensive needs. Where these projects are developed we will also include where possible, an additional number of self contained flats for people who are more able but where support can be provided from the nearby accommodation when needed.
- We would also like to explore opportunities for housing to be provided alongside employment/apprenticeships and training. There are few schemes nationwide currently offering this type of service and none in London that we know of.

Do you agree with the issue and our solutions for it?

15 Yes
6 Partially
2 No

Comments:

- Service in other areas has expanded using community hubs as well as self help and mutual support.
- A local tenant management organisation has been able to ensure people are housed in the safest and most supportive blocks.
- Greater support would be appreciated. In the past my brother had a person to whom he could go who lived in the same block of flats. Now he has a different system which is very unreliable, appointments made and not kept and very limited support.
- I like the idea of housing alongside training and apprenticeships. Housing could be located close to places people work.
- I agree in principle to this but alongside a strategy to ensure that people with learning disabilities are not isolated by their location. This has been an unwelcome off-shoot of the strategy to keep elderly people (without learning disabilities) living at home for as long as possible.
- Fair treatment and opportunity should be sought for all those with a learning disability and not just those on the borderline for adult social care.

The difficulty of getting an additional bedroom for those who are unable to share

The issue

- Trying to get social housing with an additional bedroom for instance, if your son or daughter has to share a bedroom with a sibling with autism or other learning disability can be a challenge.
- Larger properties are in very short supply and are in high demand by a very wide range of people with disabilities and health related issues.
- If a family who wish to carry on caring for their loved one with a learning disability at home are unable to do so because of their housing circumstances, then the alternative for the borough is very expensive indeed.
- A life time's cost in staffed accommodation costing an average of £50,000 per year over say 40 years, it will cost the authority £2 million per person at today's social care prices.

The solution

- Many families can manage if they know there is light at the end of the tunnel.
- We would like to take the advice of RGB's housing department including what, if any, opportunities there are for setting aside properties on new developments for specific families in this situation.

Do you agree with the issue and our solutions for it?

18 Yes
4 Partially
1 No

Comments:

- If the current rules on appropriate social housing militate against the extra bedrooms that are needed then the issue should be taken up through Councillors and MPs.
- It all looks well thought through.
- And how about RBG giving families support to get on the housing ladder if they so wish but are unable to do so.
- How much is a life worth? If you are worried about the cost maybe you are over-reaching?
- It would appear to be cost effective to pay for the rent rather than someone needing to go into specialist provision.
- If a family is happy to cope they should receive full support both financially and suitable sized housing.

Adaptations to the home

Families have told us how much they appreciate and value having adaptations done to their home which makes it easier to continue care for their loved ones at home regardless of their age.

We have asked for feedback on our other surveys about your experiences of getting adaptations.

What are your views on what needs to happen to ensure people can get adaptations to stay where they are happy?

Comments:

- I would welcome this as an option to avoid 'care home' living which in spite of all efforts lacks many things. - I believe that adaptations and other support strategies which enable families to care for their disabled family members for longer is, for most families, preferable than a care-home option and more cost-effective.
- It is often the best solution but need to take long term view - if adaptations are made, need to be some commitment for the person to remain there.
- If a person has independence it is better for them. If other people are involved, or the family are burdened with looking after them it is harder for everyone.
- Determine what makes an individual happy and attempt to deal with that - there are a lot of factors to consider.
- This must be a better option than residential care. I have heard that adaptations do take a long time to get approved and carried out.
- Every effort should be made to ensure they have all faculties needed to help them to stay in a home that they are happy in.

Survey 3

For parents of school aged children



Overview of results

31 responses - 30 completed by Mothers and 1 completed by a Father

This survey looked at what the parents of school and college age children felt was important to them about future housing.

A good response was gathered of 31 parents aged between 31-65 years. The majority of respondents children were 12-16 years old; although the ranged in age was under 5 to over 20. Some parents had more than one child with a learning disability.

Most of the parents were full time carers for their child which a small proportion who worked part or full time. They reported their physical and mental health as okay most of the time or better and the majority had lived in Greenwich for more than 10 years.

Two thirds of all respondents lived in social housing, roughly one sixth in private renting and one sixth were home owners. Whilst the clear majority of people lived in social housing it is significant to note that a significant number of families were caring for loved ones with a learning disability in private rented accommodation.

Just over half of respondents lives in a semi-detached property and over half lived in a 3 bedroom property. Just under a quarter said children had to share bedrooms.

Only half the parents felt that their home met the needs of those living there.

Parents were concerned about the needs of their children as they approached adulthood and it

was clear that a majority of parents thought the property unsuitable for the future without the specific aids and adaptations.

For those who had already had adaptations to their homes, the timescales varied widely depending on what was required. The most common adaptations were to meet a physical disability such as installing a level access shower. Although timescales were an issue for a small number the majority of respondents reported reasonable positively on the experience of having the work carried out. A small number however found it very difficult.

A high proportion of respondents reported that they didn't know if they qualified for respite or didn't need it. Although a small numbers of responses roughly half of those who did respond to a specific question on the availability of respite roughly half said they had less than needed.

Most parents said they had no information about future choices for housing for their children. In the light of this it is understandable that the majority of parents also stated that they could keep their child at home with paid support through into adulthood with a lower proportion considering a move into a shared house with support or registered care.

When asked about a 'first move' by far the majority replied that they wanted to stay where they were or were not sure. Only a small proportion indicated a need to make a first move within four years.

About the respondents

Chart 9: age

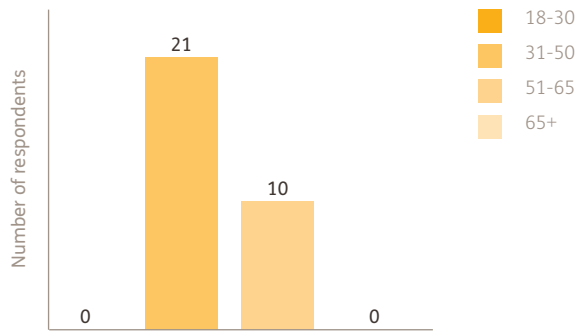


Chart 10: age of child

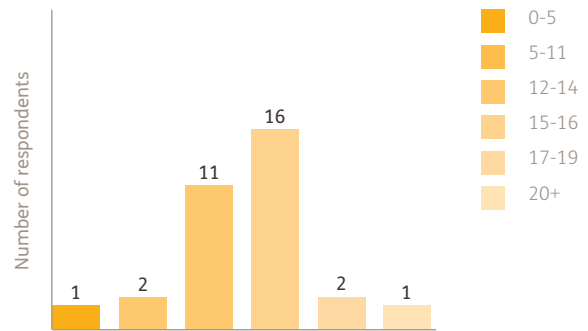


Chart 11: work type activities

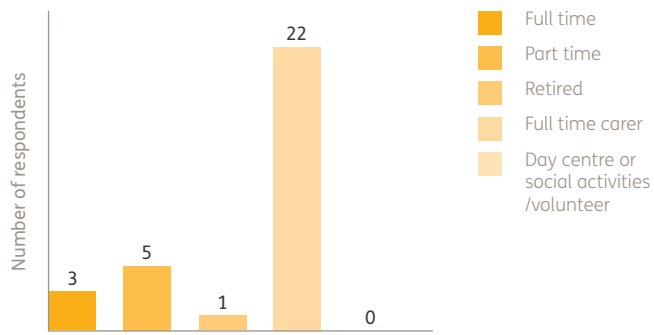


Chart 12: physical health

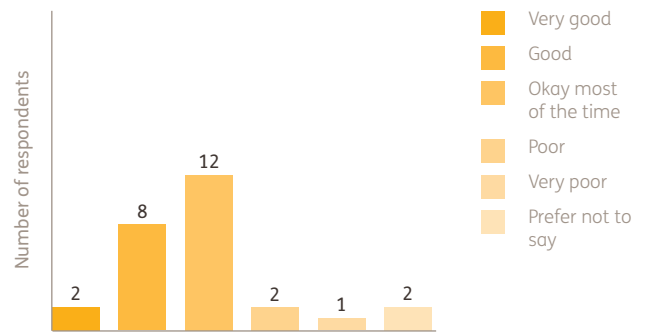


Chart 13: mental health

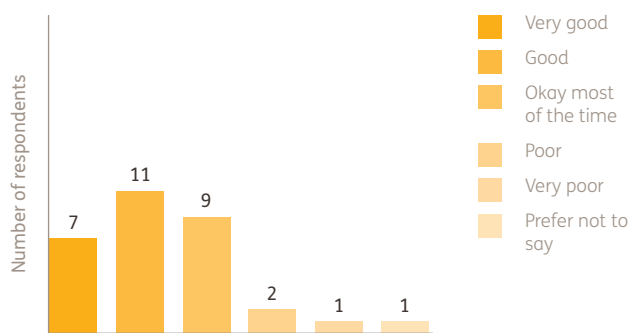


Chart 14: how long have you lived in Greenwich?

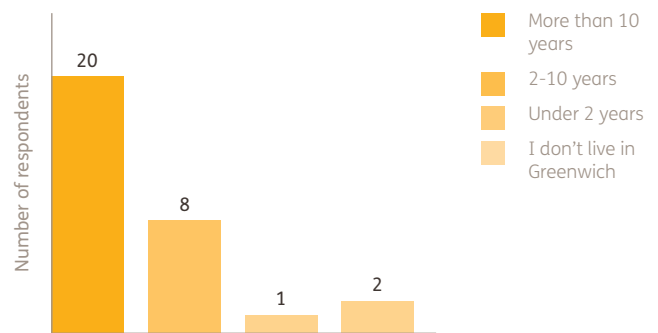


Chart 15: who owns the home you live in?

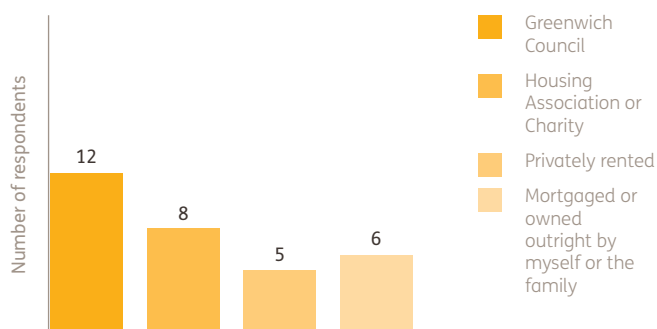


Chart 16: type of property

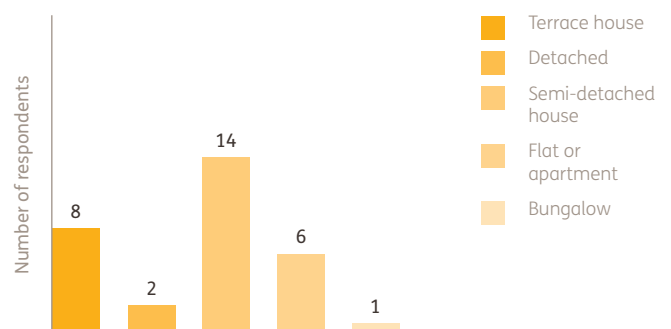
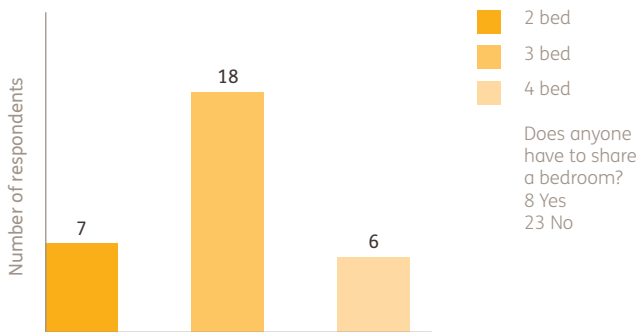


Chart 17: how many bedrooms?



Survey 3 questions

Is your house accessible for everyone who lives there at the moment?

16 Yes
15 No

If no, what are the reasons?

- Need a proper garden only have a small yard.
- My daughter can't get out that often we live in a flat she would like a place with a garden so she would be able to go outside and get fresh air also have a secure place.
- No hand rails or downstairs washing facilities.
- My young person has autism, ADHD, severe challenging behaviour, epilepsy with severe learning disability Therefore has NO sense of danger. Home is not spacious and has a very small garden that cannot even contain the smallest equipment and space for the younger person to do activities that will aid in calming him down when his energy levels are high hence poor sleep.
- Really need a wet room son is 6ft 2inches and we have a smaller than standard bath as the bathroom is too small.
- I currently have both small children in with me, at the min it's not a problem, but as they get bigger it will be.
- My son with autism has shared a room with his younger brother for many years, this has counted to be a problem with the younger brother's wellbeing due to behavioural issues if the boy with autism especially his lack of sleep most nights, hyperactivity, calling outs. Etc. The younger brother has been distressed, sometimes not able to sleep, coming over to sleep in my room or in the living room. No quietness or privacy for him to rest or do his homework etc. It's an issue that continues to challenge the family.
- Can't access the bath properly.
- Small bedroom. No allocated parking. No garden. Not wheelchair friendly.

Have you had any adaptations done to your home?

- 12 Yes, with the help of the council or other agency
- 1 Yes, the right adaptations were already in place before we moved in.
- 1 Yes, we paid for adaptations ourselves
- 17 No

Have you had any adaptations done to your home?

- 3 Stairlift or other lift
- 1 Extension
- 7 Level access shower or adapted bath
- 0 Ramps

Other:

- 1 Hoists
- 1 Home made wheelchair friendly
- 1 Window locks
- 1 Drive, dropped kerb and bath/shower adaptations
- 1 Wetroom provided
- 1 Rails on stairs
- 1 Better access by front door

How long did it take to get the works done?

- 2 Less than a month
- 2 A couple of months
- 2 More than a couple of months but less than a year
- 5 More than a year
- 1 Can't remember
- 3 No information provided

How would you describe your experience of having the works done?

- 4 Very straight forward
- 7 As straight forward as you can expect with works of this nature
- 2 Very difficult
- 1 A nightmare

Other comments:

- Almost everyone involved in my daughter case kept saying why do I rent unadapted house when I know what my family needs, and for the fact that we are new in the borough it will take us another five years. So before we could get a ramp it takes about eight months, and I have to do moving and handling for over a year before they provide a hoist.
- There were a few problems with the floor which had to be relaid due to a leak. But it was fine in the end.

Survey 3 questions

Looking to the future –will the home you currently live in meet the needs of your family including the person with a learning disability who lives with you?

14 Yes

17 No

What are they likely to need?

- No garden - Moving to a house with a garden.
- As I said - she needs a place where she can go out to play while I watch need a secure place.
- Need to make things more accessible for my daughter.
- The home is not affordable... the rent eats into the money that we need for other things in the family 2. We are not able to privately rent a house with an extra room for the younger boy who needs one desperately and urgently for his own welling The solution is for Greenwich council to put us in a Band that will enable us to be allocated an affordable social housing very soon with the possibility of an extra room. We are currently in Band C and this does not meet the need of our family.
- Because the current house is not wheelchair friendly, the bathroom is not adapted there is no stair lift, her room is not insulated, so not save for winter season. No adapted seating, etc.
- As we get older we'd like to know that our son was settled in supported housing if we to become unwell or die.
- Refer to the issues above. (Small and not spacious). Suitable accommodation that will meet the young person's needs will help.
- Wet room or walk in shower is needed.
- My daughter has a tiny box room with a specially made secure bed in it. As an adult this will not be a big enough space for her. She currently crawls up the stairs or walks with help. When older, accommodation on one level would be necessary.
- Because the current house is not wheelchair friendly, the bathroom is not adapted there is no stair lift, her room is not insulated, so not save for winter season. No adapted seating, etc.
- As we get older we'd like to know that our son was settled in supported housing if we to become unwell or die.
- Refer to the issues above. (small and not spacious). Suitable accommodation that will meet the young person's needs will help.

Can you access respite care when you need it?

13 We can access it most of the time we need it

13 Don't know if we qualify for respite or if it's available

5 We don't need respite care

0 Don't know/left blank

How often can you access respite?

- 2 Always
- 2 50% of the time
- 3 Mostly
- 6 Less than we need
- 18 No answer provided

Does the young person with a learning disability who lives with you receive any additional support other from those who live with them?

- 5 Yes, I rely on support from my wider family and friends
- 12 Yes, they already receive support paid for by Royal Greenwich children's services or another agency
- 4 No, they don't receive support from anyone else and are not likely to need any for the foreseeable future
- 7 No, they don't receive a support but it's likely it will be needed in the foreseeable future
- 2 I only get respite support
- 1 Prefer not to say

What information about future choices for housing for people with a learning disability have you been given?

- 2 We have all we need and we know where we can go to find more if we need it
- 1 Enough for the moment
- 5 Some but more would be helpful
- 23 None

How confident are you that you will be able to secure good quality, affordable housing in Greenwich for your young person with a learning disability in the future?

- 2 Very Confident
- 5 Confident
- 9 A little bit confident
- 5 Not at all confident

Other comments:

- My daughter will always need a carer.
- I don't know what's available and have not been given any information
- Not been told anything.
- I have been liaising with Greenwich housing for a few years now about the need of the family especially the impact of autism on a sibling but nothing has been done.
- Shortage of affordable housing.
- Due to be rehoused 5 years ago.
- There's nothing as far as I'm aware out there for kids like my son if there is I don't know about it.
- From past experience with housing.
- We not registered as disability and this is for my son.

Survey 3 questions

How confident are you that if its required, you'd be able to secure a good quality support package/staff to compliment that housing?

- 2 Very Confident
- 3 Confident
- 11 A little bit confident
- 9 Not at all confident

Other comments:

- Wouldn't know where to start.
- We have been on the rehousing list now more than 5 years and nothing has happened.
- My son would require round the clock care, cuts to services would make this not possible.
- I've heard Greenwich don't offer much support to young adults with disabilities after school age.

Obviously its early days but what sort of housing do you think your family member would like to see as a first step?

- 20 Continue living in the family home with paid support if our family could not keep caring
- 2 To live with any one that they chose - regardless of ability - maybe a friend or someone who has a physical disability
- 4 Share a house and live with other people with support
- 1 To have a job or go to college and live there with people they work or train with
- 2 To move into a registered care home
- 1 Not sure

Other comments:

- To continue living with family for now with support / respite packages and move to a registered care home in future if family can't cope.

When would you see this first move happening?

- 4 In less than 2 years
- 2 Between 2-4 years
- 5 Between 5-10 years
- 8 Want to stay where they are
- 12 Not sure

Survey 4

For those living and caring in Shared Lives homes



Overview of results

45 responses - 26 people with a learning disability living in a Shared Lives home, 17 long term Shared Lives carers, 2¹ short term Shared Lives carers and 1¹ Shared Lives flexible support carer (non-residential)

This survey had the most responses and also the most positive answers to questions.

A high number of people with a learning disability took part in the survey.

The majority of service users who responded were under 50 years of age and the carers were most likely to be between 30-65 years of age.

The majority of carers did the role full time and the majority of the service users were at day centres, paid employment or work like opportunities during the day. All seemed to socialise with others during the day as a result.

The physical and mental health of both parties was reported as good or very good.

Most had been part of Shared Lives for over 10 years.

Interestingly most carers who responded owned their own homes. None appeared to be renting privately or have a house from the council or a housing association.

A high proportion of respondents said that they felt that house they lived in was accessibility for those who lived there. A significant number had already had adaptations done to the property and only 3 said they felt more would be needed moving forward.

There was a good take up of respite services and some interesting comments.

Asked about the future and how long people would stay in their current home, the majority felt they would be continuing for the next 6-10 years which is encouraging. Only one respondent said they wanted more independence in the future.

The answers from the free text questions 'what is good about Shared Lives' and 'how it might be improved' along with 'How to Recruit new carers and encourage those with a learning disability to try Shared lives schemes' can be found on page 20 and provide interesting and valuable insights.

Key

1 It is possible that one person does both roles

About the respondents

Chart 18: age

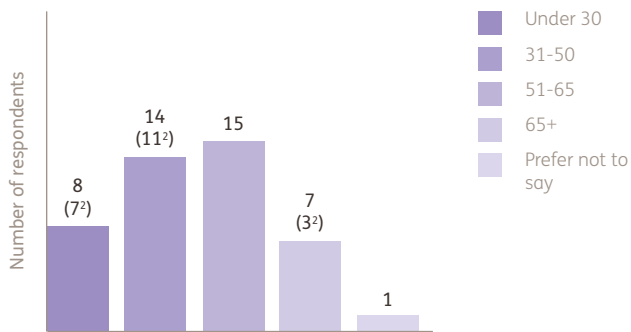


Chart 19: work type activities

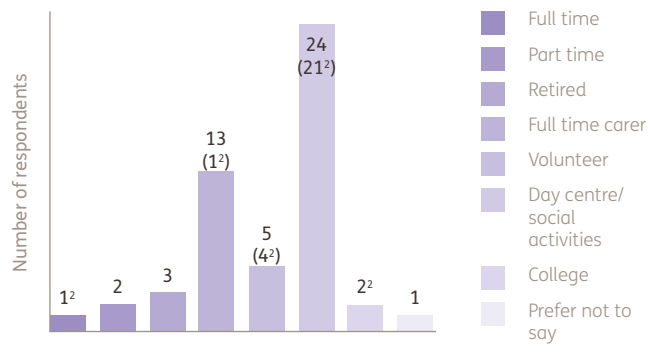


Chart 20: physical health

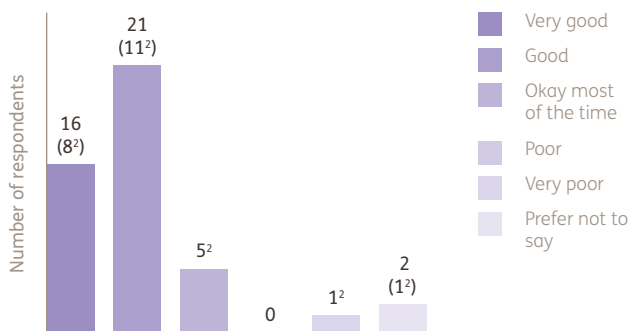


Chart 21: mental health

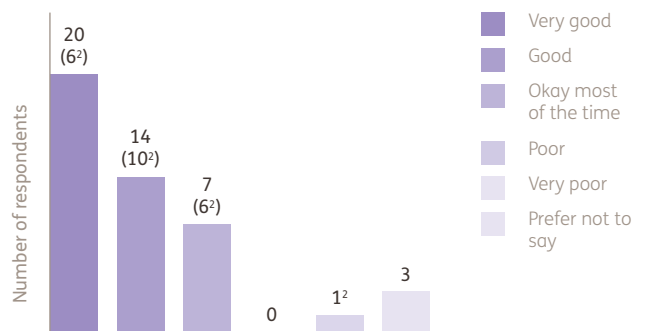


Chart 22: how long have you lived or been a carer in Greenwich Shared Lives home?

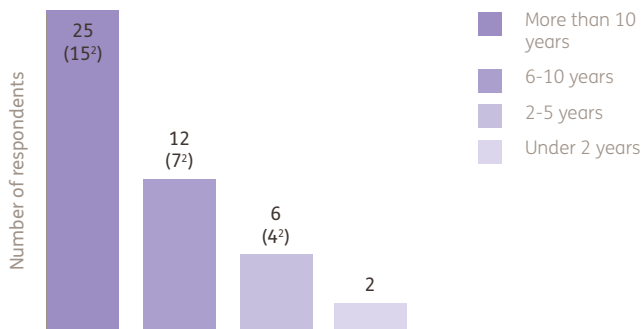


Chart 23: who owns the home you live in?

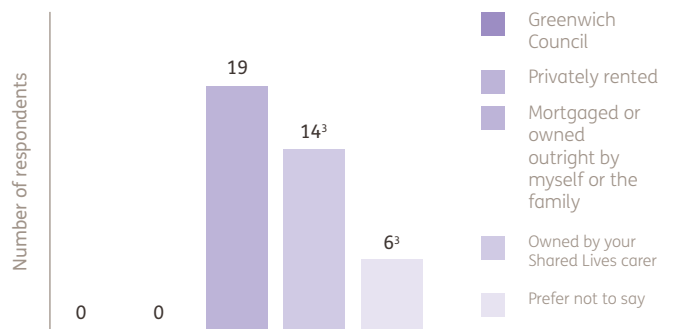
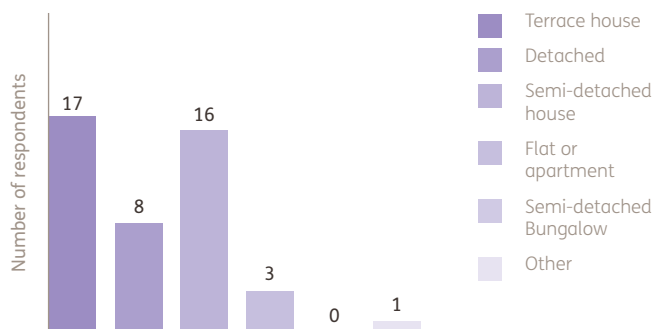


Chart 24: type of property



Key

- 2 A person with a learning disability within the total
- 3 Response from a person with a learning disability

Is your house accessible for everyone who lives there?

43 Yes
2 No

Have you had to have your home adapted in any way

11 Bathroom adaptations
7 Wheelchair access and ramps
1 Hoist
5 Rails (internal/external)
1 Outside lighting
2 Radiator covers
1 Lock changes for safety
29 (17²) No

Looking forward, do you think your home will need adaptations to continue?

3 (3²) Yes
42 (23²) No

Do you generally use the full 4 weeks' respite care allocation?

20 (16²) Yes, mostly I do
16 (10²) No, mostly I don't

Other comments:

- It's good to have a break, I look forward to seeing other carers, and I look forward to coming back. It is good to have respite as long as I can continue my daycentre activities.
- This has only recently been increased, which is nice and now in-line with the paid annual leave of other jobs and is therefore now more fair.
- We have only been given four weeks starting from April 2017.
- Greenwich don't have four-week allowance, but I'm also registered with Bexley and I get it with them.
- I feel it's a great idea to give carers and service users a break from their normal daily/weekly routine.
- The respite carer is very good with the service users.
- We are currently trying to establish a local respite house in Kent.
- Recently approved SL Carer and about to have a placement therefore respite allocation not applicable at the moment.

Do you generally use the full 4 weeks' respite care allocation?

1² No (I would like space and independence)
2 (1²) For the next 3-5 years
22 (11²) For the next 6-10 years
9 (5²) Yes, unspecified timescale
11 (8²) Don't know

Key

- 2 A person with a learning disability within the total
3 Response from a person with a learning disability

Tell us why you answered the way you did?

Shared Lives carer or respite carer

- I very much enjoy being a carer I have done this for over 25 years.
- I enjoy having my clients living in my home. I like to help them to improve their living skills and gain more independence.
- Massive prospects and room for improvement as a person and as a carer.
- I am very happy being a carer for shared lives and it fits in well with my personal life.
- Really enjoy being able to work in my own home and being able to do things one to one and seeing our happy the client is with placement.
- Age.
- I get great satisfaction from being a carer.
- Our two Shared Lives placements have been with us since the age of 10 and 11 from foster care and now our adult placements from Greenwich. They are both extremely settled and are part of our family, so we do not see any changes in the foreseeable future.
- Just started and hope to continue for a long term judging by the track record of the rest of my family who are also long term Shared Living carers.

Person with a learning disability

- I like my carer and day centre.
- Love being part of a family.
- I want to my own flat.
- Hope to continue to live with my carer.
- I like living with my carer.
- My carer is lovely and so is her family.
- I'm very happy where I live.
- Because I like where I live.
- Have lived with my carer for 22 years.
- I like where I live and cannot live by myself.
- Because I would like space and independence.
- Happy with my living arrangements, cannot live by myself.

Please tell us what do you like about 'Shared Lives'

Shared lives carer or respite carer

- I feel this organisation offers a very good service/support to both the carers and the vulnerable people who use/ need this service.
- Shared lives are always there to help and improve my skills with working with clients and if I need help I know I can get in touch.
- I enjoy caring so this is an ideal job for me, I like the challenges that I sometimes face with some service users, e.g. autism, challenging behaviour - I enjoy making the service users feel happy and loved, as some don't have families contacting/ interested in them - I enjoy working with Toni and Christine as my placement officers, as they are both understanding and quick to respond to my queries and offer support, especially by email.
- Meet amazing people. Job prospects and career progression. Sense of job satisfaction.
- The staff are friendly and care about me as a carer. They support me fully. They are always there if I need them and make me feel valued.

Shared lives carer or respite carer (cont.)

- I enjoy helping others to enjoy a full and happy life, offering them the opportunities which many of us take for granted. Being part of a family, going to clubs, pubs meals out etc. I feel I have made a real difference to many service users lives and helped them to feel cared for and that they are an important and valued member of our family.
- Helping people in the community who would otherwise find it difficult to live in a family home.
- Shared lives are always there if you need any help and advice.
- I like the support I receive from Shared Lives, the fact I'm kept up to date with information.
- Get the chance to support vulnerable people.
- Approachable and friendly staff.
- It is a great way to support service users. It is a homely setting not an institution and hopefully they can learn social skill and other skills to help them maintain as much as possible their independence and dignity. I am sure they feel more valued and supported as part of a family.
- I have always worked in a care setting and very much enjoy it. Supporting my users from home make me feel like I am giving something back to the community which is very rewarding.
- The scheme is fantastic as it is aimed at vulnerable disabled adults who are able to live their lives in the care of a family and to feel part of that family.
- The support and commitment from shared lives.
- They are committed to their clients, & we have regular visits from the placement worker who we have a good relationship with.
- It's rewarding see the change you can make in your service users life.
- Flexible and rewarding.
- Flexible way of working - making a genuine difference to people's lives.

Person with a learning disability

- They are looking after me and caring for me.
- I have been at my carer for over 25 years - I like the meals I get and the holidays I go to with my carer, also eating out at the cafe - I like my room and wardrobes, I chose this myself, I have the biggest room in the house - I like going to 'work' (day centre) during the week.
- It's fun, I can do my activities, I can phone my family. I can go shopping, and for meals with my carer. I like doing things on my own like washing up, and making my packed lunch. I like to walk in the garden in the summer. I like knitting, and writing in my room.
- My centre - My carer - swimming - living with the other service user.
- I like the staff and the way the care about my wellbeing. They are friendly and easy to talk to and help to support me and my needs.
- I like my family.
- Home.
- Supported me in finding the right placement to be happy and enjoying my life
- I like living with shared lives.
- I like my home and being part of a family. I like my big bedroom and going on holiday with my Shared Lives family.
- I like love my shared lives family and enjoy takeaways at weekend. I like my big bedroom. I like my day activities and I like going on holiday with my shared lives family.
- They help me and are my friends.
- I can't explain.

Person with a learning disability (cont.)

- I like living with the people who I live with as you can do what you wish.
- I enjoy living with my carer and family. I also enjoy getting help from my Shared Lives Key Worker.
- I like my new family.
- I like seeing my adult placement officers.
- I get support when I need it.
- The people who help me.
- I'm happy.
- Unable to answer.
- it ticks all the boxes. Love my carer to bits and pieces.
- Don't know x 4 responses.

Is there anything that could be done to improve 'Shared Lives'?

28 No
Yes:

- If you were paid for the actual time and effort you put into caring for a service user, the salary would fivefold. It is certainly not an easy job.
- To tell my carer to buy more food stuff.
- Training nearer carers home. Less frequent monitoring visits if all ok. More frequent monitoring visits if not ok.
- The Service need to look at areas or options where service users can access other services in order to motivate them to be more proactive. New ways of working need to be explored.
- For the service users who are able (young or old), they need to be encouraged to do more apprentice training and work for more hours. They also need to be encouraged to do more physical activities, join the gym and be more aware of healthier options and choices

What could we do to encourage more people to be carers in Shared Lives?

- Advertise the role of a shared lives carer in more detail. It is surprising to see how many people do not realise this service exists.
- Go with carers to meetings.
- Invite them to spend some time at the day centres, and let them see the type of people that they would be caring for.
- More annual leave, as this job is 24 hours, 7 days a week, we don't get any weekends, public holidays as do other jobs, including xmas, so always working, these days also count as annual leave allowance whereas in other jobs this doesn't come out of annual leave allowance.
- Have more awareness regarding the benefits?
- Higher salary, which would reflect the value of the caring role. Also how about targeting groups of parents who could do with respite and eventually full time care for their children being brought together where they could meet other parents who use shared lives, some service users and carers. I believe some older parents need reassurance and gentle encouragement to trust someone with the care of someone they love.

Survey 4 questions

- Not many people know about the scheme.
- By advertising in the local papers and carers speaking with their friends and family.
- Carers should be given more support.
- Recognise prior experience of life skills instead of training for more mature carers. Better remuneration.
- Raising awareness through social media, advertising, open days etc. The process of acceptance to be a carer need to be reviewed as it takes too long to go to the panel.
- Speaking publicly to people about the scheme, raising their profile. Informing others what the role involves and how it helps people to live in an ordinary family life.
- Put it on the telly.
- Advertise/work shops.
- By encouraging carers to assist YP in a smooth transition from foster care to adult Placement in Shared Lives.
- Use of social media to advertise on Instagram and Facebook.

People with higher needs often don't have the chance to be part of shared lives. Is there any advice you can give us that might help change that?

25 Unlikely to work
10 No, don't know, not sure
6 Yes:

- If you are expected to do more for a service user a higher salary would be expected. Also help towards paying for adaptations. Training would also be useful. I feel the matching process could be better.
- More homes would have to be adapted.
- More access to outside practical help and respite.
- I feel if the service was more publicized then then people would know about the service and may be interested in applying.
- By listening & supporting carer more with individual needs of their clients and not always as a collective group.
- Pay higher money to reflect the assessed needs/care to be given support with extra respite/day opportunities to give carer support.

Would you consider sharing with someone with higher needs ?


10 (5²) Yes
10 (5²) No
25 Don't know/no answer given

Key


2 A person with a learning disability within the total

How could we encourage more people with a learning disability to be part of a 'Shared lives' Scheme?

- It's the best for us with disabilities.
- To meet and spend time with carers. To give lots of information about the scheme.
- It's only the clients who want to live with a family and be part of it that will want to be part of shared lives.
- Having more awareness and understanding the benefits of the scheme long term as well as short term.
- Staff at day centres could identify people who might wish to consider shared lives. GP practices, dentist or clinics service users attend. How about fostering services automatically offering an overnight stay with a shared lives carer when the young adult is approaching eighteen. contacting foster agencies directly. All health professionals need information on shared lives. I have been a carer for ten years and have never met anyone at any appointment I have supported a service user to who have any idea of the service. They are usually surprised and interested.
- Show them what sort of accommodation is on offer and how their lives would be for leisure/work.
- To make people more aware of shared life's.
- To help more. to have the right type of carer to look after them.
- Encourage them to improve their life style, Give them more choices and flexibility.
- Encourage mingling with people living in shared lives at a carers home.
- Be friendly, polite at the same time have firm boundaries - be non judgmental - supportive, facilitating, encouraging, praising - making service users feel valued.
- Speaking to people, letting them know that the service exists and making it more public.
- If we could persuade them to be in that life and it would make it easier for the parents. The service user would have to come on holiday to test it first of all.
- Advertising is probably the best way or by word of mouth.
- Visit day services/ families.
- Talking and letting people know about it.
- Tell them the advantages of living with a Shared Lives carer.
- Educate, keep talking to groups to promote scheme.



“ Golden Lane Housing
and the Royal Borough of
Greenwich would like to
thank everyone for taking
part in these surveys. ”





Contact us

For more information, get in touch with Golden Lane Housing:

0300 003 7007

West Point
501 Chester Road
Manchester
M16 9HU

enquiries@glh.org.uk

Follow us on Twitter - [@GoldenLaneHouse](https://twitter.com/GoldenLaneHouse)

Part 3

Appendix 2. Social care budget implications for the funding of support

The brief asks GLH to set out how the housing strategy can be delivered within a cost neutral budget. There are a number of different factors which influence the demand for accommodation and support services for people with a learning disability. Many of these are not within the control of the council or its agencies.

Predicting the future expenditure in social care is the outcome of a computation involving demographic, economic and political policy. There is a wide margin for error. We suggest that the figures are reviewed in a broadest context.

In this section we look at:

- The financial characteristics of the current provision
- National context for learning disability expenditure, pricing and wages.
- Projected future demand for accommodation and support
- Budget impact of additional places and wage inflation
- Budget impact of housing benefit top up funding from April 2019
- Summary budget impact
- Measures to mitigate budget impact.

11.1 Key points from financial plan for housing – revenue

We do not think it is possible to achieve the housing strategy for the increased number of people we expect to need and qualify for adult social care accommodation and support within a cost neutral budget. We do think it is possible that the services we visited can remain within the original revenue cost parameters.

Across all of the learning disability accommodation and support services cost will increase as a result of more people needing accommodation and support over the 5 year plan period, the increased diagnosis of autism and wage pressure exerting additional costs on providers. Our estimate is that these pressures will push the current accommodation and support budget of £19m per annum to circa £29m per annum.

The diagnosis of autism in Royal Greenwich has more than doubled in schools over the last eight years, from 308 in 2007 to 683 in 2015; according to the Council's own report of 2015 'Profile of Children and Young People in Royal Greenwich.'

We can identify some savings resulting from moving to supported living, creating a specialist elderly sheltered provision, assistive technology, expanding the Shared Lives service and focusing on high cost providers in and out of borough. These are significant mitigations at circa £2.7m (or 10%) but are not transformational.

In our view the best opportunity for a transformation in approach is a joint housing, children's and adults social care response which targets families and incentivises them to care for longer is the most effective long term solution. In essence we think the council should offer a deal to families; an offer of a better/adapted house (or two houses next door to each other?) which enables families to care for their son/daughter with a disability; in exchange for their continued involvement in the support and well-being of their loved ones. Should circumstances change and the family are no longer involved in support they can be prioritised for re-housing and the larger or adapted home becomes available to another family in need. (See earlier recommendation 10(B) in section 7).

11.2 The financial characteristics of the current provision

Learning disability budget

For the year 2016/17 the council's budget for learning disability expenditure was £16.4m and its expenditure was £21.1m

For the year 2017/18 the council's budget for learning disability expenditure has been set at £16.6m

According to the data the total weekly expenditure on services for people currently on accommodation and support services both inside and outside Royal Greenwich is £360,000/week or £19m per annum.

Cost profile of current expenditure

Royal Greenwich currently spends £10.5m per annum purchasing accommodation and support service **in borough**.

Royal Greenwich currently spends £8.5m per annum purchasing accommodation and support service **out of borough**.

The highest cost provider and the lowest cost provider

In borough

Block contracts

The highest cost provider in borough has an average cost for all services of £1,850 per person per week.

The lowest cost provider in borough has an average cost for all services of £1,210 per person per week

The lowest price was £1,124/week

The highest price is £2,665/week

Spot contracts

The average price was £1,096 per person per week

The lowest price was £422/week

The highest price is £2,900/week

Out of borough

Block contracts

There are no block contracts out of borough

Spot contracts

The average price was 1,170 per person per week

The lowest price was £303/week

The highest price is £2,700/week

Average cost of services recently commissioned

We were provided by Royal Greenwich with a report which referenced current accommodation and support services by reference to the date the placement was made. This information excluded shared lives services.

The average cost per week of recently services commissioned

	All services	In borough		Out of borough	
		Registered care	Supported Living	Registered Care	Supported Living
2016	1,178	1,187	1,070	2,455	1,265
2015	1,122	None	940	1,508	930
2014	1,125	1,213	1,087	1,708	954

We believe the above to be indicative of pricing in the near term. However the strategy period runs for 5 years to 2022-2023 and some consideration is given to future pricing pressures.

11.3 National context for learning disability expenditure, pricing and wages.

The latest national figures for social care expenditure and unit costs are published nationally by the Health and Social Care Information Centre. <http://www.content.digital.nhs.uk/catalogue/PUB22240/pss-exp-eng-15-16-fin-rep.pdf>

To illustrate the trend in expenditure we have compared this with the report covering the period from 2010-2011. <http://content.digital.nhs.uk/catalogue/PUB05794/pers-soci-serv-expe-unit-cost-10-11-rep.pdf>

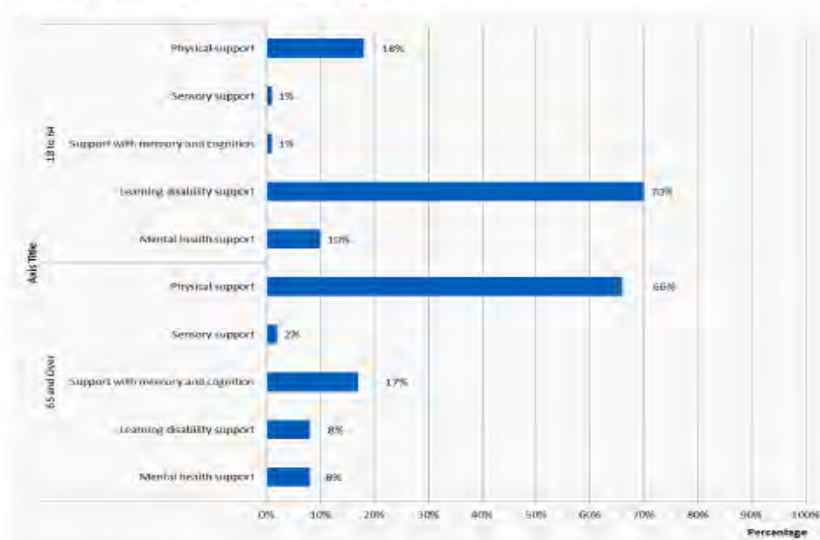
11.4 Pricing of learning disability services.

The reports show that the average unit cost for long term care for people with a learning disability nationally was £1,359 per person per week in 2015-16; up from £1,273 in 2010-11; an increase of only 6.75% over the 5 year period.

Expenditure on learning disability services nationally in 2015-16 accounted for 70% of all social services expenditure in adults age 18-64. In 2010-11 learning disability expenditure accounted for £4,190m out of a total of £7,600m; i.e. 55%. Learning disability expenditure is taking an increasing proportion of the adult social care budget in England.

Extract from 2015-16 report

Figure 5.2 Expenditure on primary support reason as a percentage of gross current expenditure, by age group



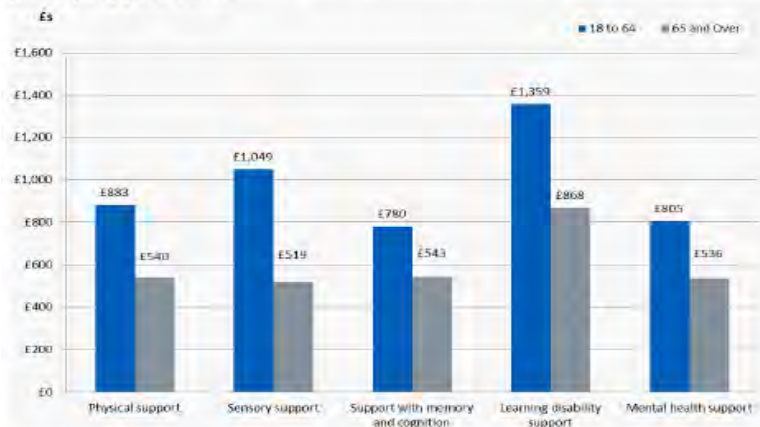
Source: ASC-FR Collection, 2015/16, NHS Digital - See also Table 5 in Reference Data Tables

Extract from 2015-16 report

Long Term Unit Costs by Primary Support Reason

Unit costs can be used to compare the average cost of care per week for each primary support reason.

Figure 5.3 National unit costs for long term care (residential and nursing care) by primary support reason



Source: ASC-FR Collection, 2015/16, NHS Digital - See also Table 13 in Reference Data Tables and Unit Cost CSV

11.5 Wages and costs pressure in learning disability services

Price increases in social care have been relatively modest compared to inflation and increases in the national living wage (which was increased by 4% from £7.20 to £7.50 on 1st April this year). Staff costs are the biggest component of social care costs. It is difficult to recruit staff in any sector in London at £7.50 an hour so the impact of the minimum wage may only be marginal in Royal Greenwich. Based on our recent quick review of recruitment opportunities in Royal Greenwich social care salaries appear to be circa £8-9/hour currently.

http://www.payscale.com/research/UK/Job=Care_Worker/Hourly_Rate/8a7bddb3/London

Much depends on the wider economic circumstances applying to the UK and London but we think it would be reasonable to assume that social care costs will continue to be influenced by increases for lower quartile wage levels.

The Office for Budget Responsibility (OBR hereafter) does not publish wage growth forecasts for segments of the labour market in its main report but has forecast the level of the National Living Wage which may well influence lower segments of the labour market. In their March 2017 forecast the OBR revised down the November 2016 forecast of the National Living Wage from £8.80 to £8.75 an hour in 2020, reflecting lower revisions to their wider earnings growth forecast.

<http://cdn.budgetresponsibility.org.uk/March2017EFO-231.pdf>

In 2020, the national living wage is forecast by the OBR to be £8.75 which is 16% higher than today's figure. It's not clear yet how this will affect social care wages in Royal Greenwich (where wages are already above the national living wage) and it's out of borough placements where wages may be below the National Living Wage. The OBR's latest forecast for average earning shows increases between 2.6% and 3.4% each year up to 2020.

The London Living Wage is currently £9.75 an hour some 8 -20% above market rates for support workers. Any requirement for suppliers of Royal Greenwich to pay the London Living Wage will have a significant impact on future social care prices.

In the light of the above it would be prudent to assume the buying power of the current accommodation and social care budget will be diminished by increased social care pricing and cost pressure due to rising wages.

11.6 Projected future demand for accommodation and support

In section 7 we set out the future demand estimated for accommodation and support services.

These indicate a substantial increase in accommodation and support services driven by young people in transition from children's services and older people with a learning disability living longer. The effect of older people living longer may be more pronounced in Royal Greenwich because of the disproportionately large number of people currently in accommodation and support services in Royal Greenwich in their 50's and 60's.

In section 7 we estimated that:

70 young people will need accommodation over the 5 years to 2022; and
20 additional places will be needed for older people with a learning disability

11.7 Budget impact of additional places and wage inflation

There is a wide margin for error in economic and market forecasting. We have therefore adopted a simple illustrative financial model to illustrate the impact of additional need and rising costs.

There are two aspects to the cost increase

- Budget impact due to more people needing accommodation and support; and
- Budget impact resulting from market pricing driven primarily by wage inflation.

Budget impact due to more people needing accommodation and support

The type of accommodation and support required by younger people transitioning from children's services and elderly people with a learning disability will be different.

As most of the younger people currently entering services are placed out of area we have used the average current price from out of area placements to estimate the future cost of these additional placements. This cost is £1,300 per person per week

To estimate the future cost of elderly services we have used the average cost of the most efficient block contract service which currently specialises in the accommodation and support of elderly/frail people with a learning disability in borough.

This cost is £1,124 per person per week.

At today's prices the estimated impact of the increased need for accommodation and support services on the learning disability accommodation and support services will be as follows:

For young people; 70 additional places at a cost of £1,300 per week = £4.6m each year

For elderly people; 20 additional places at a cost of £1,124 per week = £1,2m each year

The budget impact of more people needing accommodation and support is £5.8m pa at today's prices; rising from the current £19m pa to £24.8m.

Budget impact resulting from market pricing driven primarily by wage inflation

There will be an additional impact from rising costs of operations and market pricing. Wage growth across the economy is forecast to be circa 3% pa and wages account for circa 50-60% of care home operators' income. (Knight Frank Care Homes Trading Performance Review 2016

<https://kfcontent.blob.core.windows.net/research/548/documents/en/2016-4176.pdf>).

We have therefore assumed that market pricing of accommodation and support services will lead to a 2% pa inflationary effect on average. This will increase prices by at least 10.5% by the year 2022-23. An inflationary impact of circa £2.6m on the £24.8m budget.

11.8 Budget impact of housing benefit top up funding from April 2019

As set out in Cordis Bright's report it is proposed in a formal government consultation that in future housing benefit payments above the Local Housing Allowance level will have to be met from local authority budgets from April 2019. For housing benefit claims in existence before April 2019 the Department of Work and Pensions (who currently meet the costs of housing benefit) will transfer a sum equivalent to the aggregate current payments in order to maintain the current benefit levels. However there may be no scope within the transferred sum from central government to cover new tenancies.

From April 2019 there will be circa 70 new younger people entering services and 20 additional elderly people continuing to receive accommodation and support services. We have been provided with a summary of housing benefit currently payable for supported housing in Royal Greenwich. We speculate that the payments at the upper end of payment range reflect the most recent provision. There are a number of payments in excess of £300 per week with a maximum payment of £392 per week.

The current Local Housing Allowance capped rates for the majority of Royal Greenwich (excluding Blackheath and Peninsula) are £160 and £198 per week. We therefore estimate that in future new placements not funded by social housing grant will need an additional payment above the Local Housing Allowance Cap of £150 per week.

Assuming relatively stable house prices, property costs and funding costs then 90 new tenants with £150 per week additional housing benefit payments will have a budget impact of circa £750,000 per annum by 2023. For simplicity's sake we have assumed stable property prices, works costs and financing costs and the estimate of £750,000 per annum may be at the bottom of the range of expectations. We have also excluded the impact of the potential 1% cut to this budget currently in government expenditure plans.

We have also assumed that developments which take place within or alongside larger new affordable housing development will also need additional housing benefit support. Whilst there are opportunities to negotiate arrangements with developers we are conscious that we are seeking to develop quite specialist and highly specified accommodation significantly above the standard build cost and above the standard footprint; this has a significant impact on development financing.

11.9 Summary budget impact

More people	£5.8m
Pricing and wage inflation on social care support costs	£2.6m
Additional Housing Benefit	<u>£0.75m</u>
Total impact	£9.15m

The adult social care budget specifically for accommodation and support in 2022-23 will therefore need to be circa £28.15m compared to £19m today.

We have outlined below measures to mitigate the budget impact of circa £3.2m pa; leaving a net budget impact increase of circa £6m.

11.10 Measures to mitigate budget impact.

There are housing related measures we believe which are either within this strategy or can be taken alongside this strategy which will mitigate the against the cost pressures as follows:

In this strategy

- Supported Living in preference to registered care
- Specialist elderly sheltered accommodation
- Returning people from out of area

Closely allied to this strategy

- Assistive technology
- Serviced efficiency and moving away from higher cost operators

11.10.1 Supported Living in preference to registered care

If services transfer successfully from registered care to supported living then the accommodation and hotel costs transfer from Royal Greenwich to central government funded benefits including housing benefit.

The anticipated capped maximum housing benefit level will be 160 to 198 per person per week; we have therefore applied an average of £180 per person per week as the average payment received from central government in respect in respect of future tenants of supported living schemes. We have estimated hotel costs at circa £75 per person per week. A potential cost reallocation maximum of £255 per person per week. By way of comparison supported living within borough is currently costs Royal Greenwich on average £300 per week less than registered care on average for all placements. (Cordis Bright report 4.2.3). However for more recent placements the cost differential is nearer £100-200 per week as illustrated earlier in this section.

Some service costs may increase in transferring to supported living as people services become more person centred and as people's needs are re-assessed. As a prudent estimate therefore we have assumed a £200/week cost re-allocation.

If we assume 100 people transfer from registered care currently to supported living this will save Royal Greenwich circa £20,000 per week or £1m per annum.

11.10.2 Specialist elderly sheltered accommodation

The average cost of services for those over 50 living in the current accommodation and support in borough is currently £1,331/week.

The lowest cost block contract service specialising in elderly provision is £1,124/week.

If we exclude elderly people currently living in the lower cost block contract the average cost of other services to people aged 50 or over is £1,429.

By comparison the average national costs of learning disability support for people over 65 is just under £900/week (see earlier figure 5.3 national unit costs for long term care above)..

Ensuring 25 people move from higher cost services to new specialist elderly services at lower cost will save circa £300/week for each; a total saving at today's prices of circa £400,000 per annum.

11.10.3 Returning people from out of area

Earlier in section 5 we set out the cost profile of recent accommodation and support services secured out of borough. Of the 70 placements made in the last 7 years 19 now have costs over £1,500 per person per week. The total costs for these 19 people are now £1.9m pa.

Whilst it is speculative to assume any or all of the 70 people wish to return or that we can provide a better and cheaper service within borough the housing strategy allows for additional capacity to achieve this. Over the strategy period we assume 20 people will return with a cost reduction of £150/week on average yielding approximately £150,000 per annum.

11.10.4 Assistive technology

As Cordis Bright point out in their report research evidence of cost savings and service improvements from assistive technology are limited. There were two field trial with relatively large populations of people with a learning disability as follows.

Savings of £122,000 per annum of direct care staff for 33 people; i.e. £70 per person per week.
Savings of £900,000 per annum over 380 service users i.e. £45 per person per week.

Assuming the staff training and equipment can be delivered to say 100 service users in Royal Greenwich at a rate of £50 per person per week this would save £260,000 per annum.

11.10.5 Service efficiency and moving away from higher cost operators

According to the data we have received one of the larger operators providing services in borough has an average cost of £1,850/week whereas another large operator has average cost of £1,210/week. An out of area placement at an average cost of circa £1,300 is cheaper than one of the larger in-borough providers.

There is a need to maintain stability in people's lives and the reality is that it's will be difficult to negotiate prices down with a provider if there are not good quality alternative choices for the people and their families involved. However over the course of the strategy there will be significant cost pressures resulting from the need for additional placements. That increasing need will mean that outlying costs at the top end of the spectrum can not continue. In the same way that out of borough high cost placements need to be tackled to same is true of in borough placements.

Whilst it's not a simple calculation in reality; prime facie the cost of two people in the higher cost placement would buy 3 places in a lower cost placement; i.e. the money will go 50% further.

If the higher cost providers in the example above were able to get to within 15% of the comparator provider for say, 40 placements this would save an average of £450 per person per week or £900,000 per annum.

11.10.6 Expanding the Shared Lives service to people with higher and more complex needs

Presently the Shared Lives service work on a relatively fixed price offer whereby all host families receive the same funding irrespective of the nature of the accommodation they offer or the needs of the individual. Consequently people referred to the service tend to have a narrow range of needs and exclude people with higher and more complex needs.

The survey returns from the shared lives service show a high level of satisfaction with the current arrangements and little enthusiasm from the current group of host families to provide support for people with higher or more complex needs. We do nevertheless think this is worth considering if; as we suggest the shared lives scheme is modestly expanded over the plan period.

Supporting families and preventative measures

In recommendation 10 we looked at a housing response to autism in Royal Greenwich with interventions designed to support families is needed. Every family we support to care for their loved one at home will

negate the need for a staffed placement costing circa £50,000-75,000 every year, or £2m for a lifetime's care in a staffed home.

Families also need support to continue caring especially for those with the highest needs. In section 5 of the main report we reported the cost of supporting people in the community at an average cost of £299 per person per week and an upper quartile cost was circa £500 per person per week. It's not easy to predict savings from this source but if we are able to save 50% of the cost of staffed accommodation it would save circa £1m compared with a lifetime's care in a staffed home. To achieve this, families will need a home which can support their caring role as set out in recommendation 10(B) in section 7.

Mitigating the affects of increased demand and pricing pressures

	Gross saving opportunity
Move to supported Living in preference to registered care	£1m pa
Provide specialist elderly sheltered accommodation	£400,000 pa
Returning people from out of area	£150,000 pa
Assistive technology	£260,000 pa
Service efficiency and moving away from higher cost operators	£900,000 pa
Total	£2.7m p.a.

In addition to the mitigating actions outlined above, from a housing strategy viewpoint the best opportunity for a transformation in approach is a joint housing, children's and adults social care response which targets families and incentivises them to care for longer.



Appendix 3

Project Brief extract

LD Housing Strategy

1. Background

Royal Greenwich has a commitment to deliver good quality services in all aspects of its business. A recent, independent review of the Council's directly managed provision for people with a learning disability has identified a number of issues relating to the quality of people's accommodation. Furthermore the review has identified that the overall cost of directly managed provision is significantly higher than comparable services that are externally managed – without being of a significantly higher quality.

This does not mean that the services people receive are of poor quality or that people do not value them. However, the current offer is not sustainable. As people age and their mobility reduces they will find it more and more difficult to maintain their current living arrangements. Younger people coming into Adults' Services often have higher levels of need than can be safely met in current services and, in any case, younger people tend to have higher aspirations for their lives than has traditionally been the case. The current accommodation offer is unlikely to meet their expectations.

In addition, the Council commissions 70 units of accommodation for people with a learning disability from an external partner. Some of the properties within that stock are known to have similar issues regarding their suitability as care homes or supported living services.

The larger properties within the scope of this project are institutional in appearance with confusing layouts that make day to day management difficult and which do not enable staff to work effectively with people to develop their independent living skills. Many of the smaller units are in older terraced properties, which are not accessible for people with limited mobility. There are general maintenance issues across the stock. Some accommodation does need to be replaced more urgently and this will be prioritised.

The Council recognises that people place great value in these services and that there is significant resistance to change amongst existing service users and their families. Royal Greenwich aspires to full co-production in adult social care. We will ensure that service users and their families/carers are engaged in all aspects of developing our housing strategy and in the design and location of new properties where that is necessary.

The Council has a duty under the Care Act 2014 to have regard to the sufficiency of provision for the borough's whole population. At present there is limited capacity to offer appropriate services in borough to residents with a learning disability. Additionally, DAOPS must ensure that the needs of its service users are taken into account in the Council's wider housing and regeneration strategies.

2. Summary

At present Royal Greenwich faces two key challenges in the provision of accommodation-based services for people with a learning disability. Firstly, much of the existing stock in which RBG accommodates people is not suitable to meet the needs of service users. This impacts both on the quality of people's lives and on the borough's ability to deliver or commission cost effective services. In addition, there is a lack of capacity to accommodate people in the borough. Almost half of our service users that require accommodation-based care and support are currently accommodated outside the borough. As a consequence people find it more difficult to maintain their relationships with families and friends and are removed from their support networks.

The Council's Medium-Term Financial Strategy also needs to be considered. It requires a reduction in all revenue spending. Furthermore, Adults and Older People's Services has a significant overspend that needs to be addressed in order to make future provision sustainable. Currently, the average unit cost of Greenwich Living Options and the Learning Disability Accommodation block Contract is £81,000 a total spend of approximately £10M a year to accommodate 125 people. It is the Directorate's belief that good quality accommodation-based care and support can be delivered more efficiently.

Adults' and Older People's Services' strength is in the delivery of social care; either directly or through commissioned services. The Directorate's expertise is not in developing housing solutions. Therefore Royal Greenwich wishes to commission a housing partner to work with officers to develop a strategy to deliver housing solutions that are of good quality, support people to achieve their aspirations, are efficient to manage and are future proof.

In order to achieve our objectives the Directorate will run a procurement exercise to identify a partner with which to work. The preferred partner will have a lead on user and family engagement and will be required to put forward housing solutions that reflect the stated requirements of our services users, enabling them to achieve their individual outcomes.

The project will be overseen by a steering group that will report to the Directorate's Transformation Board. The Project Lead and an appropriate person from the partner organisation will report to the steering group at agreed intervals, based on the milestones agreed for the project. The project will run, initially, for four years. DAOPS will select its preferred partner by July 2016; work with them to agree priorities and draft a formal strategy by December 2016 with the delivery phase beginning in Jan 2017. The aspiration for LD provision is towards a future model with enough capacity for all RBG Service Users to be supported in the borough; in a way that meets their stated preferences.

3. Project Scope

1.1. Inclusions

People:

- People living in Greenwich Living Option (GLO) homes
- People living in commissioned Learning Disability (LD) accommodation (in borough)
- People coming through the transition pathway and people moving towards independence e.g. Butterfield Mews
- People who are currently living out of borough in spot contracts

Property:

- Housing within GLO
- Housing within the LD accommodation contract

1.2. Exclusions

People:

- People that are not clients of Community Learning Disabilities Team (CLDT) without a learning disability or autistic spectrum condition

Property:

- Services based in accommodation that is spot purchased
- Out of borough accommodation

1.3. Interdependencies

- LD customer journey
- Transitions
- DRES strategic asset review
- Meridian Homes (councils)
- NHS strategy for assessment and treatment units (target for reducing unit beds by 50% over the next 3 years – approx. 4 beds for RBG)
- NHS review of high cost placements
- NHS Charitable Trust (responsible for The Gables)
- Co-production
- LD Day Opportunities
- Autistic Spectrum Conditions Pathway

4. Project Objectives/ Outcome

- A formal strategy that will drive improvements in our accommodation offer to people with learning disabilities.
- Accommodation that supports people in meeting their needs and achieving their aspirations.
 - Service users and their families are engaged with the project
 - The re-modelled service will focus on outcomes for clients.
 - The remodelled service will promote choice and control
 - The re-modelled service will promote independence and ensure clients' aspirations are met.
 - Support and enable people to maintain their support and networks
- Improved the range and quality of accommodation
 - Ensuring that future consideration is given to create a service and accommodation that is fit for purpose
 - Increase in general needs and supported tenancies and a reduction in registered care beds
- Savings from current model
 - The re-modelled service will represent value for money
 - Bespoke packages of support
 - Assistive technology
- A shared vision for LD accommodation owned by:
 - Politicians
 - Officers
 - All departments
 - People we support and their families
 - CCG and other health partners
 - Other stakeholders

Appendix 4. What people told us about housing for people with a learning disability in Royal Greenwich?

4.1 Overall approach

In order to co-produce a housing strategy we listened and spoke to a broad and representative sample of stakeholders. We are grateful to Robert Daniels People's Parliament MP and all of those who took time to speak with us and our partners Cordis Bright. We are particularly grateful to those individuals, families and representative voluntary organisations that made time to come to the events.

Inevitably we have not been able to speak to everyone we would have wished to. We would like to re-assure people that co-production does not end with the publication of the strategy. The process envisaged for the next phase of the strategy (for anyone who might seek new accommodation) must be to work with individual service users and families in their individual circumstances; to understand at an individual level what their housing needs are both now and in the future.

4.2 Summary of key points and recommendations

A key issue for families is how to get information about housing together with support considerations. They don't find the current process easy to engage with or understand. There is a need to provide families and people with a learning disability with specialist information and support about a housing process that is linked with support.

Families have little information about how the housing and support 'system' works and how they can plan ahead. Many fear the future, not knowing what might happen next.

Recommendation 1 – Royal Greenwich and GLH

With the help of Royal Greenwich housing department, GLH will help social care develop the information, advice, guidance and support it can offer to families and make it much easier for people to understand this process. GLH and Royal Greenwich adult social care will start to do this by working with families and helping them make a plan for the future.

The implementation of the above recommendation will require a specific role across both the Community Learning Disability Team (CLDT) and Commissioning Team with responsibility for developing the information, advice and delivery of housing solutions across the teams. We agree that it is important for people with a learning disability and their families to be able to talk to someone with good knowledge of all options relating to housing with support.

We think there are synergies with supporting elderly carers to make a plan for the future and extending the shared lives service to avert future crisis, being able to offer specialist elderly sheltered accommodation, shared ownership and family investment solutions.

Location and properties

We would concur with both families and staff that with perhaps one exception, the locations are very good with good quality outside space and gardens. They are close to local amenities and generally are well supported by public transport.

The vast majority of existing properties we visited are suitable for future needs but require investment; new accommodation is needed for the growing number of elderly people in accommodation and support services. There are some examples of properties which are fit for purpose and others which need significant remodelling. Based on our series of visits we do not think the wholesale closure of services is warranted. Properties are mostly very well located and have a high proportion of ground floor and accessible accommodation. There is a very small number which we believe are no longer suitable for adults with learning disabilities.

By the end of the strategy the portfolio will be fit for purpose and meet the needs of current and future tenants.

Recommendation 2

Royal Greenwich and Greenwich Clinical Commissioning Group, with support from GLH will agree a programme for investment in the current portfolio with priorities and a timetable for implementation. (See also recommendation 10A)

There is also a need to address the underlying causes which give rise to the current need for upgrading and investment. We outline this below.

Landlords, quality and condition

Whilst the locations are good, the condition of the properties we visited is of variable quality. Some of the current landlords are not providing an acceptable level of service for either housing repairs or management arrangements. Some of the properties require considerable investment both in terms of catch up maintenance but also to make them suitable for current or future tenants.

In some cases the current landlord, ownership and leasehold arrangements are not able to deliver the quality and sustainability required for the future. In order to provide a portfolio which is fit for purpose and meets the needs of current and future tenants; these arrangements must change.

By the end of the strategy the financial and legal arrangements will provide the incentives needed to secure future investment.

Recommendation 3

The programme for investment should include the changes necessary to remedy the underlying legal structures which have not incentivised or addressed the long term investment needs of the properties.

Survey results

We carried out a series of surveys aimed at different groups of people we have spoken to about this housing strategy to get their views. The full report is provided as appendix 1.

We shared with people our views of the current issues and our thoughts about the potential solutions we thought should go into the strategy. People told us if they agreed with our proposition, partially agreed or did not agree. On the whole people agreed with our proposals. Whilst the principles we proposed were welcomed by the majority there was important advice about the detail; people also wanted to know how we were going to achieve it.

Families of younger people with a learning disability face different challenges. Families lacked information about housing together with support. By a considerable margin most families lives in social housing. Many had adaptations to their homes and overall the response to this was both favourable and appreciative.

Some families provided insights illustrating how their housing circumstances were undermining their ability and desire to care for their loved ones with a disability. We look further into this issue in section 7 where we examine the future housing needs.

Relatively few families who care for their loved ones at home engaged with us during the development of this strategy. We are confident we can change this at the next stage of the strategy where we seek to implement Recommendation 1 where we work with elderly carers and Royal Greenwich to help families make a plan for the future.

Respondents to the Shared Lives survey were very positive in their response; both from host families and people with a learning disability living with them.

Inevitably we have not been able to speak to everyone we would have wished to. We would like to re-assure people that co-production does not end with the publication of the strategy. The process envisaged for the next phase of the strategy (for anyone who might seek new accommodation) must be to work with individual service users and families in their individual circumstances; to understand at an individual level what their housing needs are both now and in the future.

We need to continue to get people's views and at the next stage of the strategy we will develop a plan reach people who have been placed out of borough most recently; elderly or frail family carers and Asian and British Asian people who appear to be under-represented in accommodation and support services currently.

The strategy will be implemented using a co-production approach.

Recommendation 4

GLH will agree a proposal for co-production with Royal Greenwich for the next stage of the strategy which coordinates with other projects being undertaken by the council which affect the lives of people with a learning disability, their families and carers.

What we did and who we talked to

Visited 17 properties

Wrote to everyone on Royal Greenwich's database of individuals and families

Open forum events for individuals and families at Charlton Football Club

Met or spoke with family liaison officers and other staff at Willowdene, Shooters Hill and Charlton Park Academy

Met with individual families or services users at their request

Circulated a monthly newsletter to circa 130 people and voluntary organisation who have asked to be kept informed and who want to contribute to the strategy

Carried out three web-based surveys to get the views of families and carers

Undertook a survey of all interested families, individuals and voluntary organisation on the key themes in this strategy.

Trust-

One of Cordis Bright's research finding is that there has been a reduction in the level of trust between some service users and their families and Royal Greenwich Borough Council. We were advised that a previous strategy for housing people with a learning disability recommended the closure of a large number of services with no plan in place for the people who lived in those properties. Understandably this was viewed very negatively by some service users and family members who felt that they had not been consulted in the process and disagreed with the proposed changes. This has led to a reduction in the level of trust meaning that some families are suspicious of changes and worry that this new strategy being led by GLH will have negative impacts for people with a learning disability in Royal Greenwich.

4.3-Observation from GLH

We have a lot of work to do to gain trust of families and to show that if moving is necessary it can be a good experience for individuals, their families and staff.

Another consequence of this lack of trust could be fear of moving from one service to another. We believe there is a danger that individuals and families may look at moving home; even to one which might be more suitable for their needs, not as an opportunity and something to look forward to; but as something very much to fear and avoid.

Our experience at GLH in helping to move nearly 2000 people with a learning disability has been very much different. Apprehension and concern most certainly; but as the process goes forward those emotions are joined by aspiration and indeed excitement; individuals, families and staff look forward to their new home.

4.2 Information about housing and support.

A key issue for families is how to get information about housing together with support considerations. They don't find the current process easy to engage with or understand. There is a need to provide families and people with a learning disability with specialist information and support about a housing process that is linked with support.

The majority of family members felt that they and their relatives did not have an understanding of the full range of options available to them. Commissioners, support services and representative organisations all mentioned that there was an issue with placements happening at moments of crisis, and being a case of finding the best place available, rather than long term planning to develop the optimal support for an individual.

As we point out later in section 6 councils have extensive duties under the care act regarding housing; "The local authority *must* ensure that information and advice services established cover more than just basic information about care and support and cover the wide range of care and support related areas set out in para. 3.22. The service should also address, prevention of care and support needs, finances, health, housing...."2 (s3.5)

Observation from GLH

GLH don't think that the adult social care departments have enough specialist skills and experience across their teams to deliver right housing solutions. Families have little information about how the housing and support 'system' works and how they can plan ahead. Many fear the future, not knowing what might happen next.

Recommendation 1 – Royal Greenwich and GLH

With the help of Royal Greenwich housing department, GLH will help social care develop the information, advice, guidance and support it can offer to families and make it much easier for people to understand this process. GLH and Royal Greenwich adult social care will start to do this by working with families and helping them make a plan for the future.

The implementation of the above recommendation will require a specific role across both the Community Learning Disability Team (CLDT) and Commissioning Team with responsibility for developing the information, advice and delivery of housing solutions across the teams. We agree that it is important for people with a learning disability and their families to be able to talk to someone with good knowledge of all options relating to housing with support.

We think there are synergies with supporting elderly carers to make a plan for the future and extending the shared lives service to avert future crisis, being able to offer specialist elderly sheltered accommodation, shared ownership and family investment solutions.

Families who are homeowners have choices about how to plan for the future using discretionary trusts etc. Some families may also want to think about and plan for inheritance arrangements and shared ownership solutions which provide housing for people with a learning disability. (See also recommendations 14 and 18).

For tenants of social housing GLH think that social care, the council's housing department and their housing association partners should agree how best to make similar arrangements for tenants of social housing. Arrangements with social housing tenants are less well developed but equally capable of delivering peace of mind for families.

Succeeding to a social housing tenancy is a matter of legal fact so there is less room for discretion in the process. In GLH's experience most people with a learning disability living at home with their family will not legally succeed to the tenancy but if bereaved they will technically be occupying a tenancy illegally. A son or daughter with a learning disability whose parents passed away is as unlikely as anyone else's son or daughter to continue living alone in a 3 bedroom property. However, in nearly all the likely scenarios the council has an obligation to re-house that son or

daughter with a learning disability in appropriate housing. Being safe, and being close to places and people they know is key to making any move successful.

We can't support everyone to make a plan at the same time so we think we should prioritise the most elderly or those with frail carers in both home ownership and social renting to be supported to help make a plan. According to the data we have there would appear to be: 30 people aged 65-74 and 70 people aged 55 -64 living with their family.

To implement the above recommendation GLH and Royal Greenwich have identified a need for a specific role across both the Community Learning Disability Team (CLDT) and Commissioning Team with responsibility for developing the information, advice and delivery of housing solutions across the teams.

The prime responsibilities of this role are to:

- Work alongside the boroughs own housing department to be able to deliver small scale specialist housing solutions for people with a learning disability on a timely basis.
- Pro-actively support friendship and sharing opportunities; introducing people to each other and designing housing solutions for them.
- Providing information and support to families. The role will develop experience and expertise by talking with families and helping to make plans for the future.

4.3 Current housing stock

The current housing stock used by the services we visited in Royal Greenwich is of variable quality. There are some examples of properties which are fit for purpose and others which either need significant adaptation or are no longer suitable for adults with learning disabilities. Issues with houses most commonly surrounded mobility for older service users, the upkeep and repair of buildings and “*institutional*” rather than “*homely*” design.

Site visits were conducted at 12 mcch and GLO properties for adults with a learning disability between December 2016 and January 2017. The site visits focussed on the accommodation over which the council and its CCG partners have the most influence; i.e. portfolios from which mcch and GLO provide services under block contract arrangements. These account for around 60% of the total in borough bed capacity.

The Cordis Bright report gives an extensive report of the feedback from staff families and services users to our visits to the properties and we have included a précis of the main points below.

A significant majority of the service users we spoke with were happy with where they lived. They liked the staff and the people they lived with. Service users who were able to express so, were positive about the homes that they lived in and the activities in which they participated. Even when issues were apparent, for example, a need for repairs or decoration, service users did not mention it.

A minority of residents (who were all older people) described difficulties manoeuvring within their homes, particularly as a result of having bedrooms which were only accessible via stairs. Another mentioned difficulty accessing the bath. Others described having difficulty walking on the street outside, which was steep and narrow or an inability to use public transport

In the majority of cases where it was discussed, the relationship between service users varied between “being used to each other” through to friendship. In one residence, there were examples of residents who did not get along. There were no cases of people choosing who they lived with.

Family members had a relatively pragmatic view of the current state of accommodation in Greenwich. They recognised that the accommodation is not perfect. Particularly in the case of older buildings. There are elements that they dislike, such as the long corridors and stairs.

However, for the most part they like the staff and the support which their relative received, and worry far more about the impact of changes in the future than about the current model.

Family members were more positive about the location of accommodation.

In general, family members had a relatively stoical approach to the accommodation, often describing it as not perfect, but good enough. While they mentioned specific improvements that they would like to see (for example, making it homelier or adding en suites) they were more interested in ensuring that the level of care was appropriate and that services did not close than in significantly changing the design or décor of accommodation.

Staff were more aware of the issues with the current accommodation than either service users or family members. This may be because they are the most likely to experience or notice the problems which result from issues with the building, location and upkeep or because they are more aware of best practice and other options for housing people with a learning disability.

The biggest issues that staff raised were around mobility and the changing needs of service users. The majority of the sites visited supported older people, who were struggling, or likely to soon struggle with activities such as climbing stairs or getting in and out of baths.

The level of upkeep was raised [by staff] as an issue in the majority of site visits.

The other element of upkeep which was often mentioned by staff was cyclical maintenance. Staff reported that there was too little investment in the ongoing upkeep of the property, for example, redecoration of communal areas or the refurbishment of bathrooms or kitchens. In many houses, staff were unsure of when this was last done. They described the properties as “run down” or “in need of some TLC”.

GLH has been given additional information on the properties visited by the support organisations and by Royal Greenwich. A summary schedule of the accommodation visited, its ownership and management arrangements is given in the table overleaf.

GLH have also interviewed landlords who provide accommodation and support services in Royal Greenwich. Their responses are included in section 9.

A selection of the properties visited

Location	Post Code	Support provider	Service Type	Capacity	Current Occupation	Vacant	Freeholder	Lease - holder	Operational agreement MA SLA etc
Abbey Wood	SE2	GLO	RCH	6	4	2	NHS/TBA	Hyde	Man Agree
Abbey Wood	SE2	GLO	RCH	6	5	1	NHS/TBA	Hyde	Man Agree
Greenwich	SE10	GLO	RCH	11	9	2	ROYAL GREENWICH		
Greenwich	SE10	GLO	RCH	7	7	0	ROYAL GREENWICH	Hyde	Man Agree
Charlton	SE7	GLO	RCH	6	6	0	Hyde		Man Agree
Charlton	SE7	GLO	SL	4	4	0	Hyde		Man Agree
Charlton	SE7	GLO	SL	4	4	0	Hyde		Man Agree
Greenwich	SE3	GLO	SL	2	1	1	ROYAL GREENWICH		
Blackheath	SE3	GLO	SL	5	3	2	ROYAL GREENWICH		
sub-total GLO				51	43	8			
Blackheath	SE3	MCCH	RCH	20	19	1	NHS GW CCG	MCCH	Lease to 2017
Blackheath	SE3	MCCH	RCH	4	4	0	L&Q	na	Man Agree
Plumstead	SE18	MCCH	RCH	5	5	0	NHS GW	MCCH	Lease to 2017
Blackheath	SE3	MCCH	RCH	16	12	4	CCG	MCCH	Lease to 2017
Woolwich	SE18	MCCH	SL	8	8	0	A2 Dominion	na	Man Agree
Woolwich	SE18	MCCH	RCH	16	15	1	NHS GW	MCCH	Lease to 2017
sub-total mcch				69	63	6			
TOTAL	0		0	120	106	14			

Some additional observations from GLH (based on both the visits and information provided thereafter).

We would concur with both families and staff that with perhaps one exception, the locations are very good with good quality outside space and gardens.

There is a high proportion of ground floor and accessible accommodation. (75 of the 120 capacity are ground floor or accessible via lifts).

Good relationships and trust in staff.

There is a very large population of elderly and frail clients who struggle with the accommodation even though the majority of it is accessible.

A number of bedrooms are small and unable to attract new clients; some are in bungalows where they are too small for the larger motorised wheelchair, hoist, other equipment and furniture to fit in the room.

Some shared houses and bungalows do not have a second shared space / lounge.

Some shared properties have the legally required number of bathrooms but these are not sufficient for the high level of needs for the clients operationally.

Few younger people with higher or complex needs are catered for in these services.

Few people have recently moved in or out; very few people had a plan to move on; even those who were younger and more able to do so.

There is a preference for waking night cover and no sleepover rooms in many properties.

There is no assistive technology and there are multiple waking night workers on a single site. Large amounts of on-site paperwork and offices.

Some poor landlord performance and inadequate repairs services; no cyclical maintenance programme known to staff in the case of one landlord. Robert Daniels the People's Parliament MP brought this to our attention when GLH first came to Royal Greenwich.

The introduction of a relatively new part time handyman service organised and paid for by GLO was well received.

For the small number of supported living properties the housing management arrangements were unclear.

There is a block contract for mcch and GLH understands there is no contract as such for the borough's in-house provider GLO; our view is that block contracts do not necessarily support a person centred focus.

Some of the properties are only held on short leases that do not appear to incentivise investment by the landlords.

A small number of families we spoke to associate the terminology we use such as 'becoming more independent' with being left more and more alone with less and less support. They did not have confidence in the system and some had personal experience of this happening to their loved ones

The majority of housing providers we spoke to in the borough have said that would prefer to invest in supported living services as opposed to registered care (see section 9); most of the current services are registered care homes.

The vast majority of existing properties are suitable for future needs but require investment; new accommodation is needed for the growing number of elderly people in accommodation and support services. Royal Greenwich, Greenwich Clinical Commissioning Group and GLH will agree a priority programme for investment with a timetable for implementation which also addresses the underlying causes which give rise to the current need for upgrading and investment.

Based on our series of visits we do not think the wholesale closure of services is warranted. Properties are mostly very well located and have a high proportion of ground floor and accessible accommodation.

However there are

- Properties which can meet the current needs of the people who lived there now and in the future and require catch up maintenance or modest investment is required. (We think some properties will fall into this category)
- Properties which can meet the current and future needs of the people who live there but require significant investment to make it suitable for the future. (We think some fall into this category). Within this category are properties which do not meet the needs of the current client group but would meet the needs of another client group with different needs in the future.
- Properties which can not meet the current and future needs of the people who might want to live there and in order to provide a suitable replacement accommodation, the capital asset or land value needs to be re-invested in the replacement/ new accommodation. (We think a very small number fall into this category)
- There are a very large number of elderly people in services who clearly need new accommodation more suited to their accommodation and support needs.

The vast majority of existing properties are suitable for future needs but require investment; new accommodation is needed for the growing number of elderly people in accommodation and support services.

By the end of the strategy the portfolio will be fit for purpose and meet the needs of current and future tenants.

Recommendation 2

Royal Greenwich and Greenwich Clinical Commissioning Group, with support from GLH will agree a programme for investment in the current portfolio with priorities and a timetable for implementation. (See also recommendation 10A)

There is also a need to address the underlying causes which give rise to the current need for upgrading and investment.

Landlords, quality and condition

Whilst the locations are good, the condition of the properties we visited is of variable quality. Some of the current landlords are not providing an acceptable level of service for either housing repairs or management arrangements. Some of the properties require considerable investment both in terms of catch up maintenance but also to make them suitable for current or future tenants.

In some cases the current landlord, ownership and leasehold arrangements are not able to deliver the quality and sustainability required for the future. In order to provide a portfolio which is fit for purpose and meets the needs of current and future tenants; these arrangements must change.

By the end of the strategy the financial and legal arrangements will provide the incentives needed to secure future investment.

Recommendation 3

The programme for investment should include the changes necessary to remedy the underlying legal structures which have not incentivised or addressed the long term investment needs of the properties

4.4 Asking people for their views.

Adult service users, their family and carers were asked to participate in anonymous surveys to help Golden Lane Housing understand more about the housing they currently live in and their needs for the future. We also shared some of the main points in this strategy with people who expressed an interest in doing so during the course of our work.

Survey 1 - for family members living with a person with a learning disability.

Survey 2 - for all interested parties to respond to the main points we anticipated putting into this strategy document.

Survey 3-For those with a child or young person currently in education.

Survey 4- For those in 'Shared Lives'.

The surveys included questions about the participants' experiences and their aspirations and concerns for the future. Over 100 responses were received. In addition to emailing or writing to our own data base of interested parties the surveys were available to others using websites of groups GLH are working with during the project including the Greenwich Parent Voice, Charlton Park Academy and also at GLO and mcch properties via the support staff.

We have summarised the results below. Full copies of the survey results can be found on the project page of the GLH website <http://www.glh.org.uk/professionals/consultancy-and-partnership-work/> and as appendix 1.

Survey 1- for family members, carers and people with a learning disability who all live together.

The data received was from a small number of parents, carers and adults with a learning disability who live at home. As such it cannot be considered representative of this group across Royal Greenwich.

The average age of carers taking part in this survey over 51.

Those responding said that their physical and mental health in general was okay most of the time or better.

Most had lived in Greenwich for more than 10 years and their property was likely to be a 3 bedroom terraced house.

Surprisingly; by a significant majority respondents reported having to share a bedroom despite being adults.

Just under half said they could not access all areas of the house.

Respite- whilst 2 respondents said they didn't need respite others appeared to not have any knowledge of or access to respite.

There was concern about who would care for their loved one if they were unwell and it was felt that a paid carer coming to their home would not be a suitable option. Respondents were not confident that their loved one would be able to live in a shared house with others either.

The survey also tells us that there is a lack of information for those seeking information about housing. There was perhaps a little more confidence about people generally getting the right support and housing when the time came to ask.

Survey 2 – Open for everyone in all groups to respond. It asked for people's views on GLH's initial proposals for the housing strategy.

We shared with people our views of the current issues and our thoughts at the time about the potential solutions we thought should go into the strategy. We asked people for their thoughts. People told us if they agreed with our proposition, partially agreed or did not agree.

We asked for comments and it was very helpful to receive those; especially where people either partially agreed or did not agree. We have therefore shared some of these comments in full survey report with some slight amendments to maintain confidentiality.

On the whole people agreed with our proposals. There were some very helpful comments. Whilst the principles we proposed were welcomed by the majority there was important advice about the detail; people wanted to know how we were going to achieve it.

We asked people about helping families to make a plan for the future and to prioritise elderly carers; people mostly agreed with this but we were asked not simply to prioritise on the basis of age but look at people's vulnerability and we should look at younger people also.

We asked people about providing more specialist housing for people with a learning disability and mostly people agreed with our proposal however we were reminded that we should work with individuals and make assessments based on their needs.

For the small very number of properties which could not meet peoples' needs we suggested how we would approach these issues and mostly people agreed. People told us that location remained very important to them and that people need to be able to see exactly what the alternatives look like.

We were advised to be very careful about how these issues are raised with individuals and if there are any changes planned we need to do everything possible to reduce the worry and anxiety this may cause.

People agreed with our proposals for under-performing landlords.

Whilst people mostly agreed with our proposals around supported living there was a broad spectrum of advice and some concerns. There are misgivings that supported living means less support than the alternatives or means reducing support in some way. People also told us that Irrespective of the name given to the type of support, making sure people actually get the right package for them is what matters.

Proposals to develop specialist housing as part of the affordable housing programme in the borough received the highest level of support.

Our proposals to provide accommodation for people who did not meet the threshold qualification for adult social care support; was mostly supportive but people had concerns about being isolated in new developments.

Our proposals to make it easier for families who want to care for their loved ones at home; to get the right social housing that works for them; was supported. It appears that some of those who only 'partially agreed' felt our proposals did not go far enough.

Survey 3- for parents of school age children

This survey looked at what the parents of school and college age children felt was important to them about future housing.

A good response was gathered of 31 parents aged between 31-65 years. The majority of respondents' children were 12-16 years old; although the ranged in age was under 5 to over 20. Some parents had more than one child with a learning disability.

Most of the parents were full time carers for their child; a smaller proportion worked part or full time. They reported their physical and mental health as okay most of the time or better and the majority had lived in Royal Greenwich for more than 10 years.

Two thirds of all respondents lived in social housing, roughly one sixth in private renting and one sixth were home owners. Whilst the clear majority of people lived in social housing it is interesting to note that a significant number of families were caring for loved ones with a learning disability in private rented accommodation.

Just over half of respondents lived in a semi-detached property and over half lived in a 3 bedroom property. Just under a quarter said children had to share bedrooms.

Only half the parents felt that their home met the needs of those living there. A list of reasons appears in the full survey results.

Parents were concerned about the needs of their children as they approached adulthood and it was clear that a majority of parents thought the property unsuitable for the future without the specific aids and adaptations.

For those who had already had adaptations to their homes, the timescales varied widely depending on what was required. The most common adaptations were to meet a physical disability such as installing a level access shower etc. Although timescales were an issue for a small number the majority of respondents reported reasonable positively on the experience of having the work carried out. A small number however found it very difficult.

A high proportion of respondents reported that they didn't know if they qualified for respite or didn't need it. Although there were only a small numbers of responses to this question roughly half of those who did respond said they had less than needed.

Most parents said they had no information about future choices for housing for their children. In the light of this it is understandable that the majority of parents also stated that they could keep their child at home with paid support through into adulthood with a lower proportion considering a move into a shared house with support or registered care.

When asked about a 'first move' by far the majority replied that they wanted to stay where they were or were not sure. Only a small proportion indicated a need to make a first move within 4 years.

Survey 4- for those living and caring in Shared Lives homes

This survey had the most responses and also the most positive answers to questions. A high number of people with a learning disability took part in the survey.

The majority of service users who responded were under 50 years of age and the carers were most likely to be between 30-65 years of age.

The majority of carers did the role full time and the majority of the service users attended day centres, paid employment or work like opportunities during the day. All seemed to socialise with others during the day as a result.

The physical and mental health of both parties was reported as good or very good.

Most had been part of shared lives for over 10 years.

Interestingly most carers who responded owned their own homes. None appeared to be renting privately or have a house from the council or a housing association.

A high proportion of respondents said that they felt that house they lived in was accessibility for those who lived there. A significant number had already had adaptations done to the property and only 3 said they felt more would be needed moving forward.

There was a good take up of respite services.

Asked about the future and how long people would stay in their current home, the majority felt they would be continuing for the next 6-10 years. Only one respondent said they wanted more independence in the future.

Observations from GLH

We carried out a series of surveys aimed at different groups of people we have spoken to about this housing strategy to get their views. The full report is provided as appendix 2.

In Survey 2 we shared with people our views of the current issues and our thoughts about the potential solutions we thought should go into the strategy. We asked people for their thoughts. People told us if they agreed with our proposition, partially agreed or did not agree. On the whole people agreed with our proposals. Whilst the principles we proposed were welcomed by the majority there was important advice about the detail; people wanted to know how we were going to achieve it.

Relatively few families who care for their loved ones at home engaged with us during the development of this strategy. We are confident we can change this at the next stage of the strategy where we seek to implement Recommendation 1 where we work with elderly carers and Royal Greenwich to help families make a plan for the future.

Families of younger people with a learning disability face different challenges. Families lacked information about housing together with support. By a considerable margin most families live in social housing. Many had adaptations to their homes and overall the response to this was both favourable and appreciative. There were some helpful responses from families illustrating how their housing circumstances were undermining their ability and desire to care for their loved ones with a disability. We look further into this issue in section 7 where we examine the future housing needs of people in Royal Greenwich.

Respondents to the Share Lives survey were very positive in their response from host families and people with a learning disability living with them. Both gave very helpful advice about how to sustain the quality of the service and to expand it to meet the future expanding needs.

Inevitably we have not been able to speak to everyone we would have wished to. We would like to re-assure people that co-production does not end with the publication of the strategy. The process envisaged for the next phase of the strategy (for anyone who might seek new accommodation) must be to work with individual service users and families in their individual circumstances; to understand at an individual level what their housing needs are both now and in the future.

We need to continue to get people's views.

At the next stage of the strategy we will develop a plan to reach people who have been placed out of borough most recently; elderly or frail family carers and Asian and British Asian people who appear to be under-represented in accommodation and support services currently.

The strategy will be implemented using a co-production approach.

Recommendation 4

GLH will agree a proposal for co-production with Royal Greenwich for the next stage of the strategy which coordinates with other projects being undertaken by the council which affect the lives of people with a learning disability, their families and carers.

Appendix 5. What the data tells us about the current housing for people with a learning disability in Royal Greenwich

To inform the strategy we asked Cordis Bright to analyse the data received from Royal Greenwich on people with a learning disability Full details are given in sections 4.2 and 5.2 of their report.

Where people with a learning disability live

In Royal Greenwich social care for people with a learning disability is the responsibility of the Department of Adult and Older People's Services. Data was gathered from the Department of Adults and Older People's Services and Children's Services. We did not receive any data from Greenwich Clinical Commissioning Group. We were also provided with further reports as from Department of Adults and Older People's Services as follows:

People living out of area.

People in transition from children to adult services.

People whose current accommodation and support arrangements needed to change.

A report on where some people with a learning disability live in Royal Greenwich.

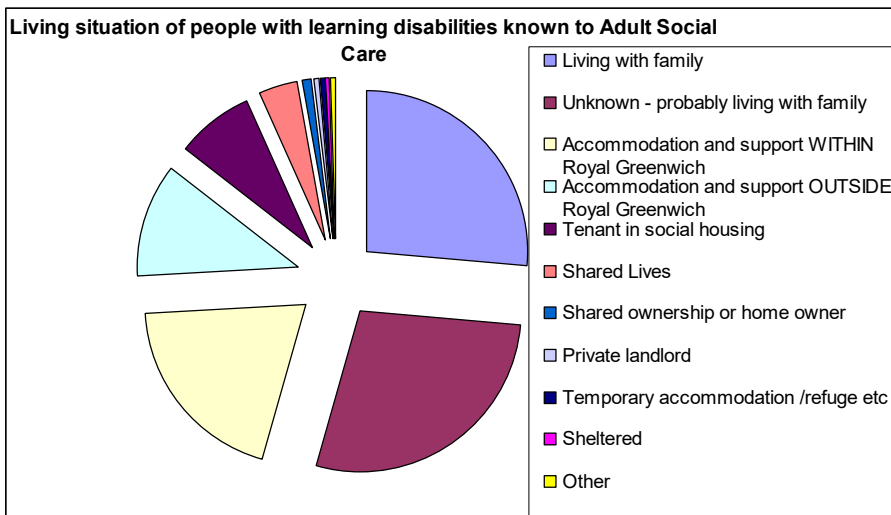
There were 915 people listed as having a learning disability in Royal Greenwich, of which 95% are on the Community Learning Disabilities Team (CLDT) Register.

The population of Royal Greenwich is circa 275,000 people and the 915 (0.33%) people with a learning disability known to adult social care is within the expected range to be known to the council.

Whilst confidential records of the 915 individuals may well have details of individual living situations we are unable to ascertain those details for circa 256 (28%) of people with a learning disability. GLH expects that the vast majority of those will be living with family. Consequently GLH expects a proportion of those 256 to be living with elderly family carers.

We have outlined below the living situation of the 915 people with a learning disability

Living with family	242
Unknown - probably living with family	256
Accommodation and support WITHIN Royal Greenwich	180
Accommodation and support OUTSIDE Royal Greenwich	106
Tenant in social housing	71
Shared Lives	34
Shared ownership or home owner	9
Private landlord	4
Temporary accommodation /refuge etc	6
Sheltered	1
Other	6
Total	915



By the end of the strategy Royal Greenwich will understand the housing and support circumstances of elderly and frail carers who live in the family home with their loved one with a learning disability.

Recommendation No 5

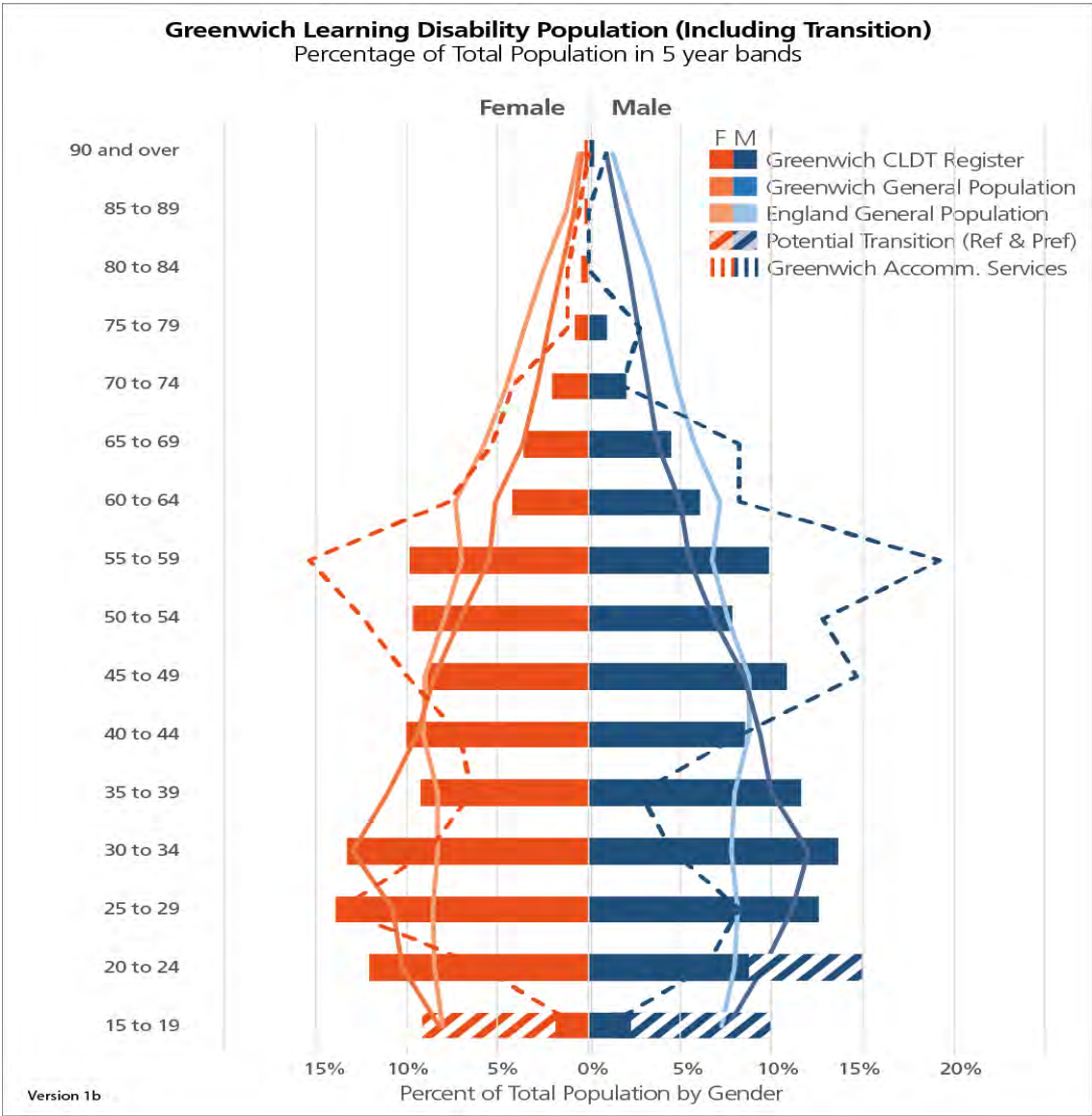
Royal Greenwich should begin the process of completing the data records on people living at home with family and the age of their carers.

Data covering people aged 16 to 21 who are still the responsibility of Children's services shows that there are 20 people who are identified as having a learning disability who are recommended for referral to the Department of Adult and Older People Services (DAOPS). There are a further 60 people who are possible referrals.

5.2.1 Age

The average age of people in accommodation and support services is 47; compared to 38 who are not in accommodation and support services

There is a disproportionately large number of people who are in their late 40's to early 60's in accommodation and support services compared to both the CLDT register and the Royal Greenwich population. This has significant implications going forward for the numbers of elderly people with a learning disability needing accommodation and support.



There are 56 people aged 30 or less in accommodation and support services; 30 (53%) are placed out of the borough; reflecting a disproportionately high number of young people who have been placed out of borough because of the lack of suitable accommodation and support services in borough.

5.2.2 Ethnicity

The Cordis Bright report identifies that Asian and Asian British people are under-represented in both the CLDT data and accommodation and support services compared to the population of Royal Greenwich at the 2011 Census.

	Any Other Ethnic Groups	Asian or Asian British	Black or Black British	Mixed	White
Learning Disability Clients					
18-24	1%	5%	34%	8%	48%
25-49	1%	9%	10%	4%	73%
50-74	2%	2%	6%	2%	88%
Census Data					
16-24	2%	16%	18%	6%	58%
25-49	2%	13%	21%	3%	60%
50-74	1%	6%	5%	1%	86%
Difference between Census and Clients (red shows more CLDT clients compared with census)					
16/18-24	1%	11%	-16%	-1%	9%
25-49	1%	5%	11%	-1%	-13%
50-74	-1%	4%	-1%	-1%	-1%

Compared to the 2011 census Asian or British Asians are under-represented in all age ranges; Black and Black British people are over-represented in 16-24 but under-represented in 25-49 age groups. White people are under-represented in the 16-24 age group but over-represented in 25-49 age group.

Recommendation No 6

At the start of the next phase of the strategy implementation GLH and Royal Greenwich will agree a specific plan to engage with and understand the housing and support needs of people who are under-represented.

5.2.3 Cost and service model.

65% of people in accommodation and support services inside and outside the borough are in registered care services and 38% in supported living.

There is no discernable cost correlation between service model (registered care or supported living) nor the distance people are placed outside Royal Greenwich.

The average net cost of registered care in borough was £1,377 per person per week

The average net cost of supported living services in borough was £1,032 per person per week

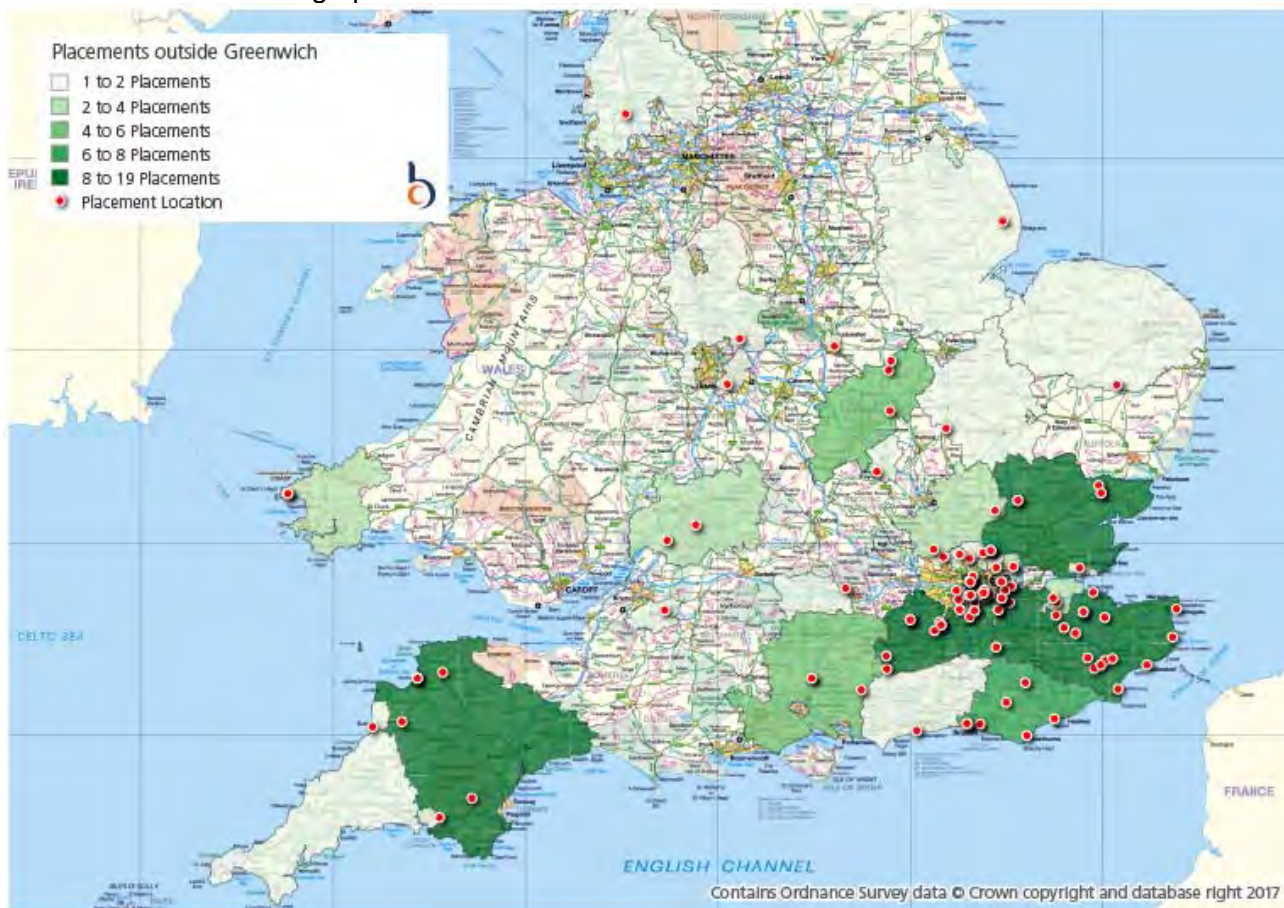
It is noted that on average supported living is £300 per person per week cheaper than registered care.

The data shows 353 people who are not in accommodation and support but who receive some sort of community based support; i.e. support at home, day services etc. The average cost of all their support was £299 per person per week. The upper quartile cost was circa £500 per person per week.

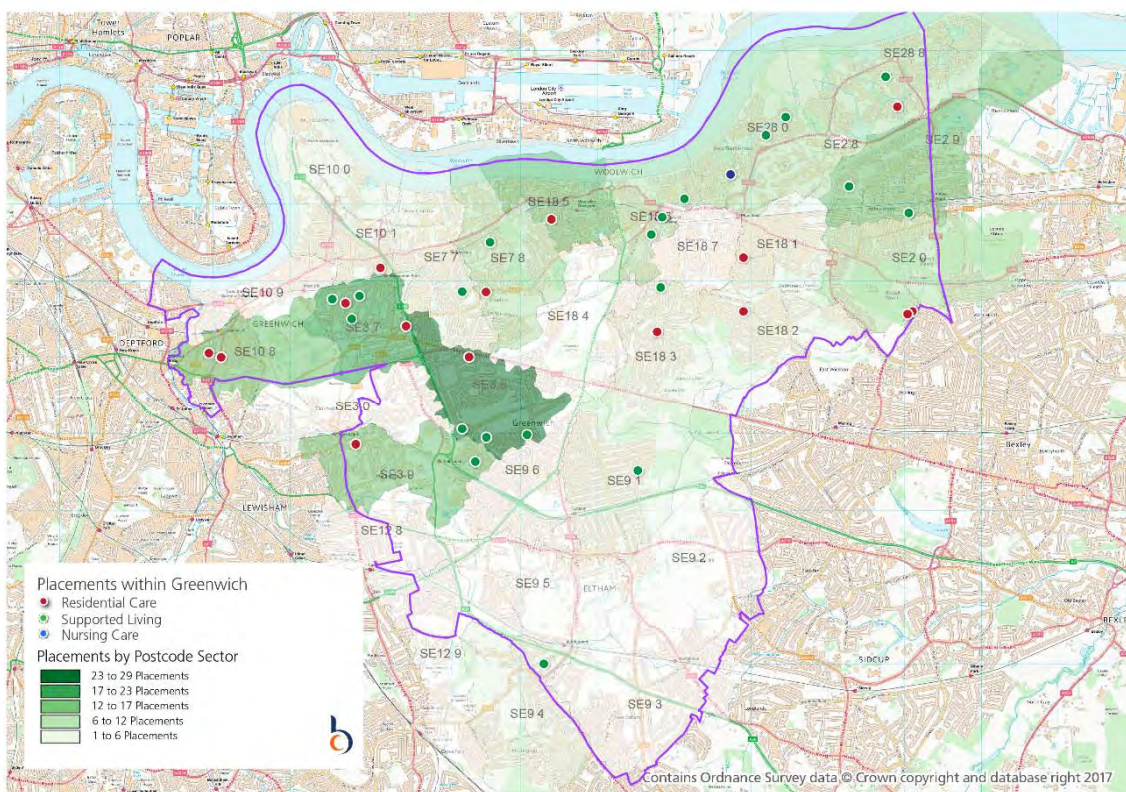
5.2.4 Location of services in and out of borough

A map showing the location of services both inside and outside Royal Greenwich is shown overleaf.

Location of out of borough placements



In borough location of services by post code



5.2.5 Age profile of in borough placements

The data confirms what people told us during our visits to the properties and our discussions with stakeholders. There is a significant population of elderly people with a learning disability in the in-borough accommodation compared with those out of borough.

5.2.6 Out of area; age and costs

A significant number of younger people are being sent out of borough because there are no places for them in the current in borough provision. We have analysed the out of area placements report as follows.

Over the last 7 years 70 people have been placed out of borough.

There are 19 placements where the costs are now over £1,500 per week.

Total costs for this group of 19 people are Circa £1.9m per annum.

5 of the 19 are quite close by in Lewisham, Bexley Swanley and Chatham

4 were in other more distant parts of London.

10 were outside London.

14 of the 19 were under 30 when placed.

A disproportionately high number of young people who have been placed out of borough because of the lack of suitable accommodation and support services.

date placed with current provider	No of people	Age when placed			Ave cost pppw	No.over 1,500pppw	Ave high cost place	
		under 30	30-50	over 50				
2016	12	10	1	1	1,248	3	2,289	6,868
2015	14	9	2	3	1,309	3	2,069	6,206
2014	5	3		2	1,367	1	1,709	1,709
2013	14	7	3	4	1,383	7	1,891	13,239
2012	4	2	1	1	1,657	1	1,996	1,996
2011	12	4	4	4	1,318	1	1,528	1,528
2010	9	5	4	-	1,363	3	1,735	5,206
Total	70	40	15	15	1,378	19	1,888	36,751
							Total cost	1,916,293

It appears that people with more complex needs are placed further from Royal Greenwich, including deaf/blind clients, those with mental health problems, people with Tourette's Syndrome, and people with autism and challenging behaviour. This is shown in the table below.

Figure 1: The average distance of non-Greenwich services by the CLDT Registration Category

Registration Category	Average Distance (Miles)	Number of Placements
Deaf / Blind with associated Learning Disability	103	1
Mental Health	101	2
Tourette's Syndrome	90	1
Autism with severe challenging behaviour	82	7
Learning Disability	42	85
Cerebral Palsy	30	3

Registration Category	Average Distance (Miles)	Number of Placements
Physical Disability with associated Learning Disability	23	2
Downs Syndrome with severe learning Disability	23	3
Autism	22	14
Downs Syndrome	19	7
Multiple	3	1

5.3 Dramatic increase in autism diagnosis in Royal Greenwich

In the Council's own report of 2015 'Profile of Children and Young People in Royal Greenwich' they highlight the dramatic increase in autism diagnosis.

The number of children with Autistic Spectrum Disorder (ASD) has more than doubled in Royal Greenwich schools over the last eight years, from 308 in 2007 to 683 in 2015. P134.

This issue is explored in some detail in section 7 and 8.

Data from childrens services

We have outlined below a summary of the data received from children's services.

17 years olds

Total number of children	40
Number with a LD or Autism or ASD	25
Number of above with an autism diagnosis	17
Number of looked after children	14
Number of looked after children with LD or Autism or ASD	7

16 year olds

Total number of children	26
Number with a LD or Autism or ASD	22
Number of above with an autism diagnosis	10
Number of looked after children	5
Number of looked after children with LD or Autism or ASD	4

15 year olds

Total number of children	31
Number with a LD or Autism or ASD	30
Number of above with an autism diagnosis	19
Number of looked after children	8
Number of looked after children with LD or Autism or ASD	7

14 year olds

Total number of children	27
Number with a LD or Autism or ASD	22
Number of above with an autism diagnosis	13
Number of looked after children	6
Number of looked after children with LD or Autism or ASD	5

13 year olds

Total number of children	27
Number with a LD or Autism or ASD	23
Number of above with an autism diagnosis	19
Number of looked after children	3
Number of looked after children with LD or Autism or ASD	3

There are circa 20-30 children in each year group with a learning disability, or autism or ASD. These figures do not include those with an aspergers diagnosis. Of those 20-30 children each year more than half have an autism element.

There are between 3 and 7 looked after children in each year group who will probably need an accommodation and support solution when they become adults.

Appendix 6. What the other evidence tells us about the current housing for people with a learning disability in Royal Greenwich

To inform the strategy we asked Cordis Bright to carry out an evidence assessment of ‘what works’ in meeting the housing needs of adults with learning disabilities.

This evidence assessment is based upon three types of evidence:

- **Policy documents** – Laws, government statements and government consultations relating to supported housing
- **Evidence based reports** – Academic literature from the past five years (2011-2016) on “what works” in meeting the housing needs of adults with learning disabilities
- **Practical Guides** – Developed by government and charities to put policy and evidence based practices into practice

Full details are in section 3 and the bibliography of the Cordis Bright report.

6.1 Policy

Reducing cost remains at the top of the policy agenda.

The shift away from larger residential care facilities towards smaller, supported living facilities, which are closer to home, has gained further traction in the wake of Winterbourne View.

Supported living, which aligns with the focus on personalisation and personal choice, has continued to grow in recent years.

The government announced a plan to cap rent covered by housing benefit in the social rented sector, based on amounts paid in the private sector local housing allowance (LHA). Until the details are released, there is a high degree of uncertainty surrounding the impact of the policy on housing for people with a learning disability in Greenwich.

6.2 Housing responsibilities and the Care Act 2014

The Care Act 2014 extends the councils’ scope to extensive responsibilities for their local population as well as people who are eligible for adult social care. The act includes a series of specific references to housing:

- When looking at the needs of an individual and promoting their wellbeing, the local authority **must** take into account the ‘suitability of living accommodation’. In recent guidance this is detailed as follows:

“A housing assessment should form part of any assessment process, in terms of suitability, access, safety, repair, heating and lighting (for example, efficiency)” (s 15.7d).

“The local authority must ensure that information and advice services established cover more than just basic information about care and support and cover the wide range of care and support related areas set out in para. 3.22. The service should also address, prevention of care and support needs, finances, health, housing....”² (s3.5)

- The local authority is responsible for ensuring that that information and advice on care and support and related areas is available to all when they need it. This includes information on housing and the housing options available.

The government significantly increased responsibilities to local authorities in the Care Act 2014 and some of these relate specifically to housing; however a specific housing needs analysis is not currently part of the social care assessment process.

Recommendation 7

Analysis of housing needs and preferences should become a standard part of the assessment process in Royal Greenwich in order that the housing solution can be as person centred as the support solution.

6.3 'What works'

Evidence suggests, and policy dictates, that local authorities should offer a broad range of accommodation and support to people with a learning disability. This should encompass a spectrum of options from residential care to floating support to live alone independently.

There is evidence that smaller scale residencies, based in the community which offer a higher level of choice and independence result in better outcomes for service users.

However, it is important to note that service models which offer these benefits may also have accompanying risks. While there is evidence that, when done well, more personalised services can lead to a reduction in the cost of care, small scale or individual support risks losing the economies of scale available to a larger service, particularly with regards to staffing costs.

6.7.2 Supported Living

Cordis Bright report that the wider evidence suggests smaller scale service provide better outcomes but risk losing benefits of scale. In Royal Greenwich the data received indicated that supported living services in borough are £340 per person per week less expensive to the Royal Greenwich adult social care budget. In supported living the cost of providing the accommodation is paid for by central government up to a local limit of about £160-£200 per person per week; whereas in residential care these costs are paid for by Royal Greenwich. People in supported living also receive a full range of other benefits and contribute to the costs of utilities food etc.

The majority of the accommodation GLH visited in Royal Greenwich were registered care homes. This is surprising as many of the properties were ordinary houses or bungalows. GLH's experience is that elsewhere most of these types of services have de-registered as a care home and transferred to supported living arrangements.

GLH believe supported living when done well has two distinct advantages over registered care.

1. People in supported living have a tenancy and housing rights.
2. People in supported living have a full range of benefits like everyone else including housing benefit.

We see no reason why the process of transferring to a supported living model for the mcch and GLO services should not start very quickly. It is not a case of simply changing the 'labels' but recognising people have rights and are treated as citizens in their own right. Neither is it a process that will happen overnight. The NDTi report 'Feeling Settled' <https://www.ndti.org.uk/our-work/our-projects/past/housing/feeling-settled-toolkit> set out a process to help achieve good quality supported living services.

There are uncertainties about housing benefit for supported housing going forward. Despite this most organisations spoken to by GLH which could invest in new housing provision in Royal Greenwich preferred to invest in a supported living model (See section 9).

Recommendation 8 – Supported living

Services in Royal Greenwich should progress to a supported living model using the opportunity to re-assess people's needs and provide more person centred services.

This may also require investment including assistive technology, changes to the landlord arrangements and personal budgets in lieu of block contracts.

6.4 Assistive technology

Assistive technology applications in supporting people with a learning disability have not been widely researched; but what evidence there is from outside Royal Greenwich; seems compelling.

One review of a larger telecare study, which included 11 service users with learning disabilities, identified an average annual saving on £20,860 - £23,194 for social care and the NHS and £491-£546 for the NHS.

Another study reviewed the efficacy of a program, Just Checking, which used technology to monitor the level of care given to a sample of 380 service users over 9 local authority areas and with 33 different support providers. The program identified an over provision of care of £1.58 million and an under provision of care of £0.69m. This resulted in an over provision (and potential saving) of £0.9 million per annum (University of Birmingham and KPMG, 2016).

GLH has met with Royal Greenwich's own telecare and help-line service. This service provides a full range of assistive technologies and help-line services for elderly people living at home and some people with a learning disability living independently in the borough. They lack the diagnostic tools and experience to provide these services currently for people with a learning disability in staffed accommodation. In staffed accommodation the benefits of assistive technologies are closely aligned to its use by the staff teams.

By the end of the strategy assistive technology support needs will be part of the standard assessment process.

Recommendation 9- Assisted technology

Royal Greenwich should take steps to provide the training and development needed to make assistive technology provision part of the standard assessment process for people with a learning disability in staffed accommodation.

6.6 Conclusion

To meet with government and regulation requirements, local authorities must offer a range of accommodation, and support individuals and their families to choose the appropriate support.

Appendix 7. How much housing will be needed? - The future housing needs of people with a learning disability in Royal Greenwich

To inform the strategy we asked Cordis Bright to analyse the data received from Royal Greenwich on people with a learning disability and estimate the future accommodation needed. Estimates of future needs and the detail of how those are arrived at are given in section 5.2 of the Cordis Bright report.

Predictions of future housing needs are heavily reliant on projecting forward the population estimates of the current cohort of people already known to adult social care and children's services.

7.1 Summary of future housing needs

The number of future additional accommodation and support places needed in Royal Greenwich is significant. There will be an increase in the number of people needing accommodation and support primarily because there will be circa 70 more young people needing accommodation and support. Additionally because people with a learning disability are living longer healthier lives there will be circa 30 more elderly people with a learning disability over the next 5 years.

We have also assumed this is the total learning disability housing need; and includes people with a learning disability where their needs will be met outside the community learning disability team; for instance by Greenwich Clinical Commissioning Group and the specialist social work team.

The total estimated needs are as follows:

1. Young people coming through transition –circa 70 people.
2. People living with elderly parents/family carers – circa 10-15 people.
3. People with a learning disability living longer with increasing support needs arising from the ageing process - circa 30 people.
4. People with mild learning disabilities that are below the threshold for adult social care - circa 10-20 people.
5. People in inappropriate places and returning from out of area - circa 8 places.
6. A housing response to supporting families
7. Temporary accommodation.

A total of 128 to 143 over a five year period; excluding the housing response to supporting families and temporary accommodation.

The above figure seems a lot when compared to a total of 186 people who currently live in accommodation and support services within the borough; however over the last seven years over 70 people have had placements made or renewed outside the borough; indications are that the above figures are not far from recent trends.

Some of the current accommodation will be vacated by people moving into the new accommodation provision; particularly those elderly people moving to specialist elderly sheltered accommodation. The accommodation they vacate may be suitable for younger people with a learning disability or may be surplus to requirements so the net amount of new housing places will be less than the total above.

Temporary accommodation is needed to enable the delivery of longer-term housing solutions; some people may need alternative accommodation if their current property is being refurbished or perhaps while they are waiting for a new development to complete.

Alongside the need for more accommodation; as we point out earlier in recommendation 2 there is also a need for a programme for investment in current accommodation. These two programmes need to be coordinated.

Recommendation 10(A) - Future housing needs.

Royal Greenwich will prepare a coordinated programme to deliver the accommodation needs set out in section 8 of this report over the next five years. This includes new housing to meet the additional demand but also to carry out the investment needed in the existing stock.

One of the housing needs identified is a housing solution for families caring for loved ones with a learning disability. In our short time in Royal Greenwich we have been alerted to a small number of cases where families want to care for their loved ones with a learning disability and autism but are struggling to cope. They believe their housing circumstances are undermining their ability to cope in both the short and long term. There are indications this is linked at least in part to the dramatic increase in autism diagnosis in children in Royal Greenwich.

Recommendation 10(B) - A housing response to supporting families

Taking advice from Royal Greenwich housing department and children's services it is recommended a property development and allocation process is developed targeted at supporting carers to care for their loved ones with a learning disability in an adapted, extended or larger new home. This may require alterations to the tenancy conditions whereby if the family no longer care for their loved one at home they are prioritised for re-housing and the adapted or larger accommodation then becomes available for another family who need it.

We have identified a need for housing for people with mild learning disabilities that are below the threshold for adult social care. For some of the more able people with a learning disability the limiting factor is not the lack of aspiration to live a more independent life but;

- inability to navigate to the top of the social housing system which has many other priorities,
- keeping safe and not becoming vulnerable to exploitation when living independently,
- concern about the level of support especially when additional support is needed and
- not able to take advantage of shared ownership opportunities.

We don't think this is fair and we think there is need to provide housing for this group which is sustainable with relatively low levels of support but with the ability to increase support when needed.

The new Neighbourhood Planning Bill 2017 requires planning authorities to include the needs of elderly and disabled people in their local development documentation. New housing developments will have balanced communities and accommodation for people with a learning disability will be identified as part of the development and made available to them.

Recommendation 10(C) – People with a mild learning disability

The housing and support needs of people with mild learning disabilities below the threshold for adult social care should be reflected in masterplans for new developments. Royal Greenwich social care in consultation with housing colleagues will also ensure the provision of community based support which enables people with a learning disability living or applying for mainstream housing enable them to live independently and safely. Royal Greenwich social care in consultation with housing colleagues will agree priority locations. New shared ownership developments in the borough should offer shared ownership to people with a learning disability. (See also recommendations 14 and 18)

However, the solution is not simply a 'housing' one. Although individuals may not meet social care eligibility criteria now it is likely that, without support, they may experience crisis and require interventions from adult social care services. Royal Greenwich needs to ensure people have access to appropriate support for this housing solution to work; to prevent crisis and delay any need for adult social care. We believe there are many people with a learning disability living in or applying for mainstream social housing where support is needed on the same basis. The data records 71 people living in social housing tenancies.

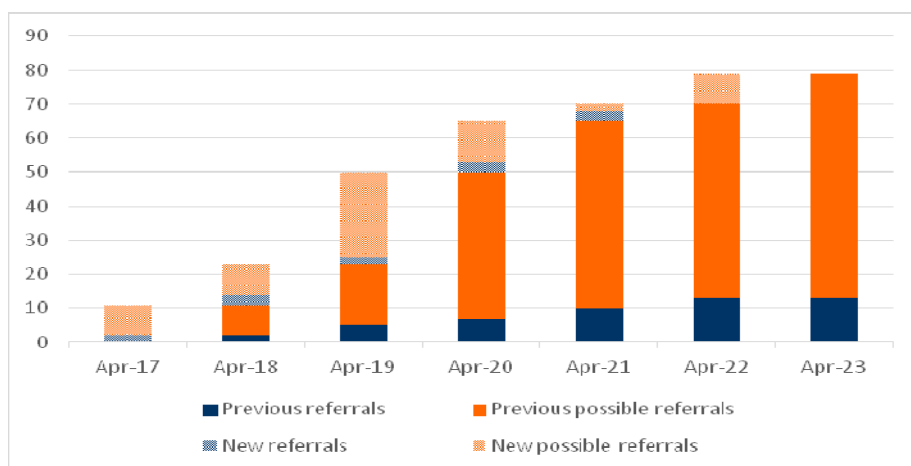
Royal Greenwich social care in consultation with housing colleagues will ensure the provision of community based support which enables people with a learning disability living or applying for mainstream housing enable them to live independently and safely.

We have detailed the accommodation needs for each of the above groups and provided a summary of the overall accommodation needed over the plan period.

1. Young people transitioning to adult services – these are people aged 18-21 who will be entering adult services

Figure 24 from the Cordis Bright report below shows the build-up of new referrals assuming that the transition from children’s to adults services occurs at around 21 years of age by April of that year. This suggests that at the lower end of referrals to adult services there will be around 10 new service users who are expected to make the transition to adult services and a further 55 that are possible referrals. Although clearly it is impossible to predict what happens in the next three financial years or indeed the next eight financial years it would seem fair to assume that even if some of the young people who have been identified as likely referrals to adult services do not materialise, some of the 55 who are considered possible referrals will ultimately be referred.

Figure 1 Build up of new referrals from children to adult services



In practical terms this would appear to indicate at a minimum the following level of demand.

- By the end of financial year 2019/20 there will be a least seven young adults requiring adult service provision in that year.
- By the end of financial year 2022/23 this number will have probably increased to around 13 young adults in total requiring adult service provision, in that year.

In the 5 years to 2022 it is estimated there will be an additional 70-80 younger people with a learning disability requiring accommodation and support services.

Cordis Bright have compared the data from Royal Greenwich on the number of younger people know to them with learning disabilities in the borough with PANSI projections of number of people who **should** appear in the data in Royal Greenwich for the age ranges 15-19 and 20-24. This data suggests that the number of potential young people entering Royal Greenwich adult services is a little lower than PANSI estimates would suggest.

2. People living with parents/carers

The data provided does not indicate the household status of all people with a learning disability who are not currently in accommodation-based services, so it is not possible to specifically identify all the people being supported by older carers.

The data identifies 89 people as having a learning disability aged 45 or over who are not receiving accommodation-based services, but who are receiving day care, home care or respite care, suggesting that they have significant support needs:

Figure 2: Number of people receiving day care, home care or respite care not receiving an accommodation-based service

Age Group	Number
45 to 64	77
65 to 74	17
75+	4

The 21 people aged 65 and over are potentially at the highest risk of requiring accommodation-based services providing high levels of support, such as residential or nursing care. Clearly some of the 21 people shown above will need new accommodation over the next five years. There are a variety of needs anticipated and therefore a variety of options.

- Continue to live in the family home
- Move to alternative mainstream accommodation through social housing lettings
- Move into sheltered accommodation
- Shared lives services
- Accommodation and support services in the borough

We hope that our earlier recommendation 2 supporting families to making a plan for housing will illuminate which options can be looked at before any crisis occurs.

Overall we think it reasonable that over the plan period of five years we expect 30 places over the next 5 years for this group; looking for solutions from the options set out above. We think the majority will secure accommodation from existing sources leaving a smaller amount of new accommodation needed; say 10-15 places. We think the shared lives service and the new sheltered housing offer is best placed to provide additional capacity for this group.

3. People with a learning disability living longer with increasing support needs arising from the ageing process

As with the general population, the number of older people with a learning disability is expected to grow over time, both as a result of a larger younger population which is aging, and because of improved health and wellbeing of the population.

It is important to recognise that the population of people with a learning disability is not static. On average a person with a learning disability will have a lifespan 15 years shorter than the average for people without a learning disability. Currently life expectancy in the general population is around 81.5 years. This means the average life expectancy of a person with a learning disability is around 66.5 years of age. There are currently 67 adults with a learning disability aged 65 and over with 36 of those people in accommodation and support services; and 28 of those in borough.

Based on the current population in Royal Greenwich in accommodation-based services, the table below shows the predicted number of older people with a learning disability (55 and older) requiring accommodation-based support. The highlighted cells show the numbers of the 55-59 year old cohort over the subsequent 5 year periods.

Figure 3 - Estimated number of older LD population in accommodation-based services, based on 2017 accommodation-based service population

Age Group	2017	2020	2025	2030
55-59	47	35	21	17
60-64	22	41	30	17
65-69	18	19	35	25

Age Group	2017	2020	2025	2030
70-74	9	15	15	29
75-79	5	7	12	12
80-84	2	4	6	8
85-89	1	2	3	4
90-94	1	1	2	2
Totals	105	124	123	114

Whilst there is an increase in accommodation needs of older people through to 2025, it is noted that there is a lower number of people of younger people (25-55), so there is likely to be a short-term increase in accommodation needs due to the larger ageing population. The accommodation needs of a frailer older population will be different to those of younger people with care and support needs, particularly the larger percentage of young people with a diagnosis of Autism or ASD.

As the table above illustrates the number of elderly people with a learning disability in accommodation and support services in Royal Greenwich will increase by about 20 people over the next 7 years before decreasing.

In addition to the overall population increase in this age range we foresee an additional need from people currently in the accommodation and support services we visited. Our observation is that in the properties we visited operated by mcch and GLO there are 67 people over 50. Additionally of the 21 people currently recognised to be inappropriately placed across all services; 8 were also over 50.

Whilst there is a need for an extra 20 or so places across Royal Greenwich for the growth of the population in this age group we also feel that some for people who are currently in accommodation will need to move to specialist elderly services; so the need for the proposed specialist elderly services is likely to be greater than 20. We think it would be prudent to plan on the basis of an additional 10 places making 30 in total.

4. People with mild learning disabilities who are below the threshold for adult social care

Typically more able people with a learning disability are often successful candidates for mainstream social housing. There is no data to substantiate demand from this group but we know that there are 71 people with a learning disability living as social housing tenants.

For some of the more able people with a learning disability the limiting factor is not the lack of aspiration to live a more independent life but

- inability to navigate to the top of the social housing system which has many other priorities,
- keeping safe and not becoming vulnerable to exploitation when living independently and
- concern about the level of support especially when additional support is needed.

We don't think this is fair and we think there is need to provide housing for this group which is sustainable with relatively low levels of support but with the ability to increase when needed.

We think that we should co-locate new housing opportunities for this group alongside existing staff support hubs and where new staffed accommodation and support services are developed. We think that we should start with a development of 5-10 self-contained flats co-located as described. If the model proves successful it will be repeated. We think it would be appropriate to aim for one such project every 2 years. Over the plan period this would provide for developments in years 2 and 4.

In recent years over 1,000 people with a learning disability have been able to become shared owners of mainstream housing by adapting housing association shared ownership scheme or using family investment. Again there is no data to substantiate demand from this group but there are 9

owners or shared owners in Royal Greenwich recorded in the data. We should include this option in our future plans.

Recommendation 10(C) People with a mild learning disability

The housing and support needs of people with mild learning disabilities below the threshold for adult social care should be reflected in masterplans for new developments. Royal Greenwich social care in consultation with housing colleagues will also ensure the provision of community based support which enables people with a learning disability living or applying for mainstream housing enable them to live independently and safely. Royal Greenwich social care in consultation with housing colleagues will agree priority locations. New shared ownership developments in the borough should offer shared ownership to people with a learning disability (see also recommendations 14 and 18).

However, the solution is not simply a 'housing' one. Although individuals may not meet eligibility criteria now it is likely that, without support, they may experience crisis and require interventions from adult social care services. Royal Greenwich needs to ensure people have access to appropriate support for this housing solution to work; to prevent crisis and delay any need for adult social care. We believe there are many people with a learning disability living in or applying for mainstream social housing where support is needed on the same basis.

Royal Greenwich social care in consultation with housing colleagues will deliver community based support which enables people with a learning disability living or applying for mainstream housing enable them to live independently and safely.

5. People currently recognised as inappropriate placements within the borough and people wanting to return to the borough from out of area (including those who are part of the transforming care programme)

The latest information provided to us from Royal Greenwich indicates that whilst they have circa 21 people who are inappropriately placed.

Of these 21

- 7 are aged 20 to 30
- 8 are over 50
- 5 are currently out of the borough

This represents just under 10% of all accommodation and support services which is not unduly high given peoples' changing needs over time. The person on the list for the longest period has been waiting 13 months and the newest person to the list was referred 1 month ago.

Royal Greenwich and Greenwich Clinical Commissioning Group are responsible for a small number of people with learning disability in mental health hospitals or who are at risk of admission to hospitals who are part of the National Transforming Care Programme to substantially reduce the number of people in hospital. Two people on the inappropriate accommodation list are in hospitals.

Typically people in the younger age range have higher support needs. Our view is that the young people in this group needing accommodation are likely to be very similar to group 1 (Young people coming through transition) and could be accommodated with that type of accommodation.

8 of the 21 people identified as needing to move are over 50 and need to move because of mobility issues associated with aging and the onset of dementia; part of the growing number of elderly people with a learning disability examined earlier in this section and could be accommodated in specialist elderly sheltered provision

Over the next 5 years it is prudent to plan for the following further places for people returning from out of area or and as part of the Transforming Care Programme who can not be accommodated within the existing stock of accommodation in borough.

Year 1 – 0 places

Years 2-5; 2 places each year

8 in total over the 5 year period

9. Supporting families.

In our short time in Royal Greenwich we have been alerted to a small number of cases where families want to care for their loved ones with a learning disability and autism but are struggling to cope. They believe their housing circumstances are undermining their ability to cope in both the short and long term. This is the group that make up the majority of people who go on to need accommodation and support services at a relatively young age; the autism factor usually requiring a specialist type of higher cost placement. The out of area analysis (section 5) suggests costs circa £1,500 per person per week.

Outlined below is a précis of the circumstances of the families as portrayed to us by them.

Mum and dad; 3 children- daughter 4, son 13 and eldest son with autism aged 16.
Mum has had to leave her full time employment after maternity leave because of the increased need to care for and help the family cope with the changes in behaviour of their eldest son.
Dad has a responsible but moderately waged full time job and also has to work shift patterns.
The family are living in private rented accommodation paying market rent for 2 bed property which is all they can afford.
Both sons share a bedroom and the autism behaviours of the eldest are significantly affecting the well-being of younger; and consequently the rest of the family's resilience to carry on their caring role.
The eldest son currently attends special school term time; and will go to college in September 2017. Eldest son can't be left alone in the house so for the time being mum can not go back to work part time until after the school /college summer break depending on how her son settles into his new college.
If they had an extra bedroom for the younger or eldest son; at least their home life would be more manageable. A decent garden would also help.
Both parents want to work and don't necessarily want to move into social housing but recognise they do need security of tenure to plan for the future with their eldest son; the family are interested in the Meridian Homes type offer which gives much increased security of tenure compared with the private sector. It would give them the confidence to plan for the future. They believe they meet all the Meridian Homes criteria.

The family have applied for social housing and currently awarded band C but nothing meeting their needs has come up that they have any chance to bid successfully for. We understand Meridian Homes is currently fully allocated.

Mum is a full time carer for her 13 year old son with educational statement with a diagnosis of learning difficulty. He is also awaiting a diagnosis for ADHD.
There are 2 other children; a 9 year old daughter and 1 year old son.
They currently live in a 3 bedroom maisonette on first and second floors.
In theory the two brothers could share a room in the future but this is not possible because of elder brother's behaviours/risks.
The daughter's room very small; it has no window –only a glazed door to a shared balcony.
There is support from school and local health professionals but they are awaiting a formal diagnosis for ADHD.
The flat is small and there is no secure garden area. Her eldest son's behaviours are resulting in lack of sleep which means disruption for all; he can also be disruptive in school.
The family have applied for re-housing - the family see their solution as property with a garden and something big enough to cope with elder son as he gets older and more assertive.
They were awarded a band C but haven't seen anything they think might be suitable which they think they could bid successfully for.
The Housing Medical Officer has left the door open for reassessment when formal diagnosis of comes through. The housing medical assessment was completed on the basis of the information and paperwork provided without a home visit. Mum is finding it increasingly difficult to cope with behaviours and risks in the small flat with no outside space. Mum has asked for a carer's assessment.

In contrast we have found very few people with profound and multiple disabilities, (commonly wheelchair users needing adaptations) in the transitions referrals list. When we raised this anomaly with senior officers in Royal Greenwich social care they replied that it was common for families to continue caring for their loved ones at home once they became adults.

We are aware from conversations with families that the adaptations service offered by Royal Greenwich housing department can take some time but is extremely valued by them to help them continue coping with their loved ones at home.

We are also aware from conversations with senior officers in Royal Greenwich housing department that in recent years they have invested significantly in identifying suitable properties for adaptation. In evidence terms this is circumstantial as we can not directly correlate these two activities but it would appear that families of people with learning and physical disabilities have opportunities to plan a future together; thus avoiding or delaying the need for full time care in staffed homes.

A housing approach to autism and learning disability

There has been a dramatic increase in the diagnosis of autism in Royal Greenwich (see section 5 earlier).

As a housing response the need for physical adaptations is well understood and it appears well practised in Royal Greenwich. What may be less well understood are the housing responses sometimes (not always) needed to cope with autism; particularly alongside a learning disability. The communication limitations and the behavioural aspects of autism can manifest themselves in different ways and families cope as best they can. Autistic behaviours often affect the whole family and present a different and higher category or risk and impact on the family. Without the right support families often 'burn out' and are exhausted by the time their autistic child reaches mid/late teens.

The need for space and environments that enable coping measures for autistic behaviours are essential. Sharing a bedroom with some children who have autism and a learning disability is less and less possible as they get older.

In the most recent information given to us by Royal Greenwich; of the 10 people currently in children's services who are very likely to need accommodation and support (i.e. moving out of the family home); eight have autism as part of their diagnosis. If the family are unable to continue their caring role the alternative would be a place in specialist accommodation at circa £1,500 per person per week; for 40 years that is a £31m bill for social care. The very recent dramatic increase in autism illustrates the need for a coordinated response including housing but should include all families who wish to care for their loved ones at home.

Recommendation 10(B) - A housing response to supporting families

Taking advice from Royal Greenwich housing department and children's services it is recommended a property development and allocation process is developed targeted at supporting carers to care for their loved ones with a learning disability in an adapted, extended or larger new home. This may require alterations to the tenancy conditions whereby if the family no longer care for their loved one at home they are prioritised for re-housing and the adapted or larger accommodation then becomes available for another family who need it.

A housing response to autism in Royal Greenwich with interventions designed to support families is needed. Every family we support to care for their loved one at home will save circa £50-75,000 every year when compared to a fully staffed service.

There are also some non-housing related interventions that can support the housing response such as training and support for families.

In essence the council is offering a deal to families; an offer of a more appropriate adapted/extended house; in exchange for their continued involvement in the support and well-being of their loved ones. Should circumstances change and they are no longer involved in support they can be prioritised for re-housing and the larger or adapted home becomes available to another family in need. This may require changes to tenancy arrangements.

7. Temporary accommodation

Commonly properties are sourced from private landlords who are prepared to consider exchanging the open rental market for housing someone with special needs for an agreed period. There are landlords prepared to consider letting their property to individuals with a learning disability but mainstream general needs private landlords are unlikely to allow bespoke adaptations often needed for people with the higher and more complex needs.

GLH and other specialist housing associations have successfully accessed good quality accommodation in the private rented sector and this remains an option going forward. It is an option that can be considered for people with a learning disability

- who need something temporary, say whilst they are waiting for their accommodation to be refurbished or a development completed
- who are trying a move away from the family home for the first time to share with others; sharing both their housing and their support costs
- who are attending college or apprenticeship placements together and the accommodation is part of the overall package.

There are two other factors which might impact on the accommodation needs

1. Any potential increase in people from Black British and Asian British backgrounds as we tackle their under-representation in receiving services.
2. An adjustment for the overall increase in the Royal Greenwich population.

Given the wide margin for error in the forecasting all figures we do not propose to adjust those forecasts until we understand more of the housing needs of people with a learning disability from Black British and Asian British backgrounds in the next phase of the strategy. Our work may also reveal that different accommodation is needed that is currently being delivered.

We have not adjusted the numbers to take account of the increase in population projected for Royal Greenwich as a whole because in the short term of this five year strategy the impact would be small and well within the large margin of error of our estimates. In the longer term its impact will be more significant and especially those wards where there is planned to be a large increase in population; i.e. Peninsula, Eltham West and Woolwich Riverside (see housing in Royal Greenwich in Appendix 11).

Appendix 8. What type of housing is needed? – A housing gap analysis

8.1 Co-production and a strategic approach

Our brief was to co-produce a housing strategy. A co-production approach with individuals and families does not end with the publication of the strategy. On the contrary, work to understand people's needs has only just started. The process envisaged for the next phase of the strategy is to work with service users and families in their individual circumstances; to understand at an individual level what their housing needs are both now and in the future.

In many ways GLH are trying second guess the outcome of those future conversations in order to guide the strategy. Predicting the future is a precarious task and we must expect a margin of error. We will try to offer as much guidance as possible in the strategy using the skill and expertise of Royal Greenwich colleagues and our experience of housing over 2,000 people with a learning disability.

In section 4 we have set out our understanding of what is important to people with a learning disability. In section 5 we have set out our understanding of the data including the needs of people who are out of area. In section 6 we set out our understanding of what evidence tells us about housing for people with a learning disability. In section 7 we set out our understanding the future housing needs of people with a learning disability including those younger people who will need accommodation in the future. In this section we describe the housing needed in the future to meet the gap in provision.

8.2 Commissioning services in a market economy

We have identified the scale of anticipated future need for future accommodation and support services. That does not mean to say that the Local Authority, the Clinical Commissioning Group (CCG hereafter) and its partners should directly commission and be responsible for directly supplying all of that need. However with 70 placements out of borough in the last seven years and lack of choice of accommodation in the borough there is clearly a need for the local authority, the CCG and their partners to support the marketplace has failed to deliver.

The two current block contracts for accommodation and support where the local authority, the CCG and its partners own the accommodation deliver services to 106 people out of a total of 186 people receiving those services in borough; circa 57% of the current delivery capability.

We have therefore identified a programme whereby Royal Greenwich, the CCG and its partners will actively commission the majority of the identified need for future accommodation and support services. An active market in quality accommodation and support is encouraged by Royal Greenwich and consequently should the market provision increase with the acceptable level of quality to meet the needs identified then the council led programme can be adjusted accordingly.

8.3 New services needed

In section 7 we set out the number of future additional accommodation and support places needed in Royal Greenwich over the next five years as follows:

1. Young people coming through transition –circa 70 people.
2. People living with elderly parents/family carers – circa 10-15 people.
3. People with a learning disability living longer with increasing support needs arising from the ageing process. - circa 30 people.
4. People with mild learning disabilities that are below the threshold for adult social care - circa 10-20 people.
5. People in inappropriate places and returning from out of area - circa 8 places.
6. A housing response to supporting families
7. Bespoke accommodation secured for a fixed term

A total of 128 to 143 over a 5 year period; excluding the housing response to supporting families and bespoke fixed term accommodation.

Some of the current accommodation will be vacated by people moving into the new accommodation provision; particularly those elderly people moving to specialist elderly sheltered accommodation. The accommodation they vacate may be suitable for younger people with a learning disability.

We review each of the above sources (1 to 7) of additional housing need in turn; setting out the type of accommodation which we think is most likely to be needed. We also look at whether the need can be met from existing accommodation within the borough or whether new accommodation is needed. We have also provided some geographical guidance on ward locations with growing populations at the end of this section.

8.4 Summary of net accommodation developments led by Royal Greenwich

Autism and Learning Disability	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Refurbishment of current property to provide hub service circa 5 places Yr2	5	10			
Move-on services developed in future years circa 2 or 3 places per annum Yrs 2-5		2	3	4	6
A further hub development as part of a new affordable housing development Yrs 4-5				5	
Services developed in future years circa 2 places per annum Yrs 2-5 for future people in Transforming Care Programme		2	2	2	2
New accommodation for occupants moving out of current property(s) circa 5 places Yr1	5	10			
Net new accommodation for Autism Group	5	14	5	11	8
Profound and multiple disabilities	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Extension to current property to provide for 5 people		5			
New build development as part of affordable housing development for 5 people				5	
Net new accommodation for Autism Group	0	5	0	5	0
Specialist elderly sheltered	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
New accommodation for overall increased in population of elderly people. Refurbishment of current sheltered accommodation to provide circa 20 places Yrs 1- 2	10	10			
People currently in services whose needs require them to move to specialist sheltered elderly accommodation. Refurbishment of current sheltered accommodation to provide circa 10 places Yr 3			10		
<i>Expansion of the shared lives service</i>	5	10	0	0	0
Net new accommodation	15	20	10		
Move-on accommodation and people with mild /moderate learning disabilities seeking opportunities to build a more independent life	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Access to social housing through the choice based lettings system	As required	As required	As required	As required	As required
Vacancies in current accommodation	TBA	TBA	TBA	TBA	TBA
New build development as part of affordable housing programme clusters of self-contained flats		5-10		5-10	
<i>Expansion of the shared lives service</i>				3	2
Net new accommodation		5-10		5-10	

The programme allows for up to 118 out of a total need of 143.

A point to note is that we are indicating an increase in the shared lives service of 20 or so places

Group 1 -Young people coming through transition –circa 70 people over five years; and
Group 5 -People in inappropriate places and returning from out of area - circa 8 places.

Describe the need that must be accommodated

There are a small predictable number of people each year with a learning disability that will need fairly specialist accommodation. We understand that not all of these people will become the responsibility of the Community Learning Disability Team. For those with significant healthcare needs securing accommodation and support may be the responsibility of the Greenwich Clinical Commissioning group. Where people's primary need for support is not learning disability but another disability, responsibility for their accommodation and support is Royal Greenwich's specialist social work team and not the community learning disability team.

There are two groups of people where it is difficult to source accommodation and support solutions in borough.

- a) People who have both autism and a learning disability. Occasionally they will have challenging behaviours in addition. This is by far the majority of people in this group.
- b) People with profound and multiple disabilities and perhaps physical and sensory disabilities. This is by far the smaller part of this group.

Autism and Learning Disability

There are some helpful guides to housing design for these groups.

<https://londonadass.org.uk/wp-content/uploads/2016/12/Design-guide-for-LD-and-challenging-behaviour-Supported-Housing-Guide-2....pdf>

There are also other referenced in 'Building the Right Home NHS December 2016'

<https://www.england.nhs.uk/learningdisabilities/wp-content/uploads/sites/34/2015/11/building-right-home-guidance-housing.pdf>

The broad themes are that people in this group prefer as much of their own space as possible, are less tolerant of sharing (especially small or cramped surroundings and layouts). Properties with outdoor spaces which are not overlooked are particularly valuable.

Likely solutions will include small groups of linked self-contained flats; shared housing which has more individual space than conventional shared housing and specialist design features. It can also include people who have their own home and support. Gardens and outside spaces are also very important. For some people screening and not being overlooked are essential.

Where new developments take place as part of wider affordable housing schemes they will be future proof in terms of accessibility and can revert to general needs housing if necessary.

We have also included in this section housing to meet the needs of the transforming care programme whose accommodation needs are roughly similar. (See item 5 later; People in inappropriate places and returning from out of area - circa 8 people).

Profound and multiple disabilities

Motorised wheelchair accessibility, hoisting and specialist equipment.

Likely solutions will include small groups of linked and adapted self-contained flats or shared accommodation for up to 6 people either on the ground floor or with lift access.

Is there a solution likely to be available in the borough?

Autism and Learning Disability

Outdoor space and secluded aspects are at a premium in the borough. There are no properties currently suitable and available and this is one reason why this group of people also feature prominently in people placed out of the borough. However there are one or two properties in the borough that we believe to be very suitable if adapted. Alternative provision would be needed for the people who current live there. The increasing diagnosis of autism both locally and nationally mean that additional new accommodation will also be needed for the foreseeable future.

Profound and multiple disabilities
 Ground floor and wheelchair accessible accommodation is also at a premium; but there is current accommodation in the borough that might be further developed and adapted. Alternative provision may be needed for the people living in properties which have extensive works.

What is most the appropriate new housing solution those people and how might it be delivered.

Autism and Learning Disability
 Adaption of one or more properties in borough as a hub service for this group together with move-on to smaller services. The development of move-on housing is essential freeing up space in the hub service. This type of move-on is likely to be very bespoke to the individuals and also have most of the same attributes as the hub service except on a much smaller scale. Privacy and space will still be needed.

The increased prevalence and diagnosis of autism is a long term trend and a second larger scale hub development will be required. Such a scheme can be included as part of new affordable housing developments but not all sites will be suitable and be able to afford the privacy and space needed.

Profound and multiple disabilities
 The best opportunities for development of new services are the adaption of existing properties in the short term. In the longer term there will be a need to develop a small number of new-build schemes as part of affordable housing developments where new-build accommodation can provide the facilities and design options needed for this group.

Net requirement

1. Young people coming through transition –circa 70 people over five years.

Autism and Learning Disability	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Refurbishment of current property to provide hub service circa 5 places.	5	10			
Move-on services developed in future years circa 2 or 3 places per annum Yrs 2-5		2	3	4	6
A further hub development as part of a new affordable housing development Yrs 4-5				5	
Services developed in future years circa 2 places per annum Yrs 2-5 for future people in Transforming Care Programme		2	2	2	2
New accommodation for occupants moving out of current property(s) circa 5 places Yr1	5	10			
Net new accommodation for Autism Group	5	14	5	11	8

Total 43 additional places out of a total estimated need of 78. (i.e. Group 1; 70 younger people and Group 5; 8 people inappropriately placed)

Net requirement

Profound and multiple disabilities	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Extension to current property to provide for 5 people		5			
Move-on services –not required. Likely to move into specialist elderly development in the long term future		0	0	0	0
New build development as part of affordable housing development for 5 people				5	
New accommodation for occupants moving out of current property(s)	0	0	0	0	0
Net new accommodation for Autism Group	0	5	0	5	0

Total 10

Total provision 53 out of a total estimated need of 78. (i.e. Group 1; 70 younger people and Group 5; 8 people inappropriately placed)

Group 2 - People living with elderly parents/family carers circa 10-15 people; and
Group 3 - People with a learning disability living longer with increasing support needs arising from the ageing process circa 30 people

Describe the need that must be accommodated

There are broadly 2 groups of people – those currently in accommodation and support services and those currently at home with family carers.

People currently in accommodation and support services

In and out of borough; of the circa 280 people with a learning disability living in accommodation and support services approximately 138 (49%) are now over 50. In-borough 100 of the 180 are over 50.

In mcch 40 out of 56 people living in those services are 50 or over.

In GLO services 27 out of 43 people living in those services are 50 or over.

Accommodation must be able to meet a full range of needs from modest support to frail/end of life care. During our site visits we met many people who needed accessible accommodation to meet the physical needs associated with people becoming elderly and infirm. As well as additional elderly people needing new accommodation we think there will be an additional need from people already in services seeking to move out of their current accommodation and move into specialist elderly accommodation.

People currently living at home with families

There are 98 people identified as having a learning disability aged 45 or over who are not receiving accommodation-based services, but who are receiving day care, home care or respite care, suggesting that they have significant support needs:

There are 21 people aged 65 and over are potentially at the highest risk of requiring accommodation-based services providing high levels of support, such as residential or nursing care.

For the most part their family carer will pre-decease them and in some cases alternative arrangement will need to be made.

Is there a solution likely to be available in the borough?

Some of the current accommodation is suitable for this group and will remain. However because of the large number involved it's likely that alternative new accommodation is needed. One option to explore is the creation of new specialist elderly services by adapting mainstream sheltered housing.

People currently living at home with families

We think there are 3 alternatives available to this group who have a range of needs associated with becoming elderly and infirm –but who may well have only mild or moderate learning disabilities.

There are 3 potential solutions for this group

- A. Make a plan for the future (see recommendation 2) and remain (with support) in the family home or a suitable local alternative.
- B. Move into the expanded shared lives service before crisis develops or
- C. Move into specially adapted sheltered accommodation which needs to be developed as immediately above

Some people with mild and moderate learning disabilities are used to living independently with their elderly carers. Some may well provide comfort and care for their now elderly carers. For those people there aren't many other options apart from fully staffed registered care or supported living for people who may be relatively able. We think adapting mainstream sheltered housing is an option.

What is most appropriate new housing solution for those people and how might it be delivered.

We would like to explore with individuals, families and the council; the development of new specialist services for elderly people with a learning disability. We do not wish to follow a care home model.

We are thinking about something based on sheltered housing or extra-care models; but we are

thinking about a service that has variable levels of support from semi-independent to frail/end of life 24x7 care.

There is an opportunity to explore this option. The council has some sheltered accommodation which **might be** suitable to be adapted to the needs of a range of elderly people with a learning disability. Most of the sheltered accommodation at these sites would continue to be used by non-learning disabled elderly people.

This type of option for people to move on to may also help keep some of the current learning disability accommodation free for younger people with a learning disability.

Net requirement

Specialist elderly sheltered	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
New accommodation for overall increased in population of elderly people. Refurbishment of current sheltered accommodation to provide circa 20 places Yrs 1- 2	10	10			
People currently in services whose needs require them to move to specialist sheltered elderly accommodation. Refurbishment of current sheltered accommodation to provide circa 10 places Yr 3			10		
<i>Expansion of the shared lives service</i>	5	10	0	0	0
Net new accommodation	15	20	10		

Total provision of 45 out of the total estimated need of 45; i.e. 100%

For these groups the council and its partners are initially planning to meet 100% of the need. The council directly provides the shared lives service and the council is exploring the possibility of using part of existing elderly sheltered accommodation in their ownership to provide specialist elderly accommodation and support for older people with a learning disability.

4. People with mild learning disabilities that are below the threshold for adult social care; circa 10-20 people.

This type of accommodation may also be suitable for those people who want to move on from current 24x7 staffed accommodation.

Describe the need that must be accommodated

More able people with a learning disability who don't qualify for adult social care support but who want the opportunity to live more independently in a safe environment; typically living at home now and looking for their first supported move away from the family home; or moving out of shared staffed accommodation to have more independence.

Many people with a learning disability do not meet the threshold for adult social care. It is regrettable but is it the current reality we have to deal with.

We would like the strategy to be able to offer accommodation to people with a learning disability as citizens like any other.

Like any other citizen on a low wage or on benefits, social housing is in very short supply and is not available to everyone who needs it. We do not think it is realistic to tell people that everyone who wants this sort of accommodation will get it. However, that does not mean none should be provided.

We are also concerned about people living without enough support; so we need to find a solution that will be low cost and safe.

The intention is to co-locate new housing opportunities for this group alongside existing staff support hubs and where new staffed accommodation and support services are developed. We think that we should start with a development of 5-10 self-contained flats co-located as described. If the model proves successful it will be repeated. The initial programme is to aim for one such project every 2 years. Over the plan period this would provide for developments in years 2 and 4.

Is there a solution likely to be available in the borough?

There are a range of options that will be available when the strategy is implemented

1. Social Housing
2. Vacancies in current accommodation
3. New cluster flat developments (see below)
4. Shared Lives

What is most appropriate new housing solution for those people and how might it be delivered.

1. Social Housing

Social housing has a key role to play in delivering affordable accommodation for people with a learning disability. There is an existing move-on process for people with mental ill-health which can provide a good template for a learning disability housing strategy.

A move-on option should be agreed with Royal Greenwich housing department based on the move-on process agreed for mental health. No net new accommodation needed (although continued development of general needs social housing for rent is needed).

2. Vacancies in current accommodation

Some of the current accommodation does not meet the needs of the elderly people who live there but would meet the needs of younger and more able people. Some properties are in close proximity to others and would enable networks and friendships to develop.

3. New cluster flat developments

We foresee a need for a small number of new affordable housing developments which will include small clusters of flats aimed at people with mild and moderate learning disabilities on the understanding that the accommodation can revert to or be co-occupied by general needs tenants. Where we build new properties which have full time staff support teams we will try to co-locate small clusters of self-contained flats which can be supported from the adjacent staff team on a low cost

basis. It's not possible to dictate exact size and timings as these developments need to co-locate with other developments and accommodate the building and planning constraints of the wider development sites.

4. Shared Lives

Some people need to move on because they need more support. Shared lives can provide that option for people who have formerly lived with modest amounts of support but who do not really need registered or fully staffed supported living services. We foresee a small increase in shared lives because of this need.

Net new requirement

4. People with mild learning disabilities that are below the threshold for adult social care; circa 10-20 people

	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Move-on accommodation and people with mild /moderate learning disabilities seeking opportunities to build a more independent life					
Access to social housing through the choice based lettings system	As required	As required	As required	As required	As required
Vacancies in current accommodation	TBA	TBA	TBA	TBA	TBA
New build development as part of affordable housing programme clusters of self-contained flats		5-10		5-10	
<i>Expansion of the shared lives service</i>				3	2
Net new accommodation		5-10		5-10	

Total 10-20 of the programme total of 10-20; i.e. 100%

However this element of the programme requires an accommodation led approach as there is presently no market solution for this group which needs to be co-located with other new build developments led by the council are part of its affordable housing programme.

6. A housing response to supporting families

Whilst we recognise the need for a better response that increases families resilience in their caring role we do not at this stage understand the scale of demand; suffice to say that a successful, no matter how small the numbers involved will have a transformational response on families' well-being and future adult social care finances.

7. Bespoke accommodation secured for a fixed term. It's not yet clear exactly when, where and for how many this might be required but developing the capability to deliver accommodation relatively quickly is needed to support the strategy.

Geographical guidance

The map overleaf shows the location of current services in borough.

The bar chart at the bottom of the page shows the anticipated population growth by ward area.

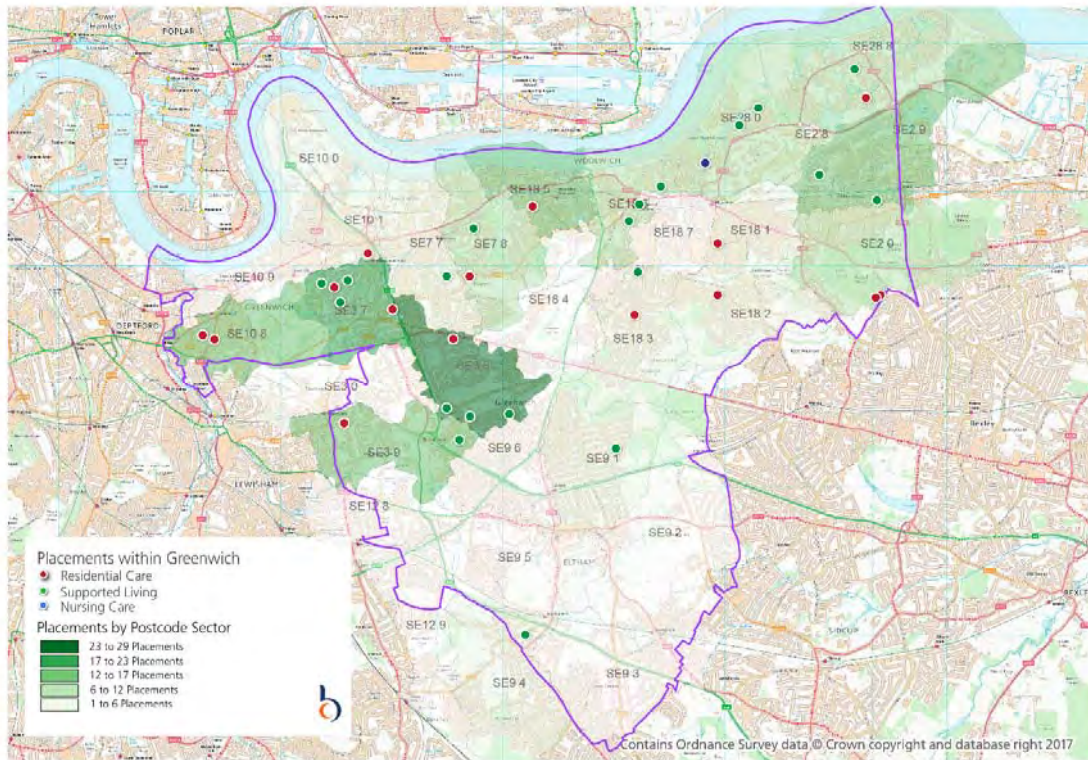
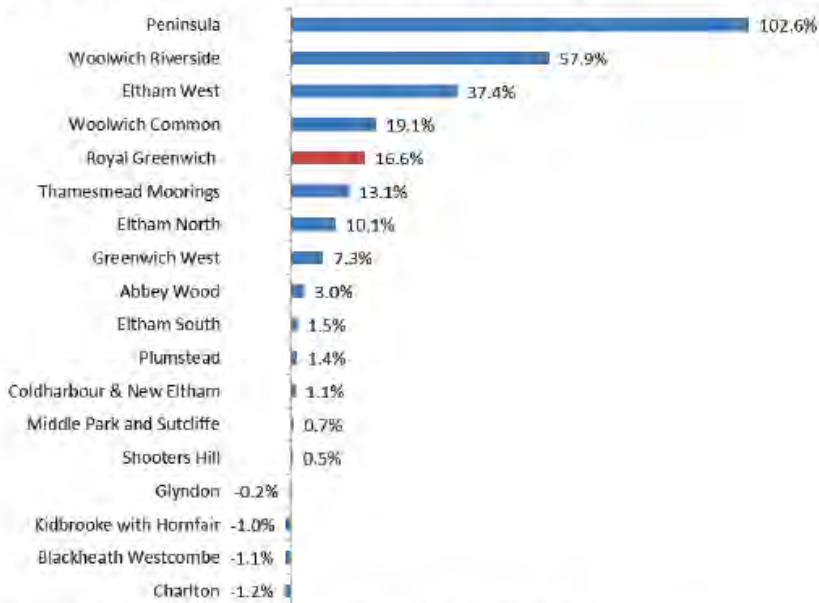


Chart 6. 2016 – 2026 Population growth rates by Ward



Source: GLA 2015 round ward SHLAA-based capped household size projection model

Eventually additional accommodation for people with a learning disability will be needed to meet the growing populations in those wards with highest population increases. The supply map above shows the current under-provision of accommodation for people with a learning disability in the Eltham wards where overall populations are expected to increase. There are also very few services in the south of the borough.

Appendix 9. How will the new housing be delivered? - Landlords, rents and housing benefit in Royal Greenwich

The funding arrangements for specialised supported housing for people with a learning disability and the ability to attract future investment depends a great deal on the landlords who currently own this type of housing in Royal Greenwich as well as the potential future landlords and investors.

This section gives the broad outline of the ownership, management and financial arrangements needed to deliver the housing identified in sections 7 and 8. Additionally landlords currently operating in the borough give their view about future investment.

A generic examination of the funding arrangements for housing across the various accommodation types (registered care, supported living, shared lives etc) is provided in as appendix 12.

9.1 Key points from landlords, rents and housing benefit in Royal Greenwich

We have spoken to a number of housing and support providers that operate in Royal Greenwich.

Below is a summary of their feedback.

The local market

- There are a variety of different landlords, with different accommodation and funding models. A mixed economy of landlords is envisaged to offer a wider range of accommodation.
- NHS owned accommodation provides for circa 30% of all the in-borough specialist accommodation and their support is essential.
- Royal Greenwich, Greenwich Clinical Commissioning Group and the NHS have a lead role to play in delivering the strategy.

Funding

- Housing providers say they have money to invest; but it is subject to conditions.
- The main concern around investment is the effect of the proposed government changes to the local housing allowance benefit paid to people in specialist supported housing.
- Housing providers operate a variety of different funding mechanisms to develop housing and no single investment process will be successful across the range of accommodation needs identified.
- The key to unlocking investment from landlords was to be able to agree with the council a funding model which allowed developments to take place where rents for the accommodation were within the local housing allowance. If rents had to be in excess of the local housing allowance landlords required a clear process to follow to ensure rents would be sustainable in future years.
- Housing providers were interested in exploring a new funding model co-investing Royal Greenwich's right to buy receipts and landlords' own investment to deliver new accommodation as close as possible to the anticipated local housing allowance limits.

What has been successful in the past?

- Landlords advise the most successful new developments were when the individuals and their families were identified at the start of the process and the housing and support arrangements were consequently designed with them around their needs.
- The funding model must be agreed before involving families in planning their future accommodation.

Type of provision

- Mainstream social housing will continue to be an essential resource of accommodation for people with a learning disability and their families.
- Housing providers had a preference towards supported living over registered care and for more self-contained accommodation particularly where these could be located together and there was space for people to meet and socialise.

- Some landlords will only develop accommodation if they or their partner organisations also have some of the support contract.
- Shared ownership opportunities are not well known and should be part of people's future housing choices.

Practical suggestions

- Developing the capability to delivery small scale bespoke housing for people with higher needs in a relatively short timescale is needed to prevent out of area placements.
- Some landlords have accommodation currently used for other purposes which may become available for consideration as housing for people with a learning disability over the course of the strategy.
- Working with the private landlord sector has been a successful approach in other areas in securing temporary accommodation.

Recommendation 11- Move-on accommodation

Royal Greenwich Housing and Adult Social Care departments agree a move-on protocol based on the mental health model to provide move-on accommodation for people with a learning disability in mainstream social housing.

One of the main aims of the strategy is to prevent people having to be sent out of area because of lack of suitable accommodation within the borough. Consequently the development of the capability to secure good quality bespoke accommodation in relatively short timescales is strategic need in Royal Greenwich and is therefore an essential part of the funding model.

Recommendation 12 – Funding model

A funding model is developed by Royal Greenwich in liaison with landlords which allows for flexibility to deliver accommodation with rents within the local housing allowance level; but where necessary allows for rents in excess of the local housing allowance on a sustainable basis. This funding model must allow for the development of bespoke housing delivered in short timescales as described earlier in this section. (see also recommendation 17)

The amount of investment needed to deliver the programme will be set out in a business plan (see also recommendation 16)

Recommendation 13 – Putting the person first

Royal Greenwich need to review the way accommodation and support is obtained to enable housing and support providers to engage directly with individuals and families at the start of the process on new housing and support solutions (with the support of the Community Learning Disability Team) using the agreed funding model.

Recommendation 14 – Shared ownership and family investment

Our research shows that shared ownership and family investment models are offered by a small number of organisations. Greenwich social care and housing colleagues will work together to ensure shared ownership options for people with a learning disability should be included in the improved advice and information offered to families (see recommendation 2) and shared ownership developments in the borough should offer shared ownership to people with a learning disability (see recommendation 10 (C)).

Recommendation 15 – Government changes

Royal Greenwich prepare an advisory approach for the local housing allowance pending guidance from the Department of Work and Pensions to clarify arrangements for specialist housing providers investing in accommodation in support of this strategy.

9.2 Overview of the landlord arrangements in Royal Greenwich

There are a variety of current landlords offering specialised supported housing for people with a learning disability in the borough.

Royal Greenwich does not collect data on landlords specifically but collects data on support organisations operating the support at those premises. We are therefore unable to confirm the exact

landlord arrangements for all of the services of the 286 people receiving accommodation and support in specialist supported housing in Royal Greenwich.

However during the course of our work we have been able to ascertain the following:

- The Royal Greenwich data contains 48 locations where specialist accommodation and support services provide for all the 180 people in specialist accommodation and support in the borough.
- The NHS or other health related public bodies own 6 properties providing for 60 people.
- Royal Greenwich own 4 properties providing for 20 people.
- L&Q Housing Association own 7 properties providing for 33 people.

We believe these to be the largest property owners in the borough currently providing specialist accommodation and support for people with a learning disability. Together they account for more than half of all learning disabilities in accommodation and support services within the borough. In addition there are a range of other housing associations, private landlords and charities which offer accommodation and support provided as either registered care or supported living.

9.3 Ownership, management and financial arrangements

There is a need to upgrade and refurbish the current accommodation as well as provide new accommodation. Many of the current sites providing accommodation and support are in excellent locations but need investment to meet the future needs. The current sites are owned by a variety of landlords including the NHS, RGB, Housing Associations and private landlords. This means we will need a financial approach that works the variety of landlords. The largest landlord appears to be the NHS with approximately 30% of the total in-borough capacity.

The current properties can not meet all of the future accommodation needs and we will need to develop new accommodation. An approach is needed that attracts investment from existing and new landlords.

We therefore envisage a broad spectrum of landlord and property scenarios to deliver the strategy.

- Properties already in the ownership of the current landlords which
 - require maintenance and a small amount of upgrading or
 - require extensive refurbishment to make them suitable.
- New properties owned by the current group of landlords which are not used for people with a learning disability and need investment and adaptation to be suitable for the needs of people with a learning disability.
- New sites/properties to be developed specifically for people with a learning disability.

In section 8 we identified the housing gap in terms of the amount and type of accommodation in broad terms. We have outlined below the broad ownership management and financial arrangements to deliver the housing identified in section 8.

A) Ownership, management and financial arrangements with the NHS

- I. Investment in the current properties to make them suitable for the future needs.
- II. Re-investment of current property value into new accommodation. Property may need to be sold and the proceeds of sale reinvested.
- III. Bridging finance and temporary accommodation. Where properties are being substantially refurbished it may not be possible for the people that live there to continue in occupation whilst works are being carried out.

B) Ownership, management and financial arrangements with Royal Greenwich and housing associations.

- i) Investment in the current properties to make them suitable for the future needs.
- ii) Re-investment of current property value into new accommodation. Property may need to be sold and the proceeds of sale reinvested.

- iii) Bridging finance and temporary accommodation. Where properties are being substantially refurbished it may not be possible for the people that live there to continue in occupation whilst works are being carried out.
- C) New affordable housing developments.
- i) Housing for people with autism, complex needs and profound/multiple learning disabilities who require bespoke housing solutions.
 - ii) Housing for people who do not qualify for adult social care support funding who can be co-located or close to existing centres of specialist staff support
 - iii) Housing for families who need specific type of adaptation or size of accommodation in order to continue caring for their loved ones.
- D) Bespoke housing delivered in a relatively short timescale; i.e.3-9 months.
- i) Short term temporary solutions whilst people wait for new developments or refurbishments to complete; lasting say 1-5 years.
 - ii) Long term permanent housing.

A) Ownership, management and financial arrangements with the NHS

Financial arrangements with the NHS to enable investment using the current stock of specialist learning disability accommodation.

- i) Investment in the current properties; to make them suitable for the future needs.
- ii) Re-investment of current property value into new accommodation. Property may need to be sold and the proceeds of sale reinvested in new accommodation where current properties can not be refurbished to meet future needs but the value in that property is needed to secure alternative accommodation for the people who live there now.
- iii) Bridging finance and temporary accommodation. Where properties are being substantially refurbished it may not be possible for current the people that live there now to continue in occupation whilst works are being carried out. Where people are moving to new accommodation more suited to their needs that new accommodation needs to be provided before people can move and any assets can be sold. Bridging finance or suitable alternative temporary accommodation will be needed to enable both of the above.

The protocols which govern NHS capital investment in property are set out by the NHS and a copy of their working arrangements is provided as appendix 13.

A brief synopsis is outlined below.

Where a financial grant or a property is provided by the NHS then the NHS seeks a first legal charge securing both the specific amounts and the % of the property value.

Developments which support the Transforming Care Programme will be prioritised.

Approval mechanisms are local, regional and finally national.

The guidelines specifically allow for both the refurbishment of currently owned properties and their sale and re-investment of the sale proceeds in new accommodation.

The guidelines make no mention of bridging finance or temporary accommodation.

The guidelines allow for shared ownership of properties for people with a learning disability.

At the time of writing this report there is an open capital grant programme from the NHS with funds available for commitment to new projects.

The requirement for the NHS to take a first legal charge on property even where others are might provide part of the funding means it can be difficult to generate commercial investment to compliment the NHS grant funding.

Applications can be made for individual or multiple properties.

We believe that there are NHS owned sites in Royal Greenwich which need investment; meet the above criteria, are eligible and should apply for grant funding and should apply for grant funding at once the business plan (see next section) provides sufficient clarity to do so.

Although the NHS is a significant owner of accommodation in Royal Greenwich they do not provide any management and maintenance directly. All NHS properties are leased to third parties on short term leases which expire very shortly. Earlier in Appendix 4 we learned of the need to remedy the

underlying legal structures which have not incentivised long term investment; (see recommendation 3). Going forward the new arrangements must be able to;

- I. continue to attract investment in the longer term, and
- II. provide an acceptable quality of housing maintenance and management, and
- III. support the transition from registered care to supported living.

B) Ownership, management and financial arrangements with Royal Greenwich

Some of the council's properties providing accommodation and support for people with a learning disability require investment and upgrading to make it suitable for future needs. As with the NHS properties, if accommodation is no longer suitable then new accommodation must be provided along with any temporary or interim accommodation.

The council develops new council housing and has experience in developing high quality specialist accommodation for people with a learning disability. The council recently developed a small group of flats specifically for people with a learning disability in Plumstead which were included in our series of site visits. The development is of high quality and of a type for which we foresee a continuing need.

We have been advised recently that Royal Greenwich is looking at the future of some of its elderly sheltered accommodation. Indications are that this accommodation may require refurbishment to meet the future needs of elderly people from the wider population. There is an opportunity to consider adapting the standard elderly sheltered accommodation to provide for the future needs of the many elderly people with a learning disability identified in this strategy.

Royal Greenwich has development partner status with the London Mayor's office and can therefore apply for grant towards the development of new affordable housing in Royal Greenwich. At the time of writing this report there is an open capital grant programme from the Mayor's office for specialise housing with funds available for commitment to new projects.

We believe that the council owned sites requiring considerable refurbishment including elderly sheltered accommodation; meet the above criteria, are eligible and should apply for grant funding at once the business plan provides sufficient clarity to do so.

The council's overarching approach to the funding of all its long term capital plans is contained within their Treasury Management Strategy 2017/18. Royal Greenwich has 'right to buy' receipts which it can re-invest in new affordable housing which is subject to timing constraints and a maximum investment of 30%. Any capital investment request of Royal Greenwich will be appraised in accordance with the Treasury Management Strategy and within the agreed operational limits set out in the strategy; as reviewed from time to time.

The council has a duty to maintain financial stability and to execute its affairs in an appropriate and timely manner. Whilst the council can agree an overall investment programme changes to the financial circumstances can mean the programme, or parts of it will need to be revised in the light of changing circumstances.

C) New affordable housing developments

Delivering affordable housing from new developments for people with a learning disability can be very cost effective because of the potential subsidy of the capital costs from the planning process and from public sector grant. Timescales for new developments can take 2-5 years to come to fruition. Developments therefore tend not to be for identified individuals but for more strategic groups of anticipated needs.

In sections 7 and 8 we have identified the new accommodation needed which is most likely to be sourced from new affordable housing developments planned for the future.

- i) Housing for people with autism, complex needs and profound/multiple learning disabilities who require bespoke housing solutions.
- ii) Housing for people who do not qualify for adult social care support funding who can be co-located or close to existing centres of specialist staff support.
- iii) Housing for families who need specific type of adaptation or size of accommodation in order to continue caring for their loved ones.

i) Housing for people with autism and complex needs who require bespoke housing solutions

Developing new affordable housing can have very long lead in times and we therefore propose one development of very bespoke accommodation for

- young people aged 14+ known to Royal Greenwich children's team with complex needs and
- people with complex needs known to RGB adults team returning from out of area.

When that development is 'allocated' with named individuals then work to identify a site and a design can progress to the next development. We propose that quasi allocations or reservations must be made during the development process and that should include under 18's who would need the accommodation once they become 18 or prior to that if necessary.

ii) Housing for people who do not qualify for adult social care support funding who can be co-located or close to existing centres of specialist staff support

Many people with mild learning disabilities do not meet the threshold for adult social care support. It is regrettable but is it the current reality we have to deal with.

We would like the strategy to be able to offer accommodation to people with a learning disability as citizens like any other.

Like any other citizen on a low wage or reliant on benefits, social housing is in very short supply and is not available to everyone who needs it. We do not think it is realistic to tell people that everyone who wants social housing will get it. However that does not mean none should be provided.

We are also concerned about people living with insufficient support; so we need to find a solution that will be low cost and safe.

- (a) Access to existing mainstream social lettings based on the model the council's housing department and mental health colleagues have developed; with support being provided by creating networks of individuals and support which are very cost effective. We think we should aim to cluster these together in the same location and close to existing staffed homes.

Recommendation 11 – Royal Greenwich Housing and Adult Social Care departments agree a move-on protocol based on the mental health model to provide move-on accommodation for people with a learning disability in mainstream social housing.

- (b) Earlier we highlighted the need for new learning disability supported housing projects to provide for people with high and intensive needs. Where these projects are developed we will include; where possible, a number of self-contained flats adjacent to provide for people who are more able but where support can be provided from the adjacent staffed accommodation when needed.
- (c) Royal Greenwich should explore opportunities for housing to be provided alongside employment/apprenticeships and training. There are few schemes nationwide currently offering this type of service and none in London that we know of.

iii) Housing for families who need a specific type of adaptation or size of accommodation in order to continue caring for their loved ones See Recommendation 10 (B) section 7

Most families want to care for their loved ones with disabilities in the family home. For some families their housing circumstances severely adversely impact on their ability to do this; and also severely impact on the well-being of siblings and other family members.

There are two principle issues which have been brought to our attention during the course of our discussions with families.

- Where a sibling who has a disability is sharing a bedroom with others.
- Where physical adaptations are needed to the property.

Where a sibling who has a disability is sharing a bedroom with others this can severely impact on the well-being of the sibling.

Where people have complex health condition the interruption to sleep and the need for additional equipment mean the non disabled sibling is not able to sleep or have space or time to themselves.

There are many different aspects to autism but some common features are poor or intermittent sleep punctuated by periods of high activity and noise during the night; additionally there are risks from behaviours which are unsupervised while parents are trying to sleep.

These circumstances can be severely impact on the well-being of the siblings and the whole family undermining their resilience and ability to continue in their caring role.

Larger properties are in very short supply and are in high demand by larger families but also a very wide range of people with disabilities and health related issues.

If a family who wish to carry on caring for their loved one with a learning disability at home are unable to do so because of their housing circumstances then the alternative for the borough is very expensive indeed. A lifetimes cost in staffed accommodation. At an average of £50,000 per annum over say 40 years, it will cost the authority £2m at today's social care prices.

Many families can manage if they know there is light at the end of the tunnel. We would like to take the advice of Royal Greenwich's housing department; including what if any opportunities there are for setting aside properties on new developments for specific families in this situation. See Recommendation 10 (B) section 7

D) Bespoke housing delivered in a relatively short timescale; i.e.3-9 months

This type of quickly available accommodation will help prevent people being sent out of area and to provide for people who are currently inappropriately placed and /or out of area and wish to return. It will also deliver small scale move-on housing for individuals who can move on from larger specialist services.

The demand for housing for people with a learning disability is unpredictable and can depend on factors beyond the control of Royal Greenwich such as someone's current placement breaking down or family being unable to cope. Royal Greenwich therefore needs to be able to secure accommodation in relatively short timescales for identified individuals. These arrangements need to be made quickly and tend to be more reliant on the wider property market. The funding of the accommodation charges plays a key role in the successful delivery.

There are some temporary solutions in terms of respite and similar emergency accommodation. However GLH's view is that unless Royal Greenwich develops a capability to secure bespoke accommodation for known individuals at relatively short notice it's likely that the current pattern of having to place people out of the borough will continue to a greater or lesser degree. The data shows that 70 people have been placed out of the borough in the last 10 years (section 5).

One of the main aims of the strategy is to prevent people having to be sent out of area because of lack of suitable accommodation within the borough. Consequently the development of the capability to secure good quality bespoke accommodation in relatively short timescales is strategic need in Royal Greenwich.

Experience suggest people with higher and more complex needs are less able or willing to share with others and there is less likelihood of being able to offer a choice of suitable accommodation from vacancies in the current stock of shared accommodation.

Broadly there are 2 typical bespoke housing solutions for these circumstances.

- i) Short term temporary solutions whilst people wait for new developments or refurbishments to complete; lasting say 1-5 years.
- ii) Long term permanent housing

i) Bespoke housing - Short term temporary solutions; say 1-5 years

As set out above this type of accommodation is often needed to provide temporary accommodation while people secure longer term plans or prevent an out of area placement.

Commonly properties are sourced from private landlords who are prepared to consider exchanging the open rental market for housing someone with special needs for an agreed period.

There are landlords prepared to consider letting their property to individuals with a learning disability but mainstream general needs private landlords are unlikely to allow bespoke adaptations often needed for people with the higher and more complex needs.

The capital cost is usually minimal; some discreet health and safety adaptations which require and receive the landlords consent.

ii) Bespoke housing- Long term permanent housing

People with higher and more complex needs often require bespoke solutions with adaptations. In many instances it will not be possible to persuade private sector general needs landlords to provide this type of accommodation. There are however a number of specialist housing associations, charities and private sector investors who provide this type of bespoke accommodation. Existing social housing providers may also have a property which is vacant and can be adapted to meet people's needs.

There is no reason why the cost of this accommodation or the adaptation should not attract conventional grant funding; however it is not always possible to attract grant funding because of the timescales involved and the restrictions surrounding grant funding. Later in this section however we identify opportunities explore the co-investment of 'right to buy' receipts alongside housing providers.

Where there are no suitable social housing properties capable of adaptation this type of housing is commonly provided by acquiring properties from the open market with funding (whole or part) by private, social and public sector investment.

The bespoke nature of this accommodation is such that it tends to cost more to provide the accommodation than ordinary market housing. Consequently to recover the costs of investment, rents are commonly above market rents. Rents may also above the normal housing benefit limits.

Under the current housing benefit rules it is possible to make housing benefit payments above limits that apply elsewhere provided the accommodation provided is for specialised supported housing. As set out in the Cordis Bright report the proposal is that these arrangements will be amended from April 2019. From that date in any housing benefit required above the appropriate local housing allowance rate for the area will not come from central government funds as it does now, but from local government (i.e. Royal Greenwich) funds.

Within the timeframe for the strategy these new funding arrangements with additional powers and responsibilities delegated to Royal Greenwich and other local authorities come into force.

The experience of GLH suggests that another factor influencing the cost of bespoke housing solutions is that providing for one person at a time in isolation can make it more expensive for both housing and support. Occasionally this will be a choice for some people and will need to be delivered. It is often more cost effective to look for solutions for a small group of people at the same time – even if they all have their own separate accommodation or personal space. Actively looking for opportunities for

people to share the process and the accommodation if that meets their needs can substantially increase the choices available and the cost effectiveness of delivering the solutions.

9.4 The views of landlords and specialist support organisations in Royal Greenwich

Delivery of the accommodation needed will require the support of partner housing organisations. In this section we outline their views on this process.

We approached 12 organisations involved in housing and support over a 3 week period in January and February 2017

We received detailed responses from 8 organisations. Not all organisations were able to give detailed responses to every question.

6 already operated in Royal Greenwich and two worked extensively in other London Boroughs.

This is a summary of the main findings

Fit for purpose

For those housing associations which already provided housing for people with a learning disability in the borough we asked whether, in their view the accommodation was fit for purpose;

2 thought their accommodation was not fit for purpose,

2 thought it was partially fit for purpose

1 thought it was fit for purpose

1 unknown

Further investment to upgrade

We asked current landlords in Royal Greenwich about investment (beyond basic maintenance) to upgrade the quality of the fabric and to adapt properties and layouts to meet people's needs.

Most thought this was possible however there would be conditions; organisations could not raise investment if they only had short lease arrangements; some might also require grant funding if there were no corresponding increase in property and rental charges to pay back the investment.

Appetite for further development in Greenwich

We asked housing providers about their willingness to provide investment for new housing in Royal Greenwich.

All but one organisation was able to confirm their willingness to invest; albeit with conditions. One organisation would consider investing but supported housing was no longer their core business and investment would be subject to an individual business case.

The type of housing they would invest in

Is there a preference of investing in registered care or supported living?

3 providers would only consider supported living going forward.

4 providers preferred supported living over registered care but this did not mean they would rule out registered care.

1 provider wasn't unduly concerned about the label or regime given to the service – they were concerned about the quality of support given and if the building was no longer needed for any reason it could have another general needs use and the design was not too specialist.

Is there a preference for shared housing or self-contained accommodation?

1 had no preference to develop either shared or self-contained.

5 preferred self-contained especially where small number of flats could be grouped together.

Some had additional comments about also providing shared/common areas for socialising, full staff support and assistive technology.

1 organisation explained that their focus was on understanding the needs of individuals or families and then finding appropriate accommodation for them. However, they also expressed a preference for 3-4 bedroom houses or bungalows.

Level of support

2 organisations sought to specialise in people with high and complex needs only. Others had no preference and were happy to provide for complex needs and people with more modest support needs.

Elderly or younger people

There was no preference from any of the organisations but it was noted by those that sought to specialise in complex needs that on the whole younger people were referred to them.

Shared ownership v rented

Two organisations offered shared ownership and family investment solutions; another organisation was hoping to launch a shared ownership offer for people with a learning disability sometime later this year. One organisation had developed a solution based on family investment and ownership but these options were not well understood nor offered in the borough to our knowledge.

The Homes and Communities Agency which is responsible for investment in affordable housing in England has re-affirmed its commitment to a specialist shared ownership product called 'Hold'; home ownership for the long term disabled. This is a complementary offer based on the mainstream shared ownership scheme offered by many housing associations (see recommendation 14).

Do they have funds to invest in housing in Greenwich?

With one exception all had or have access to capital for housing investment; there however conditions attached to that investment; mostly around the following.

- The long term commitment of social services to refer clients into new accommodation
- Agreement about either:
 - The level of grant Royal Greenwich would have to find in order to meet the proposed new supported housing rent and benefit regulations.
 - The additional level of housing benefit needed above the proposed local housing allowance cap if no grant was forthcoming.

Changes to housing benefit

All were concerned about the effect of the proposed government changes to benefits paid to people in specialist supported housing and were seeking re-assurance from Royal Greenwich that if rents had to be set above the proposed new housing benefit limits and consequently benefit shortfalls arose as a result of those central government changes; then additional funding would be made available from Royal Greenwich.

Although the market for supported accommodation has not provided all the accommodation needed in the past there are a number of organisations who are prepared to invest or co-invest to deliver the housing we require.

The biggest obstacle to investment from housing providers is the changes to the local housing allowance; a strategic approach is needed to deal with the new funding regime for the local housing allowance which comes into effect in April 2019.

The legislative regime covering this issue is yet to be finalised by the Department of Work and Pensions however providers of accommodation will seek clarity before making investment in housing. We anticipate a need for an advisory position on the council's approach to the new funding regime for the local housing allowance to give clarity to housing investors and partners.

One organisation thought they could provide new accommodation within the new limits but additional services and charges could not be afforded within the proposed new limits and very specialised adaptations etc would probably also have to be funded separately.

Lessons and experiences from other areas

The following are suggestions from housing providers about what has worked well in other areas and may help improve quality and reduce costs.

- Some organisations had experience of adapting elderly or other special needs accommodation for people with a learning disability. Their advice was to look at what other properties and resources were potentially available before committing to large investment in new accommodation.
- Most had very positive experiences of using assistive technology to help keep people safe or allow them more freedom/independence. Although 3rd party evaluation had not been carried out most had reported people's quality of life had improved alongside cost savings.
- One provider suggested that it was important not to "overplay" the role of assistive technology, highlighting that it should not be used to replace one to one contact and must be thoughtfully implemented to meet the specific needs of the individual.
- Some organisations were supporting families in the family home and offered support training and assistive technology to families.
- There were very positive experiences of using small clusters of self-contained flats provided people had plenty of space and where there were areas to share. One provider pointed out that very small flats with no common or sharing areas did not work for people with very high needs; so design is critical.
- Some had experience of supporting people to move back into London after they had been placed out of their local borough; and were able to show savings by providing more local services when compared to previous costs.
- One organisation had had significant success in raising bond issues to fund investment in new properties, and was confident that this approach had more potential in the future.

9.4 Soft market test of landlord investment capability

Following the initial survey of views earlier in the year; in April we subsequently spoke with a smaller number of organisations on an informal basis about some of the needs identified in this strategy. Landlords described the approach to funding accommodation and their capability to invest in new accommodation.

We have outlined below the key findings from those discussions.

- Landlords have a variety of funding approaches to developing new accommodation; a mixed economy of landlords is envisaged to offer a wider range of accommodation.
- Working with the private landlord sector has been a successful approach in other areas.
- Some landlords have accommodation currently used for other purposes which may shortly be available for consideration as housing for people with a learning disability.
- Some landlords will only develop accommodation if they or their partner organisations also have some of the support contract.
- The most successful new developments were when the individuals and their families were identified at the start of the process and the housing and support arrangements were consequently designed around their needs.
- Experienced housing providers were able to balance the individual needs of the first people to move in to the accommodation with the need to provide for future clients with differing needs in the future.
- The key to unlocking investment was to be able to agree with the council a funding model which allowed developments to take place where rents for the accommodation were within the

local housing allowance. If rents had to be in excess of the local housing allowance they required a clear process to follow to ensure rents would be sustainable in future years. The funding model must be agreed before involving families in planning their future accommodation.

- Housing providers were interested in exploring a new funding model combining Royal Greenwich's right to buy receipts and landlords own investment to deliver new accommodation within the new local housing allowance limits.

Recommendation 12

A funding model is developed by Royal Greenwich in liaison with landlords which allows for flexibility to deliver accommodation with rents within the local housing allowance level; but where necessary allows for rents in excess of the local housing allowance on a sustainable basis. This funding model must allow for the development of bespoke housing delivered in short timescales as described earlier in this section. (see also recommendation 16)

The amount of investment needed to deliver the programme will be set out in a business plan (see also recommendation 15)

One of the main aims of the strategy is to prevent people having to be sent out of area because of lack of suitable accommodation within the borough. Consequently the development of the capability to secure good quality bespoke accommodation in relatively short timescales is strategic need in Royal Greenwich and is therefore an essential part of the funding model.

Recommendation 13

Royal Greenwich need to review the way accommodation and support is obtained to enable housing and support providers to engage directly with individuals and families at the start of the process on new housing and support solutions (with the support of the Community Learning Disability Team) using the agreed funding model.

Recommendation 14

Our research shows that shared ownership and family investment models are offered by a small number of organisations. Greenwich social care and housing colleagues will work together to ensure shared ownership options for people with a learning disability should be included in the improved advice and information offered to families (see recommendation 2) and shared ownership developments in the borough should offer shared ownership to people with a learning disability (see recommendation 10 (C)).

Recommendation 15

Royal Greenwich prepare an advisory approach for the local housing allowance pending guidance from the Department of Work and Pensions to clarify arrangements for specialist housing providers investing in accommodation in support of this strategy.

Appendix 10. How will the new housing be funded?

Financial challenges and opportunities for Royal Greenwich Borough, Greenwich Clinical Commissioning Group and partners

This section sets out the key financial challenges to delivering the strategy and the opportunities which enable the council to deliver the strategy. The key challenges are

- Investment to upgrade/refurbish current accommodation
- Investment to develop new services
- A funding model to deliver the housing needed and the future of housing benefit.
- Deciding priorities
- A business plan to deliver the accommodation
- Social Care budget implications to fund support

Overview of key challenges

Investment to upgrade/refurbish current accommodation

Many of the current properties providing accommodation and support are in excellent locations but need investment to meet the future needs. The current sites are owned by a variety of landlords including the NHS, Royal Greenwich, Housing Associations and private landlords. This means we will need a financial approach that works the variety of landlords. The largest landlord appears to be the NHS with approximately 30% of the total in-borough capacity.

Investment to develop new services

The current properties can not meet all of the future accommodation needs and we will need to develop new accommodation. We will need an approach that attracts investment from existing and new landlords; but also takes advantage of new affordable housing development opportunities.

A funding model to deliver the housing needed and the future of housing benefit.

Although the market for specialist supported housing has not provided all the accommodation needed in the past for people with a learning disability in Royal Greenwich there are a number of organisations who are prepared to invest or co-invest to deliver the housing required. In section 9 we reported that landlords have indicated a willingness to invest in new and refurbished accommodation but are seeking commitments from Royal Greenwich that the barriers landlords face around the local housing allowance can be overcome.

Deciding priorities

A co-production approach means we should consult widely on the priorities; which issues should be tackled first. We will do this in the next stage however we would make the following observations.

Priorities with significant financial impact on capital investment

There are parts of the strategy which have a significant financial implication. These mostly concern the capital investment for the properties and impact on social care budgets of the increasing number of people with a learning disability in Royal Greenwich.

We visited many properties which needed investment and refurbishment. A very small number of those we visited would not be able to meet future needs. This is the second housing strategy commissioned by Royal Greenwich which has looked at this matter. Individuals, families and staff have lived under a period of great uncertainty. Our first priority would be to agree and proceed with a modernisation programme for the mcch and GLO portfolios.

Our second priority would be to agree a funding model or models that enable the range of landlords to deliver the programme; in particular a model that enables development to proceed whilst the changes to the local housing allowance and specialised supported housing are being finalised by central government over the next 2 years. Agreement on this model would enable the delivery of our third priority which would be to test this model to provide small scale bespoke supported housing. This will not only help meet the demand from new referrals but also provide; where necessary temporary accommodation if people have to move out while their accommodation is refurbished.

Priorities with operational or revenue impact

Improving the information, advice and support to families about housing together with helping families to make a plan for the future would be our first priority for operational/policy matters. Our second priority would be to work with housing colleagues on a process which encourages and rewards families caring for a loved one with a learning disability at home.

A business plan to deliver the accommodation

Once agreed priorities emerge alongside the funding model the council and GLH can agree a business plan to deliver the programme of investment in current accommodation and creating of new accommodation over the next 5 years. This may or may not require additional investment.

Social Care budget implications for the funding of support.

We do not think it is possible to achieve the housing strategy for the increased number of people we expect to need and qualify for adult social care accommodation and support within a cost neutral budget. We do think it is possible that the services we visited can remain within the original revenue cost parameters.

Across all of the learning disability accommodation and support services cost will increase as a result of more people needing accommodation and support over the 5 year plan period, the increased diagnosis of autism and wage pressure exerting additional costs on providers. Our estimate is that these pressures will push the current accommodation and support budget of £19m per annum to circa £29m per annum.

The diagnosis of autism in Royal Greenwich has more than doubled in schools over the last eight years, from 308 in 2007 to 683 in 2015; according the Council's own report of 2015 'Profile of Children and Young People in Royal Greenwich.'

We can identify some savings resulting from moving to supported living, creating a specialist elderly sheltered provision, assistive technology, expanding the Shared Live service and focusing on high cost providers in and out of borough. These are significant mitigations at circa £2.7m (or 10%) but are not transformational.

In our view the best opportunity for a transformation in approach is a joint housing, children's and adults social care response which targets families and incentivises them to care for longer is the most effective long term solution. (See earlier recommendation 10(B) in section 7)

We have set out the detail behind our approach to this issue in appendix 2 Social Care Budget Implications detailed analysis.

Overview of key opportunities

Potential capital funding models

Royal Greenwich can support the financial arrangements necessary to deliver the strategy. The council has a range of measures which it can call upon subject to due diligence and business case. We highlight some of the options below.

A potential funding model - Investment of 'right to buy' receipts

Royal Greenwich has a large capital receipt (from 'right to buy' sales) which is it able to invest in affordable housing subject to time constraints and a maximum 30% contribution toward costs. The biggest barrier to obtaining investment from housing partners is the uncertainty over the future of the housing benefit regime. It may be that a co-investment approach with housing partners providing the majority investment at 70% will help resolve this issue.

Subject to a business case; council borrowing to fund direct investment.

Borrowing to fund capital and housing investment by local authorities is subject to statutory controls and there are significant demands on the council's limited funds. The council can borrow at rates which are commercially competitive. The council can choose to invest directly in its own property or potentially lend on capital at a margin to housing providers for specific projects identifying a target return.

Sale or part sale of council owned properties with protections for the tenants and the council

Subject to a business case; the council can sell or part sell current properties whilst securing their future use for people with a learning disability. The council may be able to release equity from the part sale of a property to a housing association so that funds are released to support refurbishment works or new accommodation.

Sale or part sale of NHS and Greenwich Clinical Commissioning Group current properties with protections for the tenants and the NHS/CCG

Similar to the above process Greenwich Clinical Commissioning Group and NHS have the ability to invest, dispose and re-invest the value of properties already owned; subject to conditions.

Government Housing Grant Funding

There are occasional grant funding opportunities to secure government investment and we need to be opportunist in our approach. At the time of writing this bid there are 2 open programmes for NHS and housing association/council capital funding.

Properties and sites owned by Royal Greenwich

Royal Greenwich owns other properties which may well be suitable to provide suitable accommodation for people with a learning disability. We have highlighted two opportunities below brought to our attention by colleagues in the housing department.

Specialist elderly sheltered accommodation

We have been advised recently that Royal Greenwich is looking at the future of some of its elderly sheltered accommodation. Indications are that this accommodation may require refurbishment to meet the future needs of elderly people from the wider population. There is an opportunity to consider adapting the standard elderly sheltered accommodation to provide for the future needs of the many elderly people with a learning disability identified in this strategy.

Smaller (in-fill) development sites.

The council also own sites which are at the smaller in comparison to other sites which are larger and more efficient to develop for large standard build housing development. The smaller sites may lend themselves to specialist needs in this strategy.

Royal Greenwich experience and capability

The council owns a number of the current properties. The council also develops new council housing. The council recently developed a small group of high quality flats specifically for people with a learning disability.

Planning/Development Control and Housing

Provided we are able to specify the type of housing we need over the 2-5 year timescale Royal Greenwich can use its influence to source housing as part of new affordable housing developments planned for the future.

A coordinated approach

A coordinated approach is needed to secure the future accommodation that is needed and to continue providing good quality accommodation during refurbishment phases. A vacant property owned by the council NHS or a housing association may provide temporary accommodation needed by people whose property is undergoing refurbishment.

Recommendations

Recommendation 16 – Capital investment

The council, Greenwich Clinical Commissioning Group and the NHS with support from GLH will agree a business plan to identify the capital investment required to deliver this strategy and will set this out in a business case to be agreed by end of summer 2017.

Recommendation 17 – Co-investment

The council should explore financial models to deliver the business plan; including the opportunities currently afforded by co-investment of 'right to buy' receipts, borrowing for direct investment, use of council owned properties and securing grant funding from central government.

Recommendation 18 – New housing developments

Royal Greenwich Planning/Development Control and Housing colleagues include new development housing needs identified in this strategy (including shared ownership) as part of new affordable housing developments planned for the future and in the local masterplans for large scale housing development.

Appendix 11 - Housing in Royal Greenwich

The council will shortly be publishing a new housing strategy for the borough as a whole which will provide extensive analysis of the current housing markets in the borough.

We have assumed people reading this report will be aware of some aspects of the London/Greenwich housing market. In the light of that and the forthcoming extensive coverage of this matter in the new borough wide housing strategy we do not intend therefore to comment extensively on the London/Greenwich housing market except to provide context for our analysis of housing for people with a learning disability in Royal Greenwich.

Tenure - Home ownership, social housing and private renting

Like most London boroughs Royal Greenwich has lower levels of home ownership and higher levels of social rented and private rented compared to national averages.

There are however some large discrepancies in the data collected. National census data, the Greater London Authority and Royal Greenwich give quite different pictures. The most up to date information comes from Royal Greenwich itself based on council tax records and the Office for National Statistics below.

Tenure	Greenwich		England	
	number	%	number	%
Owned	35,000	31	13,975,024	63.3
Social rented	45,000	40	3,903,550	17.7
Private rented	32,000	29	3,715,924	16.8
All households	112,000	100.0	22,063,368	100.0

Source: RBG Council Tax records and the Office for National Statistics

The Greater London Authority (GLA hereafter) housing database suggests Royal Greenwich has a home ownership at circa 46% in contrast to Royal Greenwich estimate above at 31%.

We have set out below an extract from the GLA figures to give a comparison for Royal Greenwich compared to neighbouring boroughs. Full details can be found at <https://data.london.gov.uk/topic/housing>

Area name	Owned Outright	Owned with mortgage	Social Rented	Private Rented	Total
Bexley	41	34	14	10	100
Bromley	41	33	12	13	100
Croydon	31	35	16	17	100
Greenwich	20	26	33	21	100
Lambeth	11	27	31	31	100
Lewisham	17	33	27	23	100
Southwark	10	26	38	25	100
Inner London	16	22	33	29	100
Outer London	29	32	16	22	100

The difference between the council's own estimates and the GLA's figures are striking; the council estimates home ownership at 31% compared to 46% from the GLA. Consequently the council also put their estimate for private renting and social housing significantly higher than the GLA.

Royal Greenwich Adult Social Care does not keep data on the housing status of people with a learning disability on their register except where they are in specialist accommodation and support settings.

Royal Greenwich housing department does have system flags to alert housing staff if vulnerable individuals (adults or children) live in one of their properties. At present these flags do not give details about the type of disability or vulnerability. Most housing associations would have similar systems.

Social Housing in Royal Greenwich

People with a learning disability living independently in social housing

It is very difficult to obtain reliable data either nationally or locally on how many people with a learning disability live in mainstream social housing; however it is commonly accepted that this is where a significant number of people with mild learning disabilities live.

Some may receive support packages or support from family and neighbours. Some people with a learning disability have gained independent living skills and moved out of supported living or registered care accommodation into mainstream social housing. The support people need to live in mainstream supported housing will vary from person to person but it should be sufficient for them to prosper in this setting.

In addition there are a number of sheltered housing schemes run by Royal Greenwich and housing associations specifically for elderly people. We don't have data on the numbers of people nationally or in Royal Greenwich with learning disabilities that live in sheltered elderly accommodation; but it would seem a natural choice as an increasing number of people with a learning disability become elderly.

Social Housing in Royal Greenwich

Social housing is a term used to describe housing provided at below full market rent by housing associations and councils. By far the largest social landlord in Royal Greenwich is the council itself with circa 21,000 homes. In addition there are circa 11,000 housing association properties according to the latest JSNA report from Royal Greenwich <http://www.greenwichjsna.org/app/uploads/2015/08/Housing.pdf>

In common with most other local authorities Royal Greenwich and housing associations pool any accommodation that is vacant and make it available to people who qualify to apply for it.

The system of application and the processes that are followed to determine who is successful in applying has to be in accordance with the various housing acts. In common with most other authorities the process used in Royal Greenwich is called choice based lettings. For full details please see http://www.royalgreenwich.gov.uk/info/92/housing_allocations_-_registering_for_a_property

In Royal Greenwich there are also housing associations and similar organisations which make accommodation available at market or near market rents but who offer more security or longer tenancy terms than the private rented sector which commonly offers 6-12 month tenancies.

Applying for social housing in Royal Greenwich

There are far more people seeking housing than there are lettings available. When applying for social housing each application is given a priority band. Those with the highest priority

band are given priority when bidding for vacant properties and can mostly 'outbid' people in lower bands who want to bid on the same property.

The assessment process is a combination of national legislation (and case law) which must be complied with and some local priority setting about how to assess people and what level of priority they should be afforded compared to other applicants.

The current stock of council properties is as follows:

	STOCK 06/02/2017		Total
	Flat	Total	12,649
	Maisonette	Total	2,038
	Bungalow	Total	300
	House	Total	6,403
			21,390

There are currently over 16,000 applicants on the housing register, including 1,400 with a priority for re-housing.

Last year 1 January 2016 - 31 December 2016 there were 1,534 Royal Greenwich and housing association properties lettings. Over 1000 of these lettings were to priority households.

In December 2016 there were 9,005 households on the register awaiting one beds and 3,991 awaiting two beds.

Lettings breakdown by size in 2016

One bed	479
Two bed	641
Three bed	276
Four bed plus	138
total	1534

If there is a priority need, the applicant will be placed in Band B1 where the average waiting time, depending on areas of choice, is 3-6 months.

For vulnerable people including people with a learning disability in Royal Greenwich there are potentially 3 alternative processes to support people seeking accommodation

- People can either be supported to bid by the council's housing staff, social worker or their support worker or advocate/family member; or
- The council can choose to identify potentially suitable properties and make a direct offer outside the bidding process.
- People can be referred to the range of specialist supported housing in the borough for people with a learning disability usually through adult social care. These properties are usually not covered by the council's choice based letting system.

As an illustration of the shortage of social housing we set out below details of recent bids results. These are published every week by the council and are available to view at

http://www.royalgreenwich.gov.uk/downloads/download/258/greenwich_homes_weekly_results

This is what happened to Homes advertised in Edition 539

PROPERTY ADDRESS	NUMBER OF BEDROOMS	PROPERTY TYPE	NUMBER OF BIDS	REGISTRATION DATE OF SUCCESSFUL APPLICANT	BAND
Reeves Road SE18 3QW	1	FLAT	593	07/04/2008	A
Nightingale Heights Nightingale Vale SE18 4HH	2	FLAT	339	16/08/2016	BI
Cantwell Road SE18 3LL	0	FLAT	336	02/01/2009	C
Elmley Street SE18 7NJ	3	MAISONETTE	474	05/11/2013	BI
Ruddstreet Close SE18 6RP	1	FLAT	585	23/12/2013	A
Elmley Street SE18 7NJ	3	MAISONETTE	437	22/10/2013	BI
Haddo House Haddo Street SE10 9SF	2	FLAT	465	12/09/2011	BI
Dawson Close SE18 7LW	1	FLAT	472	19/12/2016	BI
Hevelius Close SE10 0HR	1	FLAT	698	25/10/2010	A
Middle Park Avenue SE9 5QH	0	FLAT	281	16/08/2012	C
Colomb Street SE10 9EZ	2	HOUSE	873	03/04/2006	A
Granby House Ogilby Street SE18 5EH	0	FLAT		withdrawn	

As can be seen from Edition 539 is the weekly result released on Wednesday 19th April showing between 281 to 873 bids for each property.

What happens to people with a learning disability who live in social housing when their family carer has to move out or dies.

In housing terms this is called succession

Most people with learning disability people live with their families. Research has shown that there is a positive correlation between poverty and learning disability. Given the low levels of home ownership in the borough it is a reasonable assumption to make that most people with a learning disability in Royal Greenwich live with their families in social housing.

When the last family carer(s) dies then the son or daughter with a learning disability has no right to continue living there unless they have a legal right to succeed to the tenancy.

In the first instance succession is a matter of legality and right; not a matter of judgement. There are different laws depending whether your landlord is the council or a housing association.

The council's succession policy is contained within the borough's overall allocations policy

http://www.royalgreenwich.gov.uk/downloads/file/2033/housing_allocations_scheme_-_updated_october_2015

Set out below is a useful guide from the councils succession policy.

Occupant	Tenancies granted before 1 April 2012	Tenancies granted on or after 1 April 2012
A joint tenant left in occupation following the death of their joint tenant	Yes	Yes
Spouse, civil partner, partner or another member of the deceased tenant's family (See note below for definition of family member and qualifying criteria) following the death of a sole tenant	Yes, provided that they lived at the property at the time of the tenant's death, and property is their only or principal home.	Only spouses, civil partners and people living with the tenant as wife, husband or civil partners can succeed.
A minor, provided they meet the criteria (i.e. A family member and it is their only or principal home). The tenancy is held in trust for the minor until the age of majority is reached.	Yes	No right to succeed.

The law enables Royal Greenwich to regain possession from family members (but not spouses) who have succeeded to the property where they are under-occupying; that is not using all the rooms in the property. Notice must be served between 6 and 12 months of the death of the previous tenant.

We think most people with a learning disability in Royal Greenwich currently live in social housing and we think it is important to help families plan for the future, we have made a recommendation in the strategy about this subject.

A common scenario would be where someone with a learning disability lives with a sole carer in a 2 bedroom council property and their sole carer dies. The tenancy was held by the sole carer for some years (both having lived there for many years) and was granted before 1st April 2012.

Under the council's succession rules the person with a learning disability would succeed to the tenancy.

However if the person with a learning disability does not

- need an overnight carer
- or a carer is not provided for some reason

then the person with a learning disability would be deemed to be over-occupying.

The council would commence a process to find alternative one bedroom accommodation for the person with learning disabilities in consultation with adult social care

As a vulnerable person the council could not make them homeless and would work with social services to secure a suitable property and support if needed.

Families and people living independently in private rented housing

There is little reliable data either nationally or locally on people with a learning disability living in the private rented sector.

Specialist supported housing

Within Royal Greenwich there are a smaller number of specialist houses and groups of flats that provide accommodation (usually with support) for vulnerable people and people with disabilities. This is a small segment of the overall housing market and includes for instance properties which have been developed for people with a learning disability, people suffering from mental ill-health, people with a physical disability, children's homes etc.

These specialist properties are usually registered care homes, supported living homes, small clusters of self-contained flats and people living with families in the 'Shared Lives' schemes.

Registered Care Homes are regulated and inspected by the Care Quality Commission.

Organisations which provide supported living services are regulated by the Care Quality Commission if they provide personal care; the supported living premises themselves are not necessarily inspected.

Clusters or groups of self-contained flats can either be a registered care home or supported living.

Shared lives services are also regulated by the Care Quality Commission; the family homes are not inspected by CQC but are inspected by the organisation running the shared lives services. In Royal Greenwich it is the council itself which runs the shared lives service.

Accommodation which provides short stay respite services for either children or adults is usually registered as a care home. Respite care services are outside the brief for this strategy.

This specialist accommodation for people with a learning disability has been developed over the last 30 years since the introduction of community care. The accommodation has been developed by the statutory authorities (i.e. the NHS and Royal Greenwich), housing associations, charities and private enterprises. Our main report contains details of the specialist housing in the borough.

New housing developments in Royal Greenwich

The government issued a new housing white paper called Fixing Our Broken Housing Market which aims to make a step change in the numbers of new dwellings constructed. This would not be the first time a government has attempted (and largely failed) to increase housing supply. On this occasion a number of new financial incentives to deliver more homes are under consideration.

The new London Mayor is investing over £3bn to deliver 90,000 new affordable homes (shared ownership, affordable and London @living' rents). Additional new planning guidance aimed at speeding up the development process is anticipated to focus on developers of larger sites making 35% of all new homes developed affordable.

Royal Greenwich has added about 1,000 dwellings per year over the last 10 years. A proportion of those were social housing. The London Plan (Mayors Office) set targets in 2016 of increasing this to circa 2,700 per year. These are likely to be superseded by even more ambitious targets for the future from the new Mayor.

In Royal Greenwich significant new housing is allocated in existing planning proposals; the largest 2 being the Peninsula with 13,000 additional homes, (bringing a total of nearly 16,000 new homes to the area of which almost 4,000 will be affordable); and Charlton Riverside ,with between 3,500 to 5,000 new homes

The Royal Greenwich Local Plan Core Strategy sets out site specific housing development over 5, 10 and 15 years. Over the next 5 years over 3,000 homes are expected to be delivered every year.

Affordable housing in Royal Greenwich

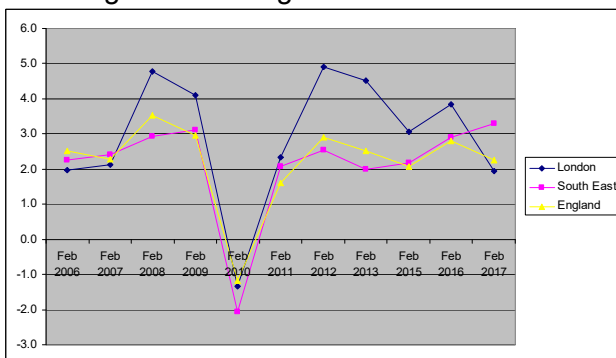
Larger scale housing developments are required under the planning permission laws to provide a number of affordable housing units to rent below the market rate. Across London the guidance is that local authorities will seek to negotiate with developers to deliver 35% of all new housing as affordable housing.

The definition of what is and is not affordable and what % should be built at the developers' expense is under constant review. Nevertheless there is an opportunity to include specialist supported housing for people with a learning disability in new developments where there is a clear need and where the design allows its inclusion.

Private rented accommodation in Royal Greenwich

According to Royal Greenwich's latest research carried there has been a considerable increase in the number of homes privately rented in Royal Greenwich.

The chart below shows the 12 month average rental price change for properties in London, South East England and England.



A summary of the private rented market in Royal Greenwich is contained in their recent consultation report

Proposed additional licensing scheme of houses in multiple occupation for the Royal Borough of Greenwich

Table 7. Average House and Rental Costs						
	Greenwich			London		
	Jul-14	Jul-16	% Change	Jul-14	Jul-16	% Change
Average House Price	£368,431	£443,611	+20%	£556,481	£635,710	+14%
	Greenwich			London		
	Mar-15	Apr-16	% Change	Mar-15	Mar-16	% Change
Average Monthly Rent	£1,710	£1,733	+1%	£1,427	£1,536	+8%
	Greenwich			South East London LHA rate		
	Mar-15	Apr-16	% Change	Mar-15	Apr-16	% Change
Average Weekly Room Rent	£133	£142	+7%	£84.27 to £95.18	£84.27 to £95.18	0%

Source - South East London Housing Partnership

The same consultation report gives the number of privately rented homes at 32,000 or 29% of all homes.

Average rents are higher than the London average.

Royal Greenwich has arrangements with a number of private landlords who provide accommodation for homeless and potentially homeless individuals and families from the general population and has a number of different arrangements to secure accommodation. All of these arrangements rely to a greatly or lesser degree on the amount housing benefit that each household can claim.

Originally the housing benefit (called the Local Housing Allowance) kept pace with local rental markets and was tied to a % of the market rent. That link was broken when rates were frozen in April 2012, and subsequently only increased in line with CPI inflation from April 2013, rather than rent increases. In 2014 and 2015, LHA rates were increased by a maximum of 1% which was lower than CPI. In April 2016 it was announced that the LHA would be capped for a further 4 years. The link with market rents has been lost for 5 years now and lost considerable purchasing power as can be seen in the council's findings above.

In April 2016 the average weekly room rent was £142 per person per week and the LHA rate was (and is now still) at £84 to £95 /week circa 60% of the actual market rates.

Efforts of individuals and the council to assist them to access the private rented sector as a means of providing much needed housing has been negatively affected by these changes. Few landlords will consider that kind of mark down on the market rent.

Private rented accommodation and individuals with learning disabilities.

In contrast to the general population some people with a learning disability can claim increased amounts of local housing allowance provided certain conditions are met. For people with a learning disability who wish to share accommodation and can pool their local housing allowance this usually gives enough buying power in the market to be able to cover the market rent on an average property. However it does not mean that landlords would be willing to rent accommodation to people with a learning disability nor give permission nor carry out the alterations, adaptations or safety features that might be required.

GLH and other specialist housing associations have successfully accessed good quality accommodation in the private rented sector and this remains an option going forward. It is an option that can be considered for people with a learning disability

- who need something temporary, say whilst they are waiting for their accommodation to be refurbished or a development completed
- who are trying a move away from the family home for the first time to share with others; sharing both their housing and their support costs
- who are attending college or apprenticeship placements together and the accommodation is part of the overall package.

Private rented accommodation and families caring for adults or children with a learning disability.

There is little information about the number of people with a learning disability (adults or children) living in the private rented sector. In the course of our work in Royal Greenwich we have met and spoken to a small number of families caring for loved ones with a learning disability whilst living in the private rented sector. The extreme shortage of social housing may now be having an effect as people have no other choice.

For all but a few people with high earnings it normally takes two wages to prosper long term in either the private rented accommodation or home ownership. As the impact of caring for children with a learning disability increases it becomes harder to maintain full time employment. We do not know the current prevalence of people caring for loved ones in the private rented sector.

Population growth in Royal Greenwich

The population of Royal Greenwich (like most other London boroughs) has grown steadily at about 4,000 people each year over recent years.

Table 6. Population Growth						
	2011	2012	2013	2014	2015	2016
Greenwich	255,483	259,623	263,615	268,041	271,937	275,868
London	8,217,475	8,320,793	8,428,816	8,549,944	8,666,014	8,750,753
England	53,107,169	53,493,729	53,865,817	54,316,618	54,786,327	55,218,700

Source: Office for National Statistics

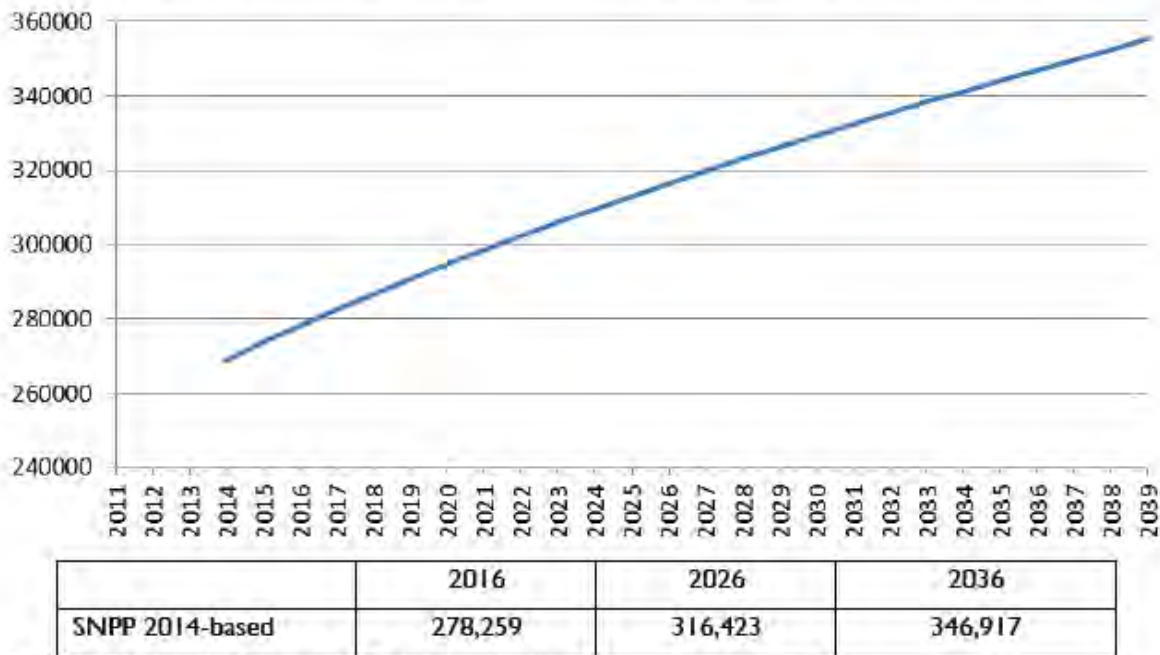
The ONS estimate that the borough’s population has grown by 19% in the last 10 years (2005 – 2015) and will grow by 14% over the next 10 years (2016 - 2026). Projections from the GLA suggest that growth will be even higher, with 17% growth projected for the same period.

Twenty-two per cent of the borough’s population are under the age of 16, 68% are aged between 16 to 64; and 10% are aged 65 and over. The Royal Greenwich age profile is similar to that of London, but when comparing population change over the last 10 years, it can be seen that Royal Greenwich has experienced a faster rate of growth in the under 16’s and 16-64 age groups, but slower growth in the over 65 population, than London as a whole.

Residents aged over 65 have experienced the least growth (8%) over the past 10 years when compared to the other broad age groups, but is projected to see the largest increase over the next 10 years (30%).

The ONS project there to be 278,259 people living in Royal Greenwich in 2016 and predict a 14% growth rate over the following 10 years, with the population reaching 316,423 by 2026 (Chart 3).

Chart 3. Royal Greenwich projected population: ONS 2014-based projection

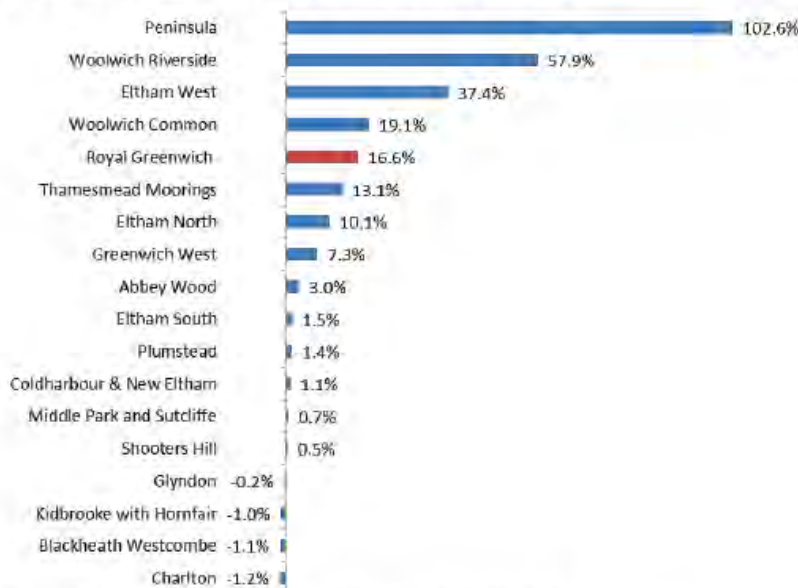


Source: 2014-based sub-national population projections.

The GLA also make their projections available at ward level. Chart 6 shows the projected population growth rates by ward over the next ten years. The Peninsula and Woolwich Riverside wards' population is expected to double and increase by 58% respectively between 2016 and 2026 (from 18,141 to 36,746 residents).

Other wards with significant increases in population will be Eltham, Woolwich Common, ward of Royal Greenwich, Thamesmead Moorings and Eltham North. Four wards are expected to experience slight decline – these being Glyndon, Charlton, Blackheath Westcombe and Kidbrooke with Hornfair.

Chart 6. 2016 – 2026 Population growth rates by Ward



Source: GLA 2015 round ward SHLAA-based capped household Size projection model

The prevalence of learning disability within the population has been fairly constant and there will be a corresponding increase in people with a learning disability in Royal Greenwich.

Appendix 12 - Landlord arrangements for accommodation and support for people with a learning disability

Landlord arrangements in registered care

Since the 1980 with the advent of community based services as opposed to hospitals and other institutions, accommodation for people with a learning disability has been delivered by the development of small scale homes. Originally these were almost exclusively small registered care homes with say 4-10 people sharing a large house. Registered care is a model of accommodation and support most recently defined by the Health & Social Care Act 2008.

Where an establishment provides both accommodation and personal care as a single service then it's likely it will need to be registered as a care home. The Care Quality Commission (CQC hereafter) regulates care homes and full details can be found on their website. Their latest guidance with regard to care homes, shared lives and supported living is set out below.

Registering the right support; CQC's policy on registration and variations to registration for providers supporting people with a learning disability. February 2016

https://www.cqc.org.uk/sites/default/files/20160216b_Registering_the_right_support.pdf

Registration under the Health and Social Care Act 2008; The Scope of Registration. March 2015

http://www.cqc.org.uk/sites/default/files/20151230_100001_Scope_of_registration_guidance_updated_March_2015_01.pdf

Operators of registered care homes who are required to register with CQC do not have to own the building from which they operate. Although many operators of care homes also own the property it is also common for the registered care home property to be owned by a third party landlord. As far as the residents are concerned all arrangements for both accommodation and support are made with the care home operator.

In Royal Greenwich there are examples of these types of arrangements. Some of the registered care homes are owned by the NHS and similar organisations in the public sector. As the NHS and other public bodies withdrew from providing these type of services directly the properties were leased to third party operators of the care homes; often involving charities or housing associations or both. In the private sector it is also common for the property to be provided by a third party property investment vehicle legally separate from the care home operator.

For properties in the public sector arrangements for investment in upgrading, refurbishment or replacement of any such care homes requires the agreement of all interested parties and probably also some involvement from Royal Greenwich as the commissioner of care in any future arrangements. In the private sector the arrangements are usually a response to a market opportunity and if they involve more than one legal entity they agree a joint position to pursue their market opportunity. In cases where Royal Greenwich wishes to influence the market opportunity then there may also some involvement from Royal Greenwich as the commissioner of care in any future arrangements.

Rent and accommodation charges for registered care homes

Care homes include the cost of accommodation, food heat and light (sometimes called the 'hotel' costs) within their overall charge. The cost of the property and the rent costs are included in the charges due from the occupant. The vast majority of people with a learning disability do not have a private income or capital and therefore all the costs; accommodation, hotel costs and support are paid by local social care authorities like Royal Greenwich.

Landlord arrangements for supported living

By the 1990's supported living was starting to be developed alongside registered care. The main principles of supported living were succinctly set out in NDTi's report Supported Living - Making the Move; September 2010. The extracts below give a description of supported living.

People with a learning disability own or rent their home and have control over the support they get, who they live with (if anyone) and how they live their lives.

Supported living is not a prescriptive model of service design and can look very different for different people. For one person it may be a few hours support a week to live alone in a rented flat, for another it may be round the clock support to live in a home they own, and for others it may be a shared house with friends and support to meet individual needs. The key to whether it is supported living or not is how much choice and control the person has over their home and life rather than what the service looks like. Different models for supported living include:

- living in a rented or owned property and getting an individual support package*
- sharing with others in a rented property and each person getting an individual support package*
- extra care or sheltered housing lodging in someone else's home and getting an individual support package*
- living in an extension to a family home and letting an individual support package*
- living in a network of houses or flats and supporting others as well as getting support.*

More recently the CQC set out in its report 'Registering the right support', when supported living services will need to register with the CQC (when personal care is provided). The report also defines some of the differences between registered care and supported living.

In supported living services the provision of housing and support are separate. People have a tenancy for their housing and support to meet their needs. Supported living arrangements provide for the full spectrum of needs from those with the high support needs to those with occasional support needs.

The landlord arrangements in supported living are usually more visible. The property owner issues the tenancy and is responsible for property matters. There are some landlord arrangements in supported living that also involve third party landlords who own the property and who subsequently arrange for the landlord's obligations to be delegated to an organisation which specialises in the management and maintenance of such properties. These can be housing associations, charitable or private organisations.

It is also possible for a single organisation to offer supported living accommodation as a landlord whilst at the same time providing support to people in the accommodation. These arrangements must comply with the latest CQC guidance. 'Registering the right support' sets out the conditions of where this is possible.

In Royal Greenwich there are examples of all of these types of arrangements for supported living.

For properties in the public sector arrangements for investment in upgrading, refurbishment or replacement of any supported living accommodation requires the agreement of all interested parties and probably also some involvement from Royal Greenwich as the commissioner of care in any future arrangements. In the private sector the arrangements are usually a response to a market opportunity and if they involve more than one legal entity they agree a joint position to pursue their market opportunity. In these cases where Royal Greenwich wishes to influence the market opportunity then there may also some involvement from Royal Greenwich as the commissioner of care in any future arrangements.

Rent and accommodation charges for supported living services

The landlord charges a rent and usually a service charge for the property only. Most people with a learning disability in supported living do not have income or capital to meet their rent liability. People in supported living services have access to a full range of benefits like everyone else including housing benefit. This means that in supported living the cost of providing accommodation is met by central government and not by the local social care authority; i.e. Royal Greenwich in this instance.

The amount met by central government is likely to be the appropriate local housing allowance rate. Local housing allowance rates by reference to specific locations which are different to local authority boundaries. The majority of Royal Greenwich falls within the 'Outer South East Broad Market Rental Area'. The appropriate local housing allowance rate for this area is either £161 or £198 per person per week. In the east of Royal Greenwich there is a smaller part of the borough around Blackheath Greenwich and the Peninsula where the local housing allowance rates increase to £204 or £265 per person per week.

In supported living the costs of heat, light and food etc. (i.e. the 'hotel' costs) are met the tenants who share the cost of living together; in contrast to registered care where these costs are met by Royal Greenwich adult social care. (Section 5 earlier notes that on average supported living services are circa £300 per person per week less than registered care services).

Where the landlord is a housing association or a council and the accommodation has received certain types of public subsidy the rents must be set within the rent guidance limits issued by the Homes and Communities Agency which regulates social housing (see Rent and accommodation charges in social housing later in this section).

There are significant changes planned for both the setting of rents and the level of housing benefit which can be claimed by tenants. These are examined in the Cordis Bright report. It is thought that the current local housing allowance limits (i.e. £160/198 and £204/265 per person per week) will continue to be met by central government and any additional benefit needed to cover the cost of rents above these amounts will have to be met by local Royal Greenwich funds after April 2019.

Landlord arrangements in Shared Lives services

Shared lives services are where an adult with learning disabilities who needs support and/or accommodation moves in with or regularly visits an approved Shared Lives carer, after they have been matched for compatibility. Together, they share family and community life.

Shared Lives schemes which provide placements for people with personal care needs are required to be registered with CQC. If they do not provide placements for people with personal care needs, they will be out of scope of the CQC regulated activity. In Royal Greenwich the Shared Lives service is run by the council, provides placements for people with personal care needs and is registered with CQC.

Accommodation and support are provided by a host family. As far as the accommodation is concerned the legal status of the person with a learning disability living with the family is as a lodger. Royal Greenwich have standard documentation to support the shared lives services including a standard licence agreement to rent a room in the family home as a lodger that works alongside the other agreements for Shared Lives support.

Rent and accommodation charges for Shared Lives services

Not unlike people in supported living services; people in Shared Lives services, have a full range of benefits including housing benefit. This means that the person with a learning disability can make a claim for housing benefit to meet the cost of renting a room in the family home.

People in Shared Lives services also contribute an agreed amount to cover their share of the household costs for food, heat light etc. As with supported living services, the council only has to meet the cost of support; the cost of accommodation and hotel costs being met from other benefits.

Landlord arrangements in social housing tenancies

Social Housing is a term often used to describe housing made available below market rates, usually provided by councils, housing associations and charities. The vast majority of this accommodation is standard one, two and three bedroom accommodation. It is let to the general population who apply for it through the local authority housing department.

There are also schemes to sell all or partial ownership of housing on sub-market terms.

Most providers of social housing are registered and regulated by The Homes and Communities Agency (HCA hereafter). There are some charitable organisations and other providers of social housing like Meridian Homes in Greenwich who are not registered with the HCA.

There are far more people seeking social housing than there are lettings or sales available. A summary of the social housing accommodation is provided in more detail in Appendix 11 'Housing in Royal Greenwich'.

Royal Greenwich housing department does have system flags to alert housing staff if vulnerable individuals (adults or children) live in one of their properties. At present these flags do not give details about the type of disability or vulnerability. At this stage we have no evidence but our experience suggest that there are a large number of people with a learning disability living in social housing; either with their family or in their own tenancy. Social housing therefore provides a large resource of accommodation for people with a learning disability and their families. Not all people with a learning disability will receive a service from adult social care and are supported by family, friends and neighbours.

We have carried out a small number of voluntary return surveys and of those returned the majority of people completing the surveys live in social housing (excluding shared lives services where the majority who responded to the survey were owner occupiers).

Social housing is funded by a range of methods. We have highlighted the main methods below which are not mutually exclusive.

- By requiring developers of large sites to build a proportion of properties for sub-market sale or rent as part of the planning permission for the whole development.
- Royal Greenwich investing directly in building and acquiring properties.
- Grant provided by the London Mayors office to partly fund social housing.
- By housing associations raising private finance on their existing stock of accommodation to provide new funds for additional housing.
- Social investment.

Rent and accommodation charges for social housing tenancies

All providers of social housing who are regulated by the HCA are required to provide affordable rents where their accommodation has received any form of public subsidy. The rent charged may not exceed prescribed limits set out a formula specified by the HCA. Within these overall limits Royal Greenwich and other social landlords have their own rent policies. Royal Greenwich can also influence the level of rent which other social landlords can charge on new developments which are delivered via the planning system or through grants. Housing provided by private finance or social investment has a wider remit to determine rent levels.

There are a number of recent and proposed changes to the limits on rents which social landlords can charge. New developments in London which receive grant funding may also have another regime to comply with as a condition of receiving grant subsidy called the 'London Living Rent' which is a sub-market rent and is set at an individual ward level. It only applies to new developments funded with grant from the London Mayors office.

Private landlords.

Private landlords set rents free from regulatory limits decided by market forces.

There is little information about the number of people with a learning disability (adults or children) living in the private rented sector. In the course of our work in Greenwich we have met and spoken to a small number of families caring for loved ones with a learning disability whilst living in the private rented sector. The extreme shortage of social housing may now be having an effect as people have no other choice but private renting.

The landlords of private rented accommodation have traditionally been small scale enterprises owning one or two properties. Home-let carried out a national survey in 2015 where 91% of

respondents had one or two properties. <https://homelet.co.uk/homelet-rental-index/landlord-survey-2015>

Large institutional investors with substantial capital to invest have hitherto preferred to invest in commercial property and land in preference to residential. However this is rapidly changing and a number of institutional investors are now building or purchasing large developments of private rented accommodation at market rents.

There are some institutional investors who also invest in specialised supported housing and there are recent examples of these organisations working with support providers to provide accommodation in Royal Greenwich.

A summary of the private rented market in Royal Greenwich Borough is contained as appendix 11 - Housing in Royal Greenwich.

Rent and accommodation charges for private rented accommodation

The housing benefit payable to tenants in the private rented sector is called the Local Housing Allowance. In contrast to the general population some people with a learning disability can claim increased amounts of local housing allowance. They can only do this if certain conditions are met reflecting their higher level of disability and their need for support.

GLH and other specialist housing associations have successfully accessed good quality accommodation in the private rented sector for people with a learning disability. In our view this remains an option going forward. We believe this option can be considered for people with a learning disability;

- who need something temporary, say whilst they are waiting for their accommodation to be refurbished or a development completed;
- to see if they like living away from home. People don't always know if they are going to like living permanently away from the family home. Sometimes it's best to try things out before making long term arrangements. People can share both their housing and their support costs;
- who are attending college or apprenticeship placements and the accommodation is part of the overall package.

Most private sector landlords will have little or no experience of letting to people with learning disability. Often an intermediary organisation such as a housing association will be required to lease from the private landlord and then sub-let to people with a learning disability. Our experience in GLH is that private landlords are on the whole less likely to give permission to carry out the alterations, adaptations or safety features that might be required.

Whilst we believe there are increased opportunities to work with good quality private landlords as set out above we do not believe it is a suitable choice for every person with learning disability.

Appendix 13 – NHS Capital Investment Brief

FIPA Briefing - Learning Disability Capital Grants & Legal Charges

Background

In the 1990s and 2000s property assets were transferred from NHS owners to providers of learning disability and mental health services to create community homes in line with the policy of closing down the large institutions then prevalent. Many of these properties are now no longer fit for purpose or are in less demand with an increasing move to a model more based on supported living in one's own home.

The initiative of creating community units though remains alive and with NHS England committed to implementing the recommendations of the Winterbourne View Report (now referred to as 'Transforming Care'), the requirement to provide accommodation for learning disability and mental health client groups is still relevant.

On 1st April 2015 NHS England became responsible for the substantial part of the existing portfolio of property charged to secure funds advanced through capital grants made by predecessor organisations to voluntary bodies, Local Authorities and other organisations. This portfolio had been transferred to NHS Property Services Limited on the dissolution of the Primary Care Trusts on 31st March 2013. The transfer to NHS PS created difficulties in that NHS PS was unable to re-cycle funds released from disposals of former LD estate over which NHS PS held legal charges.

A section of the portfolio remains vested in the Secretary of State for Health, but with the beneficial interest held by NHS England so that when a trigger event occurs, the Department of Health have agreed that while NHS England will do the "work" involved in a repayment, the Department of Health will seal the appropriate release and the funds will be remitted to NHS England on discharge of the associated Legal Charge. **This in effect creates a capital receipt for NHS England, currently automatically allocated to the relevant region.**

Powers under which Capital Grants can be made

NHS England is entitled to make capital grants under various provisions of the NHS Act 2006 (as amended). These are:-

1. S13X- Power to make grants.

http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf

These are grants or loans to voluntary organisations which provide services similar to those of NHS England's functions

2. S256- Power to make payments towards expenditure on community services.

These are payments which can be of a capital or revenue nature and can be made to local authorities, housing authorities, registered social landlords or registered private landlords of social housing.

A full description of the bodies to which a grant can be made can be found at <http://www.legislation.gov.uk/ukpga/2006/41/section/256>

3. S257- Payments in respect of voluntary organisations under section 257.

<http://www.legislation.gov.uk/ukpga/2006/41/section/257>

The National Health Service (Conditions Relating to Payments in connection with property by NHS Bodies to Local Authorities and other bodies) Directions 2016

<https://www.gov.uk/government/publications/conditions-for-payments-relating-to-property-made-by-nhs-bodies>

In all circumstances grants and payments made under sections 256 and 257 are subject to the provisions of the Directions. The Directions provide that in making the grant NHS England must be satisfied that:

1. the grant provides better value than would an equivalent investment in directly commissioned services;
2. if it is a capital grant the amount is determined before the project begins; and
3. the recipient intends to meet all other costs of the project itself.

NHS England must also

- 4 prepare appropriate written documentation including a statement about the purposes for which the payment is made;
- 5 enter details of the payment and project on a central register of loans and charges; and
- 6 ensure the recipient uses the payment to secure the most efficient and effective use of the funds paid.

Direct recipients of grant monies, other than local authorities, must enter into a legal charge over the property in question, while local authorities are required to enter a restriction on their title to protect the grant. Very exceptionally the charge in favour of NHS England may be deferred to the extent that NHS England is satisfied would allow the recipient to use the payment in such a way as to secure the most efficient and effective use of the amount paid and the security arrangements will invariably require that there is sufficient equity in the charged premises for NHS England to be confident that repayment in full of NHS England's grant is adequately secured

London Region Position

Structure

Within London there is a regional lead for Transforming Care (currently Amelia Howard) and within each region (6 across London) Transforming Care Partnerships (TCP) have been established. These are joint LA / CCG partnerships set up to lead the Transforming Care agenda in association with key partners (including community and hospital LD providers, advocacy organisations and people with lived experience), in each area. Given this infrastructure, it is proposed that these partnerships take lead responsibility for the assurance, sign-off and recommendation of any transactions relating LD funds, prior to their submission to the London Region for endorsement and approval by NHS England's Chief Financial Officer.

All funds, including capital receipts, can only be managed on annual basis (no carry-forward) and are legally NHS England's to discharge. Current NHS England policy is to allocate receipts back to the region where they originated.

Within London, in principle capital receipts will be re-cycled within the relevant London TCP footprint over the long term. Within any given year, the region may need to prioritise bids to ensure as far as possible that LD receipts are reinvested in LD services.

In addition to the capital receipts, there is a capital allocation reserved by the NHS England national team for LD priorities (£15m in 2016/17).

TCPs can also bid for funds from the region's Business as Usual (BaU) annual capital allocation. Bids from this source need to be routed via their STP Boards, who will be prioritising all bids within their patches. BaU capital is very restricted within NHS England and therefore this source of funding would be subject to a very competitive process.

There are therefore 3 potential sources of funding, in order:

- LD Capital Receipts
- National LD Capital Budget
- Regional BaU Capital Allocation

All bids for NHS England capital must be submitted via the relevant CCG.

A suite of standard legal documents have been prepared for NHS England by an independent legal firm. These documents are all available on NHS England's website. All grant recipients will be expected to agree to the use of these documents in order for a grant to be released or transaction processed. Standard documents available are:

- (i) Letter to a grant recipient regarding requirements for consent to the grant of a lease application.
- (ii) New Grant Application for a RSL
- (iii) New Grant Application for a Local Authority

- (iv) Letter to DV from RSL or Local Authority requesting valuation of a property in relation to a new grant.
- (v) Letter to DV from Grant Recipient requesting valuation to support a redemption event
- (vi) Letter to grant recipient setting out NHS England's documentary requirements to support a redemption event
- (vii) Capital Grant Agreement for Registered Social Landlords
- (viii) Capital Grant Agreement for Local Authorities
- (ix) Standard Legal Charge document

NHS England (London) process.

Appendix A

London Region LD Business Case Process

1. Business cases for NHS England capital investment in LD services should be developed by the London TCPs in accordance with the NHS England guidance. They should be prioritised within the TCP and need to align to the priorities of the NHS England LD service transformation programme.
2. Business cases should be articulated using the NHS England Section 256/257 Capital Grant Project Initiation Document (PID) template, available on request from the NHSE Project Appraisal Unit.
3. LD capital investment business case assurance will be led by the NHS England London Capital Committee (LCC) with input from the Regional LD Transformation lead, the Project Appraisal Unit and NHS England Legal.
4. All business cases for capital investment in LD services, once approved by LCC will require agreement by the London Finance, Investment, Procurement and Audit (FIPA) Committee, for recommendation by the Regional Director of Finance and approval by the NHSE Chief Financial Officer.
5. The NHS England interest in all agreed capital investments in LD services will be appropriately secured in line with the requirement of the relevant grant making powers.
6. Pro-forma transactional document templates are available and should be used by the TCPs at the early stages of project development to inform discussions with local authorities and their providers, and their subsequent capital investment business cases.
7. These templates provide standard terms for transaction of capital investments into LD services that have been agreed with NHS England Legal in accordance with prevailing guidance. It is the assumption that all such transactions will observe and be bound by these terms. Further advice should be sought from NHS England Legal who would need to agree by exception any changes to these standard terms.
8. The process flow for LD capital investment business cases in London will be:
 - TCP develops and signs off business cases (most likely with Registered Social Landlord) using Section 256/257 Capital Grant PID.
 - For Central LD Capital and to reinvest capital receipts, host CCG submits to London LCC & LD lead to secure endorsement of LD Transformation Programme team. This to include confirmation from the RSL and Local Authority (as appropriate) that they are prepared to enter into the standard transactional terms set out in the documents referred to in paragraph 6, above;
 - For NHS England BaU capital bids, host CCG submits to the STP Board, or its Capital Group, for prioritising in STP programme. STP considers the bid and endorses the submission of the PID to NHS England (London).

- LCC reviews and assures the London submissions and submits to London FIPA to secure endorsement from LD Transformation Programme SRO and Director of Finance;
- Regional Director of Finance submits recommendation seeking conditional capital investment approval from the NHS England Chief Financial Officer;
- On conditional approval being granted, NHS England Legal instructs lawyers to negotiate and transact the proposed investment in line with the proposals in the PID submission; and
- Once the transactional documents are signed and sealed, NHS England Legal will transact the process via the appointed lawyers in liaison with the respective parties and in accordance with any specific requirements of the conditional capital investment approval. NHS England London LCC & LD lead will need to be involved in this process given their role in oversight of the NHS England Regional Capital Programme.