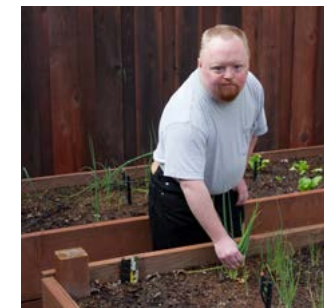
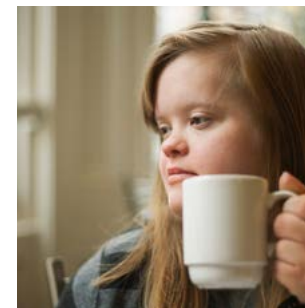


# Learning Disabilities Accommodation Strategy 2017-2022



**Care and Support  
Accommodation Strategy**

*Environment and Sustainable Communities*

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## 1. Introduction

- 1.1 All local authorities with strategic housing responsibilities need to plan to meet the housing needs of local residents. This strategy sets out the Council's aims in meeting the accommodation needs of people with Learning Disabilities.
- 1.2 Learning Disability is defined by the Department of Health (Source: Department of Health (2001) 'Valuing People') as follows:
- 1.2.1 A Learning Disability means the person will have difficulties understanding, learning and remembering new things, and in generalising and learning new situations. Due to these difficulties with learning, the person may have difficulties with a number of social tasks for example, communication, self-care and awareness of health and safety.
- 1.2.2 Many people with Learning Disabilities also have physical and/or sensory impairments. The definition covers adults with Autism who also have Learning Disabilities, but not those with a higher level Autistic spectrum disorder who have average or above average intelligence – such as some people with Asperger's Syndrome.
- 1.2.3 'Learning Disability' does not include all those who have a 'learning difficulty' which is more broadly defined in education legislation.
- 1.3 The Council's primary response to the needs of people aged 18 and over with Learning Disabilities is delivered through Adult Services. However, consideration and planning for children with Learning Disabilities progressing from Children's Services to Adult Services needs to be monitored. Projecting Adult Needs and Service Information (PANSI) suggests that there are 1,013,000 people with a Learning Disability in England aged 18 and over. The PANSI estimates that in 2015 there were 2,414 people aged 18 and over in Bedford Borough who have a Learning Disability. This is expected to increase to 2,615 in 2030. Of the 2,414, approximately 500 (20%) are in contact with Adult Services and receive varying levels of support.
- 1.4 Adult Services' policy to address the needs of people with Learning Disabilities is set out in the Learning Disabilities Commissioning Strategy 2013. The vision for Learning Disabilities outlined in the Strategy is:
- 'To provide excellent, safe, sound, supportive, cost effective and transformational services for people with Learning Disabilities that promote independence, well being, and choice and are shaped by accurate assessment of community needs.'*
- 1.5 The Housing Strategy 2012-17 highlighted the provision of supported accommodation for people with Learning Disabilities as a key issue. It committed the Council to working with partners to address this issue through an integrated approach making best use of limited resources. The Council has been working with Registered Providers to identify potential sites for Learning Disability schemes.
- 1.6 The Housing Strategy also committed the Council to preparing an Accommodation Strategy for vulnerable groups. This document forms part of that overarching Care and Support Accommodation Strategy. Further Strategies will be drafted focusing on other vulnerable groups including mental health.

- 1.7 There are varying accommodation needs for people with Learning Disabilities with some needing help/support to maintain independent living whereas others require more intensive care in a residential/care home.
- 1.8 A key aim in producing this document is to enable people who have a Learning Disability to have choice and control, to live as independently as possible as part of the community, to live in the right home for them with the right support, and to be healthy and safe. In considering the needs and actions of this strategy the aim is to build on the skills, resources, and abilities that people and communities already have.
- 1.9 It is important to provide advice and information so that people know how to get the right support at the right time. People may be able to move between levels of support to build their strengths and capacities to enable them to live more independently and this should be supported. It is important to consider the most suitable options for people that are financially viable.
- 1.10 This strategy focuses on people with Learning Disabilities. The analytical and policy focus is shifting to short and long term care needs and in time the focus for policy development will move to an alternative analytical category such as working age people with physical support needs. Transitional arrangements are key to ensuring this new focus rather than housing people with Learning Disabilities into residential care and not reassessing if their long term housing needs will change. Existing data, policy and strategic planning continues to rely on the established categories. It is beyond the remit of this document to reshape these but it is likely that a future review will need to adjust to these changes.

- 1.11 The focus of this analysis is Bedford Borough and the needs arising within the Borough that the Council is responding to. Government policy may lead towards a requirement for a focus beyond the level of the individual local authority. The extent of the impact on the recommendations contained in this strategy would depend upon the scale of any requirement of this kind. It is not possible to anticipate this within this current document; this would also be a matter for a future review.



## 2. Background Information

2.1 The Housing and Support Partnership produced a toolkit for local authorities – Planning and Commissioning Housing for People with Learning Disabilities (2010) – containing checklists and good practice to assist local authorities to plan effectively for the accommodation needs of local people with Learning Disabilities. The main aim of the toolkit is to improve outcomes for people with Learning Disabilities and their carers to increase the number of people with Learning Disabilities who achieve their preferred housing choice.

2.2 The key aims identified by the Department of Health’s Valuing People Now re-emphasise the importance of giving people a housing choice and are key aims that this strategy will focus on. They are to:

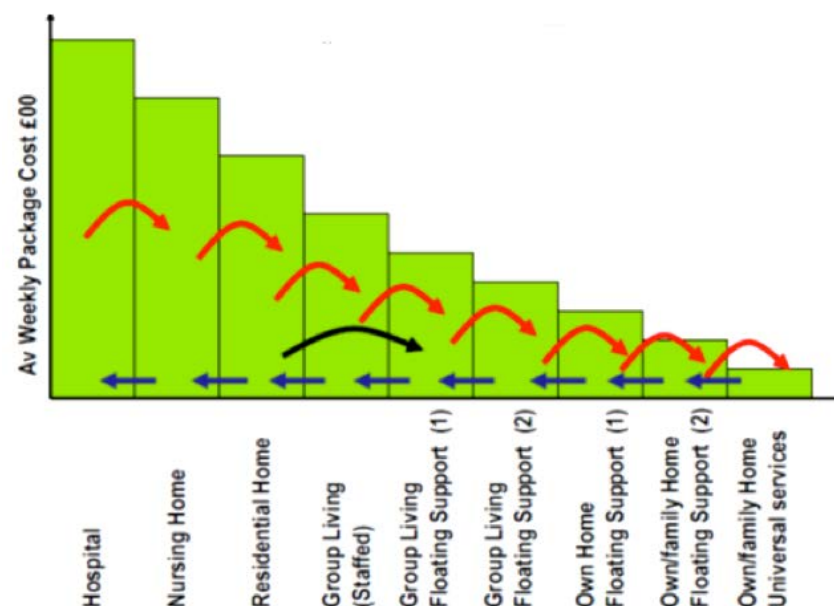
- Reduce the number of people with Learning Disabilities living in residential care.
- Increase the range of housing by improving the information and opportunities for access to a range of housing options and,
- Develop commissioning, partnership and leadership.

2.3 In January 2015 NHS England published Transforming Care for People with Learning Disabilities: Next Steps. It states that people with a Learning Disability and/or Autism in hospital who could be supported in the community should get discharged into a community setting as soon as possible. It is important to have transitional arrangements in place to ensure that people are

able to transition between varying levels and intensities of care. Figure 1 shows the different transitional steps to enable this.

2.4 The higher the support, for example hospital, nursing home and residential care, the higher the costs involved. Savings could be made by looking at the possible transitions to more people (where appropriate) away from the high support, high cost living options to lower cost, more independent arrangements including living in shared accommodation or in their own home with their own tenancy or shared ownership arrangements. A review of those housed within residential care would identify if any could or would move to more independent living options. The impact on costs will vary with each individual circumstance.

Figure 1: A Transitional Model between different types of care  
Source: Alder Review 2012



- 2.5 A focus of the NHS report is to reduce the reliance on inpatient care to focus on:
- a substantial reduction in the number of people placed in inpatient settings;
  - reducing the length of stay for all people in inpatient settings;
  - better quality of care for people who are in inpatient and community settings;
  - better quality of life for people who are in inpatient and community settings.
- 2.6 The Bedford Borough Joint Strategic Needs Assessment (JSNA) 2016 states that having warm, secure and safe housing is a prerequisite for health. All social housing in the Borough meets the decent homes standard however, nearly a quarter of privately rented dwellings fail. The most common reason for failure is excess cold, damp or mouldy homes, which are known to cause physical and mental illness.
- 2.7 Where housing is located and how people move between home, work and other services also have a strong impact on health and wellbeing.
- 2.8 It is stated in the JSNA that as well as the number of people with Learning Disabilities increasing in line with population growth it is expected that there will also be an increase in the complexity of disabilities due to:
- Improvements in maternal and neonatal care
  - Increasing prevalence of foetal alcohol syndrome
  - Increasing numbers of adults from South Asian minority ethnic communities where prevalence of Learning Disability is higher
  - Improvements in general health care for adults which lead to increased life expectancy
- 2.9 Table 1 shows a breakdown by age of the level of Learning Disability people in Bedford Borough are estimated to have. The number of people with a moderate or severe Learning Disability who are likely to be in receipt of services is estimated to increase from 631 to 710 between 2015 and 2030. This needs to be considered when planning for future housing needs and requirements. Supported living schemes may be substantial for the majority of these people however there will be a number who require extra care or more intensive residential care particularly those aged 65 and over.
- 2.10 It should also be noted that by 2030 there will be an estimated 222 people aged 18-64 with a moderate or severe Learning Disability living with a parent. These people may require housing with high levels of support if their parents are no longer able to care for them.
- 2.11 48 people are expected to have a challenging behaviour at 2030. Meeting the housing needs of these people will require more specific schemes that can provide intensive support tailored to their specific needs.
- 2.12 There has been a national policy change to move away from residential care for people with Learning Disabilities. At November 2015 Bedford Borough Council had 163 people with Learning Disabilities placed in residential care. It could be that

some of these people could be helped to transition from the residential care to either extra care or a supported living scheme however it is recognised that some will have complex needs that require more intensive support. As stated at 2.4 a review of those within residential care would identify those that are able to live with lower levels of support.

Table 1: Estimated levels of Learning Disability in Bedford Borough

<b>Estimated levels of Learning Disability in Bedford Borough</b>						
<b>Year</b>	<b>Age Range</b>	<b>2015</b>	<b>2016</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>
Moderate or Severe Learning Disability, and hence likely to be in receipt of services	18-64	551	556	569	586	601
	65+	80	82	88	97	109
Severe Learning Disability, and hence likely to be in receipt of services	18-64	146	147	150	155	159
Moderate or severe Learning Disability and be living with a parent	18-64	206	208	209	214	222
Down's syndrome	18-64	62	62	64	66	67
	65+	1	1	1	1	1
Challenging behaviour	18-64	45	45	46	47	48

Source: Projecting Older People Population Information System/Projecting Adults Needs and Service Information (2015)

- 2.13 Table 2 estimates the number of young people who will have a Learning Disability. This transition from Children's to Adult Services also needs to be taken account of when considering future housing need.

Table 2: Estimated levels of Learning Disability in Bedford Borough for those aged 18-24

<b>Estimated levels of Learning Disability in Bedford Borough for those aged 18-24</b>					
<b>Year</b>	<b>2015</b>	<b>2016</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>
Moderate or severe Learning Disability, and hence likely to be in receipt of services (18-24)	90	90	87	87	97
Severe Learning Disability, and hence likely to be in receipt of services (18-24)	30	30	33	34	32
Moderate or severe Learning Disability and be living with a parent (18-24)	60	60	57	58	65
Down's syndrome (18-24)	9	9	9	9	10
Challenging behaviour (18-24)	6	6	6	6	7

Source: Projecting Adults Needs and Service Information (2015)

- 2.14 The JSNA states that 57 children with a Learning Disability aged 14-18 are expected to move to Adult Services from Children’s Services between 2014 and 2019.
- 2.15 There is a risk that they will become new high cost residential clients unless their transition is managed and planned carefully.
- 2.16 Table 3 shows the population estimated to have a Learning Disability by age group between 2015 and 2030. By 2030 there are expected to be 841 people aged 64 and over with a Learning Disability, which compares to 589 in 2015. This will place increased pressure on older people’s care homes. At least one extra care scheme suitable for those with Learning Disabilities may need to be developed for those who have lower needs and do not need residential or nursing care which would reduce some of the pressure placed on the Borough’s residential care homes.

*Table 3: Population aged 65+ estimated to have a Learning Disability in Bedford Borough*

<b>Population predicted to have a Learning Disability by age group</b>					
<b>Year</b>	<b>2015</b>	<b>2016</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>
65-74	327	338	359	365	417
75-84	184	184	205	258	280
85 and over	78	82	96	115	144
<b>Total population aged 65 and over predicted to have a Learning Disability</b>	<b>589</b>	<b>604</b>	<b>661</b>	<b>738</b>	<b>841</b>

*Source: Projecting Older People Population Information System, 2015*

- 2.17 Increased life expectancy has been due to improvements in health care for adults however there is also expected to be an increase in the complexity of Learning Disabilities. Mid to moderate Learning Disability is linked with poverty, and the number of adults with Learning Disabilities is likely to be higher in more deprived wards.
- 2.18 The proportion of people with Learning Disabilities who live in residential care in Bedford Borough is higher than in similar areas. There is steady progress being made towards supporting them better in the community but more needs to be done. In 2013/14, the number of people with Learning Disabilities known to Adult Services who were in employment was 5.2% (25 clients), which is lower than the England average of 7.2%. However, at December 2015 this had increased to 7.1% with the national average having decreased to 6.0%. It could be that some of these people could be able to access shared ownership properties or rent a property independently if not already doing so.
- 2.19 The JSNA provides a range of recommendations to improve local services for people with Learning Disabilities. The three top priorities are:
- Improve the health and wellbeing of people with a Learning Disability and their carers.
  - Improve Annual Health Checks, Health Action Plans and Equity of care and treatment in all settings.
  - Provide community housing options for people with Learning Disabilities. This includes strategic local housing planning for young people in transition.



## The Alder Review

- 2.20 In 2011, Bedford Borough Council along with all other local authorities in the East of England took part in the Alder housing review exercise supported by the Strategic Health Authority.
- 2.21 The review stated that Bedford Borough had a high reliance on residential care with 37% of Learning Disability clients living in Residential Care. This links to previous points within this strategy which look to reduce the number of people in residential care through considering lower level support options that will also be of a lower cost.
- 2.22 The main recommendations of the Alder Review for Bedford Borough Council's Learning Disability Accommodation Strategy were:
- Reduce the use of residential and other 24/7 staffed models of supported living
  - Develop a range of cost effective community based alternatives to 24/7 support
  - Further review high cost packages to ensure packages of care are "right sized"
  - Review contracts to minimise double funding for care home residents who also attend day care
  - Deploy assistive technology more widely
  - Continue to seek access to Continuing Health Care funding for individual cases where appropriate
  - Planning for Transitions is under developed and this occasionally leads to unnecessary residential care admissions.
- 2.23 The Winterbourne View in 2011 was an undercover investigation by BBC's Panorama into the criminal abuse by staff of patients at Winterbourne View Hospital near Bristol. It started a national 3 year process to house the high risk individuals with specific accommodation requirements from a hospital setting back to accommodation within the local authority Borough. The people affected by this require their accommodation needs to be assessed individually, in order for those needs to be considered in future housing developments. This reiterates the point that transitional arrangements for people to live independently if they desire to and are able to should be put into place. The difficulty is that each person is likely to have varied needs and so have specific accommodation requirements.
- 2.24 Care Treatment Reviews (CTR) have been developed as part of NHS England's commitment to improving the care of people with Learning Disabilities with the aim of reducing admissions and unnecessarily lengthy stays in hospitals and reducing health inequalities.
- 2.25 CTRs aim to bring an individualised approach to ensuring that the treatment and differing support needs of the person with Learning Disabilities and their families are met. It focuses on four areas: is the person safe; are they getting good care; do they have a plan in place for their future and can their care and treatment be provided in the community?
- 2.26 Housing and the options available to people link to these areas and the level of support people need/want. There is an emphasis that people should be getting the right care in the right place.

2.27 Partnership working is critical to meeting the housing needs of people with Learning Disabilities. The key role of Adult Services has already been noted however, the following links are also important:

- Children's Services work with young people with Learning Disabilities. An effective system must be in place for transition plans and year 9 reviews to inform future accommodation planning and commissioning.
- Bedford Borough Council does not hold a housing stock. Working with partners – particularly Housing Associations – is central to meeting housing needs.
- The Council's Supported Housing Team fund housing related support services to enable some people with Learning Disabilities to live as independently as possible.
- The private rented sector is growing in size and importance within the overall housing market. The Council's Learning Disability team and Supporting People can work together on assured tenancies as a model for housing and support.
- Working with Housing Associations and lenders to make and facilitate access to house ownership through shared ownership schemes where that is a possibility.



### 3. Current Accommodation for those with a Learning Disability

- 3.1 A strategic priority identified in the Commissioning Strategy for Learning Disabilities is 'I can really choose where I want to live'. People with Learning Disabilities and their families have differing long-term and short-term aspirations regarding different types of housing and support. It is important to recognise these aspirations and develop means to meet them.
- 3.2 Table 4 outlines the various housing options for people with Learning Disabilities to consider and Table 5 shows the varied levels of support available.

*Table 4: Housing options available to people with Learning Disabilities Source: Planning and commissioning housing for people with Learning Disabilities, 2010*

<b>Housing options available to people with Learning Disabilities</b>	
<b>Menu of Housing Options</b>	<b>Sub-Type Examples</b>
1. Individual placement Individual lives with person or family who provide accommodation and support in ordinary housing.	1. 'Shared Lives' 2. Supported lodging 3. Home share
2. Self-contained independent housing Self-contained accommodation usually unregistered, various forms of care and support are possible.	1. Rented from local authority, registered social landlord, private landlord 2. Rented from parents 3. Sub-letting lodgers 4. Outright ownership 5. Shared ownership
3. Locally based housing Properties grouped in a small geographical area, self-contained or shared. A central resource, which can be shared facilities and/or staff can be used by residents. Accommodation is usually rented and may be registered or not.	1. Core and cluster' 2. Community support network 3. Mixed shared and self-contained 4. Intentional communities
4. Single site self-contained or shared housing Larger scale building with a number of self-contained flats or bedsits or shared properties. The defining characteristic is the presence of staff in the building and some shared facilities in the building such as launderette, lounge, games room and usually an office or sleep-in facilities for staff.	1. Sheltered housing 2. Clustered flats or bedsits 3. Mixed shared and self-contained 4. Extra care
5. Small shared housing Typically no more than four people, registered or unregistered. Characteristic is shared living and shared facilities. Although there may be some private facilities e.g. cooker, en-suite bathroom, it is not fully self-contained accommodation. Staff may be visiting or permanently on site.	1. Small registered care home 2. Group home – unregistered

3.3 There are four main accommodation and support option categories used in Bedford Borough (the first two categories in Table 4 are classified together):

- people living in their own home either as owners or tenants with support;
- people living in a shared accommodation with a group of friends with support;
- people living in residential care;
- people living with a parent.

3.4 Adequate supported housing is important to reduce the number of people with Learning Disabilities placed in residential care when they are able to access lower level supported accommodation. Care and support can be provided to an individual in their own home either by the landlord, an organisation, or through a personalised ‘bespoke’ arrangement.

3.5 Shared ownership is listed as a housing option in Table 4. If this was to be considered by an individual support would need to be provided and an assessment made to ensure that the person is capable to take on the financial commitment involved and that they are capable of maintaining a shared ownership mortgage and tenancy.

Table 5: Support available for people with Learning Disabilities to help maintain independent living

<b>Support available for people with Learning Disabilities to help maintain independent living</b>	
<b>Type of Support</b>	<b>Description</b>
Family carers and informal support	<ul style="list-style-type: none"> <li>• Nationally, half of all adults with a Learning Disability are supported by relatives and other informal carers. Carers may do some of the care with the individual also receiving some other care. This is typically more complex than just living with parents/carer; many people may be able to live independently but need support to, for example, shop/meet friends.</li> </ul>
Domiciliary and personal care services	<ul style="list-style-type: none"> <li>• Provision of service in a person’s home typically to deliver personal care. Can be from an organisation/agency or from an individual.</li> </ul>
Floating support	<ul style="list-style-type: none"> <li>• Teams of workers who move from individual to individual to provide assistance tailored to their needs which may change over time.</li> <li>• Support is not tied to renting/buying a particular property.</li> </ul>
Community support networks	<ul style="list-style-type: none"> <li>• In this model typically up to 10 disabled people live in close proximity to each other but have their own property. Some may share if they wish. In the centre of the network is a worker or volunteer whose role is:                             <ul style="list-style-type: none"> <li>• To provide very limited support to each member such as getting to appointments, paying bills</li> <li>• Help establish and maintain a social network amongst members. This may be bringing members together for meetings, organising activities and pairing up members building on their abilities.</li> </ul> </li> <li>• KeyRing is an example of this approach.</li> </ul>

Support tenants	<ul style="list-style-type: none"> <li>Some disabled people share their house with someone who is also a tenant. Arrangements vary but typically in return for providing some support – like helping to make a meal several times a week, doing a sociable thing with the disabled person each week – the support tenant lives rent free. They may also get a small payment but contribute to household bills. Typically this type of support service is managed by a service provider that is responsible for recruiting, vetting and managing the quality of service provided by the support tenant. Examples from elsewhere have shown that this can work particularly effectively where there is a significant local student population.</li> </ul>
Assistive Technology (AT)	<ul style="list-style-type: none"> <li>A wide range of AT is now readily available often at low cost. It can play a role in supporting disabled people. There is a vast array of potentially useful equipment.</li> <li>At the most basic level “Telecare” which commonly consists of a set of monitoring services linked to a dispersed alarm unit that can call for help if needed either from nearby staff (or relatives) or via a Central Control monitoring service. Monitoring Devices will typically be of two types: <ul style="list-style-type: none"> <li>Environmental monitors like intruder, smoke, fire, temperature extremes</li> <li>Devices to monitor or assist a person, individual alarms commonly used in Learning Disability services include fall detection, enuresis alarms and epilepsy alarms</li> </ul> </li> <li>There are also “Telehealth” devices that can monitor health remotely and devices and equipment that can enable more physically disabled people.</li> </ul>

Source: *Planning and commissioning housing for people with Learning Disabilities, 2010*

3.6 Table 6 below shows the Learning Disabilities clients for whom the Council make payments for their accommodation. The majority (62%) are supported through Home Care to maintain independent living. The second largest group of clients (35%) are in long-term residential care. Overall approximately two thirds of Adult Services’ clients are supported in independent living and approximately one third are in residential care.

Table 6: *Learning Disability supported clients’ accommodation*

<b>Learning Disability supported clients’ accommodation</b>	
<b>Accommodation Type</b>	<b>Total Records</b>
Home Care - Independent living	171
Home Care – Supported Living Schemes	108
Adult Placement/Shared Lives Scheme (Independent)	7
Nursing Home – Long-term	6
Residential home – long-term (Independent and In House)	158
Residential Home - Respite	1
<b>Total</b>	<b>451</b>

Source: *SWIPE 2/11/15*

3.7 Those within supported living schemes and adult placement/ shared lives schemes are in the middle sector of the transition model at Figure 1. There is a need for more supported living schemes in Bedford Borough to accommodate the increasing numbers of people with Learning Disabilities including those who are to be in transition. These units should have reasonable access to services and located near to the town centre.

## Residential Care

- 3.8 Table 7 shows a breakdown of the main residential homes used for residential care by Bedford Borough Council. 11.4% of people housed in residential care homes are housed out of the Borough. The majority of the residential care homes used within the Borough are located within or near to Bedford town centre, with just a few located in the surrounding villages including Oakley, Sharnbrook, Renhold and Harrold.

Table 7: Residential Care Homes

Residential Care Home	Number of clients supported	Out of Borough
De Parys Avenue	5	No
Kimbolton Avenue	4	No
Grace Road*	1	Yes
Albert House	2	No
Alderwood*	1	Yes
Aspen House*	1	Yes
Blossoms*	1	Yes
Brambles*	2	Yes
Brookside Residential Home	12	No
Bunyan Lodge	1	No
Chaucer Road	4	No
Byron Court*	2	Yes
Elstow Lodge	5	No
The Glade	5	No
High Street, Oakley	4	No
Holly Tree Lodge*	5	Yes
Bromham Road	3	No
Lansdowne Road	9	No
The Leys	5	No
Lomack House/Lodge	3	No

Loveys Lodge	4	No
Lavanda Villas	3	No
Lotus House	6	No
Stoke House*	3	Yes
Oaklands House*	2	Yes
Peter's Place	2	No
Renhold Community Home	3	No
Dove Lane	4	No
Houghtons	6	No
Victoria Cottage	5	No
Others	45	-
<b>Total</b>	<b>158</b>	<b>18</b>

\* Out of Borough Source: SWIPE 2/11/15

- 3.9 Residential care homes in the Borough tend to be older properties that are not necessarily suitable to be a residential care home due to their layout and lack of adaptability. There is a need to update and re-provide some of these care homes which may require a systematic review of the existing properties and their suitability. This could include a parallel review looking into whether anyone placed within the residential care homes has been misplaced or could suitably be re-provided within a supported living scheme. Included within this is the possibility of providing a 25 unit community as extra care for older people with Learning Disabilities. This would reduce the pressure on the use of residential care homes and would be of a lower cost per individual. This scheme may also be suitable to meet the needs of younger people with Learning Disabilities where their needs dictate. Sensitive allocation strategies will be necessary to ensure compatibility of needs between client groups of differing ages.

- 3.10 Potential sites have been identified for possible Learning Disability schemes which could be used for supported/ independent living, to reduce the numbers of people with Learning Disabilities being placed in residential care if they do not require it, reducing the amount spent on this type of accommodation. The recommendation is for these to be in groups of 6-8 units.
- 3.11 Table 8 shows the clients broken down by age. Only 16 of the 279 clients receiving Home Care support are over the age of 65. This is possibly due to them needing more intensive support such as in a residential or nursing home. 53.2% of those in residential care are aged 50 and over.

*Table 8: Clients with Learning Disabilities receiving Home Care Support and those in Residential care broken down by age, in Bedford Borough*

Age	Number receiving Home Care Support	Number in Residential Care
18-29	72	14
30-39	44	29
40-49	62	31
50-64	85	55
65-74	14	24
75+	2	5
<b>Total</b>	<b>279</b>	<b>158</b>

Source: SWIPE 2/11/15

### Own home support/Supported living

- 3.12 279 people with Learning Disabilities in Bedford Borough are currently able to remain in their own home (not the parental home) receiving care.
- 3.13 The Council's Supported Housing Team do commission some visiting community housing related support services which enable people to live as independently as possible within their own home.
- 3.14 The Commissioning Strategy for Learning Disabilities states that there should be an increased focus on home ownership and assured tenancies. The relevant support mechanisms to ensure that people are able to maintain their own tenancy or enter a shared ownership agreement need to be in place.
- 3.15 Supported living arrangements usually mean a lower impact on social services budgets compared to residential care, as housing costs are covered by local housing allowance and living costs are often paid for by the service user themselves. It is important to consider how individuals with Learning Disabilities can be supported more cost effectively.

3.16 Table 9 shows the supported living services for people with a Learning Disability.

Table 9: Supported Living Schemes in Bedford Borough

Provider	Service	Units	Client Group
Community Care Solutions	64 Stagsden Road	5	Learning Disabilities
Community Care Solutions	Crown Quays	1	Learning Disabilities
Community Care Solutions	Tavistock Place	1	Learning Disabilities
Community Care Solutions	Arlington Court	2	Learning Disabilities
Community Care Solutions	Balsall Street	1	Learning Disabilities
Community Care Solutions	Birch House	7	Learning Disabilities
Community Care Solutions	Stanley Street	1	Learning Disabilities
Community Care Solutions	Garfield Street	1	Learning Disabilities
Turning Point	Elstow Road	3	Learning Disabilities
Turning Point	Downfield Way	6	Learning Disabilities
Turning Point	Harter Road	2	Learning Disabilities
Fremantle	Kingsbrook Court	8	Learning Disabilities
Creative Support	Kingsbrook Court	8	Learning Disabilities
Turning Point	Sandhurst Place	7	Learning Disabilities
Fremantle Trust	57 Coventry Road	9	Learning Disabilities
Fremantle Trust	1 The Glade	5	Learning Disabilities
Papworth Trust	Wingfield Road	2	Learning Disabilities
Mencap	Silverdale	8	Learning Disabilities
Mencap	South Lodge	7	Learning Disabilities
Mencap	Campbell Road	11	Learning Disabilities

Source: Needs Assessment Report 2015, Updated in line with information from Bedford Adult Learning Disabilities Team December 2016

3.17 Assistive Technology expertise has been added into the Learning Disability social work team. The technology helps to support people to stay in their own homes. Assistive Technology includes things like door alarms, pressure mats and room monitors as well as outsize remote controls and devices to help in the kitchen which all help people with Learning Disabilities to maintain their independence.

3.18 The use of Telemedicine also helps to support people's independence by monitoring vital signs including blood pressure, and transmitting information to a response centre.

3.19 Telecare is provided at a distance using information and communication technology to manage the risks associated with independent living. Telecare can help people with Learning Disabilities be more independent and give carers more personal time.

3.20 Supported living enables individuals to have their own tenancies and choose their own home. The main issue arises when private sector rents are a lot higher than local housing allowance or a property requires adaptations to meet the needs of the person. Advice and support are both important to help individuals to combat these potential issues and to understand what options they may have.



### Specialist Shared Schemes and Extra Care Schemes

- 3.21 Specialist shared schemes and extra care schemes are important for people with Learning Disabilities who wish to live independently but with the support of their friends or a small community. There is a need for extra care Learning Disability schemes in Bedford Borough so that the numbers in residential care can be reduced, this should be planned into the future housing scheme developments. As seen in table 8 there are 158 people with Learning Disabilities who are currently in residential care. 129 of these people are below the age of 64 with the highest proportion (35% / 55 people) aged 50-64. The proposed extra care scheme of 25 units would house almost half of these people reducing the numbers in residential care, as long as their support needs match the support provided in the extra care scheme.
- 3.22 These schemes offer financially viable and more affordable support options for the future and enable people with Learning Disabilities to have a greater range of housing options available to them.
- 3.23 A number of Learning Disability schemes are provided by Housing Associations and the Council has been working in partnership to identify possible Learning Disability schemes. A complicating factor of letting the properties that are shared schemes is that careful consideration needs to be given to the suitability of the new tenant to avoid upsetting the current tenants. People living with others would generally like to choose who those others are but this has to be balanced against using a scarce resource to meet priority needs.

- 3.24 Detailed design and specification impact upon the suitability of buildings. Wherever possible building providers will be encouraged to consult with clients (if they are known) and/or relevant professionals such as occupational therapists, speech and language specialists and sensory impairment specialists when developing design and specifications.
- 3.25 Wherever possible new schemes will incorporate at least some dwellings to wheelchair standard.



## 4. Issues

### 4.1 Transition from hospital to Residential Care

4.1.1 Those leaving hospital following admission for assessment and/or treatment of an acute medical, psychiatric and/or behavioural condition may need to enter into residential care where there is a higher level of support. The Alder Review found that planning for transition was under developed and so there had been unnecessary admissions to residential care. Alternative supported living accommodation should be developed to prevent unnecessary admission to residential care where this can be done at the same or lower cost to the Council than residential care.

4.1.2 Transition between levels of support needs to be managed and a 'progression model' has been put into place as shown in Figure 1. This identifies a clear pathway from hospital care to independent living. There is a lack of housing available to support the middle sections of the transition model enabling group living. This needs to be considered when planning future housing schemes.

4.1.3 The lower end of the transition model focuses on more independent living whether this is rented accommodation or shared ownership. Support may be required when tenancies are signed or financial information is being assessed however these options should also be considered in appropriate situations. They are the lower cost options and are likely to be most suitable for people who are assessed as being ready for independent living.

4.1.4 The Alder Review proposed a Strategic & Operational Planning Model based on transitions between the following forms of accommodation as an individual's independent living skills increased or declined.

- Hospital
- Nursing Home
- Residential Home
- Own/family Home
- Universal Services
- Group Living (Staffed)
- Group Living Floating Support
- Group Living
- Floating Support
- Own Home Floating Support
- Own/Family Home Floating Support

### 4.2 Preparing for Adulthood

4.2.1 As for the general population the transition to adult life is a major challenge for people with Learning Disabilities and for those who support them.

4.2.2 Based on the number of known cases for Bedford Borough of those that will be transitioning from Children's to Adult's Services the following forecast has been produced.

Table 10: Predicted number of children with Learning Disabilities preparing for adulthood moving to Adult Services

Financial year	Number forecast
2016/17	18
2017/18	14
2018/19	12
2019/20	16
2020/21	8

Source: Supporting People Snap shot survey 2015

4.2.3 The Council now has a dedicated advanced practitioner (social worker) that has been funded to help with those preparing for adulthood.

4.2.4 Supported living schemes of 6-8 units are ideal transition accommodation as people still have support and can live with a group of friends to form an additional support network.

### 4.3 Learning Disabilities and Older Persons

4.3.1 The following Tables 11 and 12 show the number of people with a Learning Disability and the predicted increase up to 2030. The prevalence of Learning Disabilities is predicted to increase in line with population growth. This increase needs to be considered when planning future housing demand. This will include providing adequate numbers of shared living schemes and ensuring the continuing support to those who live independently within their own home.

Table 11: Number of People with Learning Disabilities aged 18-64

Population predicted to have a Learning Disability by age group					
Year	2015	2016	2020	2025	2030
18-24	390	390	373	369	411
25-34	520	525	548	560	538
35-44	535	538	549	578	600
45-54	551	556	550	533	550
55-64	418	425	475	518	516
<b>Total population aged 18-64 predicted to have a Learning Disability</b>	<b>2,414</b>	<b>2,434</b>	<b>2,495</b>	<b>2,559</b>	<b>2,615</b>

Source: PANSI 2015

Table 12: Number of people predicted to have Learning Disabilities aged 65 and over

Population predicted to have a Learning Disability by age group					
Year	2015	2016	2020	2025	2030
65-74	327	338	359	365	417
75-84	184	184	205	258	280
85 and over	78	82	96	115	144
<b>Total population aged 65 and over predicted to have a Learning Disability</b>	<b>589</b>	<b>604</b>	<b>661</b>	<b>738</b>	<b>841</b>

Source: POPPI, 2015

4.3.2 The population over 65 is predicted to increase from 589 in 2015 to 841 in 2030. This group have differing needs and will in many cases require specialist care. An extra care scheme in Bedford Borough of about 25 units would help to meet the needs of those who are and will be over the age of 65 but do not require a residential care home.

4.3.3 Given the overall aim of promoting independence, care needs for people aged over 55 who have a Learning Disability should predominantly be met by providing care to people in their own home or support in an extra care housing scheme. If these options are ruled out due to an individual's circumstances and needs then residential care will need to be considered.

Table 13: Residence of People with a Learning Disability who are over 55

Age	Number of people with care via Learning Disability services	Living with home support/SL	Living in Extra Care	Living in registered care homes
55+	129	66	0	63
60+	85	37	0	48
65+	48	16	0	32
70+	18	5	0	13

Source: Adult Services: Accommodation with Care and Support for Learning Disability 55+

4.3.4 Table 13 shows that Bedford Borough is supporting nearly three quarters (72%) of older people with Learning Disabilities in independent living. More than a quarter of this group (28%) are living in care homes. There is currently no extra care scheme in Bedford Borough that

could provide for those people who are no longer able to live in their own home with support or independently with others but who could sustain a higher level of independence than is possible with a move to a registered care home. This provision would fill a gap in the current offer and will reduce the numbers moving into residential care.

4.3.5 In a new extra care scheme it would be important to ensure that there is a more varied mix of accommodation units due to the differing needs of people with Learning Disabilities. Many people with Learning Disabilities live with others in shared accommodation with varying levels of support. Larger apartments would be required for people to have the option of continuing to live in their family or friendship group as they may not wish to live in a one-bedroom apartment.

#### 4.4 People with Learning Disabilities placed outside Bedford Borough

4.4.1 As of December 2016, there were 33 Bedford Borough residents with Learning Disabilities in residential care who are placed outside of Bedford Borough. Some are reasonably close – for example in Biggleswade or Wellingborough – others are further afield – for example in Kent or Lincolnshire. Whilst it is not always financially viable to provide the specific intensive support some of these people require in Bedford Borough, the aim should be for them to be housed as close to Bedford Borough as possible.

- 4.4.2 The number of facilities in the Borough for people with Learning Disabilities must be considered. Some needs are more specialised and it is more cost effective to link with out of Borough schemes than to provide them in Bedford Borough.



## 5. Recommendations

- 5.1 Promote schemes to enable people to live independently but with access to care and support. The schemes could range from shared living schemes of 6-8 units to extra care scheme of 20-25 units
- 5.2 Improved provision should take into account the importance of enabling people with Learning Disabilities to remain resident within Bedford Borough to be close to their family and support network. The location of these dwellings should be in areas that are in, or near, Bedford town centre with good access to services and transport links or larger rural areas settlements as Clapham, Sharnbrook and Great Barford who have larger populations and reasonable local services.
- 5.3 Work towards meeting the housing aspirations and preferences of people with Learning Disabilities, and their families including working with Housing Associations and lenders to identify opportunities to support home ownership for people with Learning Disabilities and the use of assured tenancies as a model for housing and support.
- 5.4 Improve the provision of advice, information, and support to help enable people, and their families, make choices over their housing and know how to access housing.
- 5.5 Consider the most suitable housing options for people with Learning Disabilities and ensure that they are financially viable.
- 5.6 Ensure the continuous improvement of supported housing schemes and services.

- 5.7 Develop effective partnerships with key housing providers and support providers to ensure that a wide range of housing options and support are available to people with Learning Disabilities.
- 5.8 Monitor how effective the progression pathway model is in enabling people to move from institutional accommodation to independent living.
- 5.9 Explore how people assessed and funded as needing NHS continuing health care can be supported to stay in their own homes, with intensive health input as required.
- 5.10 Carry out a systematic review of the Borough's existing care homes and their suitability. This could include an assessment of the adequacy of the level of care for those currently resident.
- 5.11 Support people to live in the community after they have transitioned from residential care to a lower level of support allowing more independent living.

## 6. Action Plan

6.1 The following action plan has been developed from the above recommendations. The actions are set out under the key aims stated at 2.2.

### Key Aim 1: Reduce the number of people with Learning Disabilities living in residential care

Action		Outcome	Recommendation Link	Timescales	Financial and resource requirements	Responsible Area
1.1	Investigate the provision of shared living schemes of 6-8 homes	Identify possible sites for schemes Add sites to affordable housing delivery plans	6.1	2017-18	Staff time / Delivery mechanism including funding to be investigated.	Housing Strategy
1.2	Develop at least one Extra care Scheme suitable for those with Learning Disabilities.	Site identified	6.1	2018/20	Staff time / Delivery mechanism including funding to be investigated.	Housing Strategy
		Scheme provided	6.1	2019/20	Staff time / Delivery mechanism including funding to be investigated.	Housing Strategy
1.3	Review the opportunities to expand the provision of supported housing schemes for people with Learning Disabilities through the planning system and use of the Council's assets.	Opportunities to meet the needs of people with Learning Disabilities are considered through the Local Plan process and the Council's Asset Management Strategy.	6.2/6.3	2018/19	Staff time	Housing Strategy Team
1.4	Review existing residential care schemes	Determine which schemes need re-providing or improving	6.10	2017-18	Staff time and/or consultancy	LD Commissioner
1.5	Review who is housed within residential care schemes	Ensure that in assessment of the needs of people with Learning Disabilities living in residential care schemes proper consideration is given to their potential to live more independently with lower levels of support. Set up transitional arrangements for those that could move to more independent accommodation	6.10	2017-18	Staff time and/or consultancy	LD Team Manager and LD
1.6	Review contracts to minimise double funding for care home residents who also attend day care	Contracts reviewed	6.5	2016-17	Staff time	LD Commissioner

**Key Aim 2: Increase the range of housing by improving the information and opportunities for access to a range of housing options**

Action		Outcome	Recommendation Link	Timescales	Financial and resource requirements	Responsible Area
2.1	Improve the provision of advice, information and support for people with Learning Disabilities making housing choices	Look at current advice and information provided for people with Learning Disabilities and their housing options and determine how it can be improved	6.4	2017-18	Staff time / Partners	LD Team Manager and Housing Options Team Manager
2.2	Support opportunities for home ownership	Opportunities identified and advice provided to those interested in home ownership	6.3	2017-18	Staff time / Partners / Delivery mechanism including funding to be investigated.	LD Team Manager
2.3	Ensure an up to date list is kept of those preparing for adulthood over a 5 year period	List identifies the number of people preparing for adulthood and their needs so that their housing requirements can be prepared for.	6.3	Ongoing	Staff time	LD Team Manager
2.4	Monitor effectiveness of the progression pathway model	Transitional arrangements put in place as standard to ensure the progression of people from high level care schemes to lower level support schemes.	6.8	Ongoing	Staff time	Head of LD and Mental Health Services
2.5	Support people to live in the community after transitioning from residential care to more independent living.	Ensure that people are supported to live in the community.	6.11	Ongoing	Staff time / Partners	LD Team Manager
2.6	Increase use of assistive technology to support people to maintain their independence.	More people are part-supported by assistive technology to stay in their own home, reducing the number of people that may have been placed in residential care.  Outcomes of its use monitored	6.4/6.9	Ongoing	Staff time / Partners	LD Team Manager and LD Commissioner



**Key Aim 3: Develop commissioning, partnership and leadership**

Action		Outcome	Recommendation Link	Timescales	Financial and resource requirements	Responsible Area
3.1	Develop effective partnerships with Registered Providers and support providers to ensure a range of housing options are available to people with Learning Disabilities	Partnership working established. Range of housing options developed	6.7	2017/18	Staff time / Partners	LD Commissioner, LD Team Manager and Housing Strategy
3.2	Ensure the continuous improvement of supported housing schemes	Work with supported housing providers to ensure housing schemes are of a high standard. Tenants are well supported.	6.6	Ongoing	Staff time / Partners	LD Commissioner and LD Team Manager

6.2 The action plan will be monitored annually where progress against each action will be provided. This monitoring will be led by the Housing Strategy Team but will be completed in conjunction with all responsible teams.

**Notes**

## Notes

## Finding out more

If you would like further copies, a large-print copy or information about us and our services, please telephone or write to us at our address below.

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