Guidance: Commissioning accommodation and support for a good life for people with a learning disability
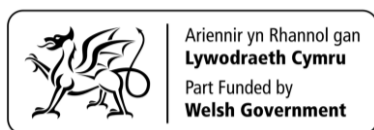
Developing improved and progressive practice

National Commissioning Board

March 2019

This guidance document has been commissioned by:

Contents

Part 1   Introduction and background

A.   Introduction

1.1   This guidance has been commissioned by the National Commissioning Board (NCB). The purpose of this document is to:

- provide guidance and explore options on the commissioning of accommodation and support services for a good life for people with a learning disability.
- challenge and redefine the accommodation and support model to a more person-centred , flexible set of principles ; offering a 'support for a good life' approach. This approach seeks to enable people to consider a wide range of places to live and deliver the support person want and need.
- build upon the overarching guidance on 'Commissioning Services for People with Learning Disabilities' published in November 2017.
- contribute directly to Welsh Government's 'Learning Disability Improving Lives Programme', which includes a recommendation to increase accommodation options closer to home, through working collaboratively with health boards, local authorities, housing providers and third sector social care providers.
- ensure effective investment with the resources available by developing up-to-date and appropriate services rather than investing in models of service delivery that are outdated.

1.2   It is primarily aimed at people and organisations who have duties and responsibilities to engage with people with a learning disability and unpaid carers to commission accommodation and support. However, it is also aimed at all stakeholders involved in the provision of support across all sectors and most importantly people with a learning disability and unpaid carers who are family and friends at the centre of support.

1.3   This guidance embraces the principles of the Social Services and Well-being (Wales) Act 2014 (SSWBA 2014), the Equality Act 2010, and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

1.4   The document is structured so that stakeholders can consider the 12 key questions and reflect on their current and future positions based on the answers.

1.5 There should be robust transition arrangements in place for young people with a learning disability moving into adulthood and all the principles in this guidance should apply. There are transition policies and protocols at a local and national level that should be taken into account alongside this guidance.

B.   Background

1.6 The traditional 'supported living' model is often associated with small group homes with three or four people sharing accommodation, living in an ordinary house in the community. It enabled the closure of large scale institutions and provided the next step towards independent living and community based settings.

1.7 We should celebrate the achievements of support for living services. In Wales we are proud of our efforts to move away from institutional care and, as supported living services have developed, they have demonstrated a capacity for providing effective care and support to people with a very broad range of needs including those with more intensive needs.

1.8 However, there is a danger that it can become a 'one size fits all' approach and can create the same institutional culture that we have attempted to move away from. Support for living can become distorted so rather than genuine choice and control, people find themselves living in residential care by default.

1.9 Simon Duffy (2013) writes:

"Our aspiration should be to help people find real homes without trying to fit people into service models – the hospital, the hostel, the group home or an individual flat. [Rather] each person should be treated as an individual and work with them to help them get the housing and support option that is right for them."

1.10 We should state up front that provided the quality of care and support is right for the people concerned, support for a good life can meet the needs of people including those with complex needs.

1.11 Decision makers at both operational and strategic levels of health boards and local authorities need to have a clear understanding of the options available.

1.12 Over the past ten years, the financial circumstances for health boards and local authorities have proved very challenging with unprecedented sustained pressure on budgets and increasing demand. This has consequently impacted upon people with a learning disability, unpaid carers and providers and poses a significant risk to the sustainability of these services. This is illustrated by a report published by the Auditor General for Wales (date):

"[…] local authorities are underestimating the complexity and level of challenge in meeting the long term accommodation needs of people with learning disabilities and their carers. We estimate that authorities will need to increase investment by £365 million in accommodation in the next twenty years to address both the growth in the numbers of people with learning disabilities who will need housing, and the increase in the number of people with moderate or severe needs. Given that a third of authorities have reduced expenditure and services in recent years, this challenge will be particularly onerous."

1.13 Balancing the duty to provide and deliver person-centred services that allow voice, choice and control with cost effectiveness, value for money and with financial pressure on commissioners is a challenging environment. However, this documents aims to provide examples and guidance on achieving this balance.

1.14 This guidance is in line with the sustainable development principle defined in the Well-being of Future Generations (Wales) Act 2015, which expects public bodies to act in a manner that seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.

1.15 The Supporting People Programme has been a critical and intrinsic part of the resource opportunities to support people in their homes. From April 2019, the Supporting People Programme will become part of a new Housing Support Grant, which will also include the Homelessness Prevention Fund, and the Rent Smart Wales Enforcement Fund. The primary focus of this grant will be the prevention of homelessness and the protection of tenancies. Discussions are ongoing about how to take into account the existing funding for current 'supported living' that currently comes through the Supporting People Grant.

1.16 This guidance has been commissioned by the National Commissioning Board (NCB), which has a remit to:

- develop, support and highlight the implementation of good practice in relation to the commissioning of services
- develop effective solutions to enable people and their unpaid carers to achieve the outcomes most important to them in relation to their care and support arrangements.

1.17 In relation to other work streams, the NCB has recently published guidance on:

- Integrated Commissioning of Services for Children, Young People and their Families with Complex Needs due to Disability and/or Ill-health.
- Good Practice Guidance on Commissioning Services for People with a Learning Disability.

There is significant cross over between this guidance and the documents above. However, we will not repeat the messages conveyed in these other documents.

1.18 The Integrated Health and Social Care Collaborative Commissioning Programme is already working with health boards, local authorities and providers to improve the commissioning of residential care services for people with a learning disability and/or mental health needs. Regional Partnership Boards may wish to consider the development of an integrated approach to commissioning services to provide a good life.

1.19 Where this guidance refers to 'people' we are generally referring to people with a learning disability; 'unpaid carers' refers to unpaid carers who are family members or friends; and the term 'carers' is used as per the definition under the Social Services and Well-being (Wales) Act 2014.

Part 2 — Person centred pathway

Question 1: What should you be commissioning?

Answer: Good lives

A. What is a good life?

2.1 A good life can be defined as

- "Somewhere to live, something to do, someone to love" – i.e. home, occupation, relationships.
- We actively pursue a range of activities that meet our needs and help us to manage our responsibilities and fulfil our aspirations.
- We live in a wide variety of places usually with people we choose and care about.
- We get support in a wide range of ways and from different people who have the skills that we need.
- What is right for us changes many times as we move though our life.
- We should all have a voice, choice and some control over these basic rights. This is no different for people with a learning disability.

B. What is good practice?

2.2 Designing options that:

- reflect, maintain and/or strengthen the assets of the person and their relationships.
- involve the person, their unpaid carers and other key people equally in the design of support.
- reflect best practice in relevant professions.
- promote social inclusion, autonomy, choice, respect and valued roles for the person, as well as effective specialist skills and techniques.

C. What can I do?

2.3 People receiving support and unpaid carers should ask themselves:

- What is the lifestyle that is right for me or my loved one at this stage in my life with my aspirations and responsibilities?
- Where do I want to live and who do I want to live with?
- What support do I need and in what ways could that support be offered?
- Have the needs of my unpaid carers been taken into consideration?

2.4 Commissioners should:

- Consider the support that is available for people to think about their chosen life or that of a loved one.
- Listen to stories from people about how they have chosen to live successfully.
- Understand the rights of people receiving support.
- Ensure good information is available about the preferences of people in their area and use this information to promote flexibility, discussion and innovation.
- Encourage and motivate providers of support, housing and other community advocacy organisations to be flexible.
- Encourage people to use their skills in supporting each other or making their support better for the wider benefit of the community.

2.5 Providers of support or accommodation should:

- Be flexible and responsive in ways that encourage people to get what they want rather than to fit into what is available.
- Provide evidence that they are successful at adapting in response to the requests from people and commissioners.
- Have clear information about the outcomes they are achieving with people, and evidence that they are using resources in the most effective way for people.

D. What is being done?

2.6 Support for living via direct payments (Flintshire)

Flintshire County Council is working collaboratively with people and their representatives to use their direct payments to fund care and support that is purchased from a care and support provider rather than the person employing their own support staff. The person (supported where necessary) becomes the budget holder and commissioner of their own support arrangements. This has enabled them to manage in a far more creative way and shift the balance of power away from the professionals into the hands of the person. Support providers have embraced this opportunity to change and play an integral part of the development of a person-centred ethos.

http://www.siryfflint.gov.uk/en/PDFFiles/Social-Services/Adult-Social-Services/SSA-A12PP-Pooling-Direct-Payments-Guidance-English.pdf

http://www.siryfflint.gov.uk/en/PDFFiles/Social-Services/Adult-Social-Services/SSA-A12PPER-Pooling-Your-Direct-Payment-Easy-Read-English.pdf

http://www.siryfflint.gov.uk/en/PDFFiles/Social-Services/Adult-Social-Services/SSA-A12-Direct-payments.pdf

2.7   The approach being adopted aims to empower the tenants to have greater control, flexibility and choice in the way that they choose to live their lives. The tenants have been helped by their relatives and Flintshire Social Services in the support provider commissioning process. Co-production has been key to the success of this approach, with people and their representatives at the heart of decision making.

2.8   The local authority has intentionally avoided being overly prescriptive regarding the support hours, preferring to allow the provider to demonstrate how it will use the available resources creatively, in partnership with the person and their representatives to achieve agreed outcomes

E.   Where can I get more information?

- National Development Team for Inclusion (NTDi) 2010 "Supported Living – Making the Move"
  https://www.ndti.org.uk/uploads/files/Supported_Living_-_Making_the_Move,_May_2010.pdf

Question 2: How are people making this happen?

Answer: Using person-centred practices and co-production, which is central to the Social Services and Well-being (Wales) Act 2014

2.9 This guidance embraces and encompasses the principles of the SSWBA 2014 and accompanying Codes of Practice, which require the use of person-centred approaches.

A. Person-centred practice

2.10 The core principles of person-centred practices and co-production ensure that children, young people, adults and their families are at the centre of planning and decision making.

2.11 The statutory assessment and care and support planning process should be underpinned by person-centred practices.
"Person-centred planning is a strong planning process that puts the person at the centre and deliberately shifts power towards them and can help reclaim some of the freedom which most of us take for granted" (Parley 2001).

2.12 The legal requirements and advice provided in the SSWBA 2014 and accompanying Codes of Practice make the use of person-centred practices a requirement. (See Appendix 1 Social Services and Well-being (Wales) 2014 page 66).

B. What is good practice?

2.13 Assessment should be based on the principles of co-production so that practitioners and people share the power to plan and deliver care and support together.

2.14 The core principles of co-production are:
- Value participants as equals and assets
- Build on strengths
- Develop peer-support networks
- Personal outcomes focus
- Relationships of trust and reciprocity
- Facilitation not delivery.

2.15 The Co-production Network for Wales describes co-production in the following way:

"At its most transformative, co-production requires a relocation of power and control. New structures and systems embed co-production as 'the way we do things', bringing together professionals and those they support as partners in the commissioning, design, delivery and evaluation of services […]."

What co-production means in practice is acknowledging that everyone is an expert in their own life, everyone has something to contribute, and that enabling people to support each other builds strong, resilient communities, strengthening the relationship between citizens and service providers and improving the outcomes for everyone."

2.16 People with a learning disability, unpaid carers and commissioners are equal leaders in the commissioning and procuring of services.

2.17 Commissioned services should be sensitive to providing support that ensures age, sexual orientation, cultural imperatives and any specific needs are taken into account when identifying individual plans, and services are delivered and designed on this basis.

C.   Key factors for achieving person-centred outcomes

2.18 Support people to work out what matters to them, where they want to be or what they want to achieve; how they're going to do that; what they need to do; what others can help them with; and what help they need from services.

2.19 Understanding what matters to unpaid carers is of equal importance in developing a support plan.

2.20 People and unpaid carers often find having conversations about the future difficult. Having tools and methods that allow people to explore what might be possible will enable the person, unpaid carers and their family to start thinking about the future.

2.21 It is critical that there should be a named person who has responsibility to gather information and support the person, unpaid carers and their family throughout their journey.

2.22 Outcomes cannot be achieved by any one service or person on their own. Indeed, the only way of achieving positive outcomes is by co-producing them.

2.23 It is critical that the health and social care needs of the person are explored and captured as part of the 'What Matters' conversation. Robust multi-disciplinary and cross-professional working is essential. People with complex health needs and behaviours that challenge should have equal rights and opportunities to have access to accommodation and support in the community

2.24 Direct payments are a positive option to allow people to make their own arrangement as described in the Flintshire example on page 7.

2.25 The whole process of assessment and care and support planning must ensure that the person is supported as far as possible to make their own decisions about their life using all possible methods to communicate.

2.26 For people who may not have capacity to make decisions about their care and support, it may be necessary to consider the mental capacity and best interest framework. (See Appendix 2   Consideration of Mental Capacity page 68)

2.27 The Reach Standards and Real Tenancy Test (Appendix 4   The real tenancy test page 72) provide useful tools to support the process of ensuring that the most appropriate option is identified.

2.28 For anyone making a decision about moving on from home it is often extremely useful to involve an advocate. This may be when a young person wishes to move on but the unpaid carers may be struggling with this idea. A person who lacks capacity and does not have an appropriate representative will require an Independent Mental Capacity Advocate (IMCA).

2.29 As the young person becomes an adult it may be appropriate for an application to be made to the Court of Protection to enable a representative to manage their legal and financial affairs.

2.30 Early preparation for the future will support a smooth transition when a person moves on from living at home, for example a Court Appointed Finance Deputy has the legal right to sign a tenancy for the person they represent.

2.31 If the person chooses to live with other people, ideally natural networks and relationships should be explored, supported and encouraged. Where people are brought together without having previous knowledge of each other they should be enabled to:

- Spend time with each other prior to making a decision about whether they would like to live in the same house.
- Meet at a neutral venue initially. This avoids the existing tenants having to show a number of people around their home if they are not suitable.
- Visit for tea and a look around the house.
- Existing tenants may want to produce a one page profile of themselves and their home when they are looking for a new share.

The important point is to ensure that the process of introductions and establishing compatibility goes at the pace of the prospective and existing tenants and that everyone involved has their say in the decision.

2.32 Alongside exploring potential options and meeting with prospective co-tenants, the commissioner should share assessments, care and support plans and a pen picture with the existing provider. (See Part 5 Question 1)

2.33 Moving out from living with unpaid carers or moving from one place to another for any person is a significant event involving a long list of things to do and quite a lot of anxiety. Working together to develop a plan of what needs to happen, who will undertake particular tasks and by when is extremely helpful to people and their unpaid carers.

2.34 Providing clear information in a suitable format on how the support will be provided to the person to achieve their outcomes is essential before any move. It is vital to ensure that we understand the person and their family's expectations. Co-produced care and support plans and service delivery plans will ensure that there is no mismatch in expectations.

D.   What can I do?

2.35 People receiving support and unpaid carers should ask themselves:

- Am I at the centre of decision making?
- Do I have a voice?
- Do I have control over my future?
- Can I make choices to meet my needs?

2.36 Commissioners should:

- Ensure that all relevant staff who are working with people are trained and have the necessary skills to develop 'What Matters' conversations in a person-centred approach.
- Make sure that all people have personal outcomes identified and there is a review process in place.
- Ensure that staff have access to a range of person-centred tools.
- Have robust integrated arrangements with partners to ensure person-centred planning is in place.
- Ensure that there are close working arrangements with statutory housing options systems and these are integrated into the person-centred planning process.

2.37 Providers should:

- Develop services that are flexible and respond to the outcomes identified.
- Work in a co-productive and collaborative way with commissioners.
- Ensure that they are available for early engagement with people when required.
- Ensure staff are fully trained to work in a person-centred manner including Active Support and Positive Behavioural Support (PBS).
- Provide high quality services that are measurable.

E. What is being done?

2.38 **Conwy Connect for Learning Disabilities** are funded to deliver a Planning for the Future Service. This service works alongside the local authority and is often a first step for people and their families when they are beginning to think about moving on to support for living. It is a service based on person-centred practices. People are able to self-refer or a social worker will refer a person when a conversation has happened about wanting to make a move. The service does not replace the role of the social worker; rather it complements and provides added value for the person and their family.

http://www.conwy-connect.org.uk/wp-content/uploads/2015/09/PFF-leaflet-biling-Sept-2015.pdf

2.39 Engaging those who are already living independently to create videos about where they live and what their lives are like is an effective way of providing information without intruding on their home. The use of short breaks may be another way that a person can find out what being away from home with family could be like. Another way that a person can find out about support for living might be a 'come and try it' type service.

2.40 **Conwy Council** has developed a Progression Project to help people and the local authority develop a more informed understanding of accommodation and support needs. In addition to working directly with people on their outcomes in the community, the authority has refurbished a bungalow that is a 'come and try it' service for independent living. People can come for the day, spend the night or stay for a few days. Assessment of a person's daily living skills and support needs is led by an Occupational Therapist. Support is provided by Conwy in-house domiciliary care services. Spending time at the bungalow gives the person an opportunity to see if they are ready to move on from living with their family. It helps all involved to:

- understand what the person needs to do to become ready
- develop a good understanding of the person's outcomes and
- consider how the person's outcomes can be supported before a longer term service is commissioned.

C is a 21 year old man with a significant learning disability. He attended a local specialist school before spending three years in a residential college developing his independent living skills, gaining work opportunities and employability skills. The disability service supported C to achieve his personal outcomes of living independently and working in the construction industry. The progression team, using the bungalow at Canolfan Marl, worked with C during his college holidays to better understand his support needs and ensure appropriate accommodation and support for the long term. The team also liaised closely with the residential college.

C is now living in a flat of his own with minimal support, and has been referred to a work programme. He needed some support to move into his flat and to set up his direct debits but is now very independent and accesses his local community, going shopping and using public transport. He has made new friends and is going to social activities.

C's flat is in a block of 6. Staff employed by Conwy Council community support team provide flexible support to people living in the flats as and when required. There is a sleep-in at the flats but this also provides cover to another block of flats around the corner, supporting 13 people.

F.   Where can I get more information?

- The following links to the Welsh Government web pages and the Social Care Wales hub are useful resources for people and families:

    http://gov.wales/topics/health/socialcare/act/?lang=en

    https://socialcare.wales/hub/home

- Part 3 Code of Practice (Assessing the Needs of People): https://gov.wales/docs/dhss/publications/151218part3en.pdf
- Part 2 Code of Practice (General Functions): https://gov.wales/docs/dhss/publications/151218part2en.pdf
- Part 4 Code of Practice (Meeting Needs): https://gov.wales/docs/phhs/publications/160106pt4en.pdf
- Mental capacity: https://www.gov.uk/government/collections/mental-capacity-act-making-decisions
- Co-production Wales and Public Health Wales (2015) 'Seeing is Believing': http://www.wales.nhs.uk/sitesplus/888/news/39598
- Law Commission review of the Deprivation of Liberty legislation: https://www.lawcom.gov.uk/project/mental-capacity-and-deprivation-of-liberty/
- National Commissioning Board's 'Good Practice Guidance: Commissioning Services for People with a Learning Disability' 2017 and 'Good Practice Guidance for Regional Partnership Boards on the Integrated Commissioning of Services for Families, Children and Young People with Complex Needs Toolkit' September 2018 (this contains a co-productive commissioning checklist that can be applied to adults with a learning disability): https://www.wlga.wales/national-commissioning-board-wales

Question 3: What should your commissioning activities achieve for people with a learning disability?

Answer: They should protect rights, promote well-being and support independent living.

A. What is good practice?

2.41 The Government of Wales Act 2006 requires the actions of the Welsh Government to be compatible with international obligations, including the **United Nations Convention on the Rights of Persons with Disabilities** (UNCRPD) that promotes, protects and ensures the full and equal enjoyment of all human rights by disabled people.

2.42 Articles of the UNCRPD cover a wide range of areas including accessibility, independent living, education, health, work and employment.

2.43 With regards to independent living, Article 19 (Living independently and being included in the community) includes reference to:
- Disabled people having an equal right to live in and take part in the community.
- Disabled people having the right to the same choice and control as non-disabled people.
- Governments recognising that disabled people should have these rights.

2.44 **Social model of disability** is enshrined in the UNCRPD and has been adopted by the Welsh Government. The social model makes an important distinction between 'impairment' and 'disability'. It recognises that people with impairments are disabled by barriers that commonly exist in society. These barriers include negative attitudes and physical and organisational barriers that can prevent disabled people' inclusion and participation in all walks of life.

2.45 According to the social model of disability, 'impairment' is what has historically been referred to as a disability or health condition. For many (but not all) disabled people, their impairment is a significant part of their life and may form part of their personal identity. For some people, their impairment may require considerable management and they may need ongoing medical support. Experience of impairment is personal. Everyone's experience is different and that experience is always valid and important. By contrast, 'disability' is the inequality, disadvantage,

disempowerment or discrimination that may affect people with impairments as a result of barriers to access and inclusion.

2.46 **The Equality Act 2010** sets out the Public Sector Equality Duty (PSED). In summary, this places a duty on public bodies to have due regard to the need to:

- Eliminate discrimination, harassment, and victimisation.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

2.47 The Equality Act has distinctive Welsh Regulations under which listed bodies must prepare and publish equality objectives every four years. In developing their equality objectives, public bodies must involve people who represent the interests of people who share one or more of the protected characteristics and have an interest in the way that the public body carries out its functions.

2.48 These statutory requirements provide a basis for local scrutiny and challenge, and for public bodies to work in partnership with disabled people to improve local services. They also provide a way of identifying particular needs or patterns of disadvantage and developing workable solutions to address them.

2.49 Duty to make reasonable adjustments: The Equality Act also stipulates that employers and service providers have a duty, by means of making 'reasonable adjustments', to remove disadvantages faced by disabled people to ensure that they can access jobs, education and services as easily as non-disabled people.

2.50 This duty applies to the Welsh Government itself as well as other public bodies in Wales. This duty effectively complements the social model of disability and can cover, for example:

- Ensuring communication and information is accessible to everyone.
- Introducing more flexible organisational practices.
- Removing or reducing physical barriers in the environment.
- Providing aids or equipment to support an employee to do their job.

2.51 **Parents with a learning disability**. Article 23 of the UNCRPD makes it clear that people with a learning disability have a right to relationships and family life. They also have the right to choose who they live with and this includes living with a partner or spouse and any children they may have. The UNCRPD also states that disabled people have the right to:

- "have access to age-appropriate information, reproductive and family planning education"
- "decide freely and responsibly on the number and spacing of their children" and
- "appropriate assistance […] in the performance of their child-rearing responsibilities".

2.52 Welsh Government's Improving Lives Programme (June 2018) makes reference to the fact that "parents with a learning disability need more tailored support to enable them to keep their children where possible". The Care and Support (Eligibility) (Wales) Regulations 2015 include "maintenance or development of family or other significant personal relationships" and "fulfilment of caring responsibilities for a child" within the eligibility criteria for adults who need care and support. This means that services must offer suitable support to people with a learning disability to enable them to adequately and safely parent their children. Any support must be person-centred and based on the individual needs of the family. This may include, but not be limited to, accessible information, specialist parenting courses, support with budgeting or household chores, one-to-one hands-on training etc. Any parent going through the child protection process should be offered support from an advocate with specialist knowledge of child protection as well as a good understanding of the needs of parents with a learning disability.

B.   What is well-being?

2.53 This guidance uses the definition of well-being as outlined in the Social Services and Well-being (Wales) Act 2014. The Act defines eight common aspects of well-being:

- Physical and mental health and emotional well-being
- Protection from abuse and neglect
- Education, training and recreation
- Domestic, family and personal relationships
- Contribution made to society
- Securing rights and entitlements
- Social and economic well-being
- Suitability of living accommodation.

2.54 The SSWBA 2014 includes a National Well-being Statement (described in overarching guidance). This describes the well-being outcomes that people who need care and support, and carers who need support, should expect in order to lead fulfilled lives. The approach to commissioning good lives aims to support people with a learning disability and their families to achieve these outcomes. In the context of this guidance, it also aims to ensure the suitability of living accommodation

2.55 Local authorities and their partners should consider the well-being of people at all stages of their development including the transition phase from children's and young people's services through to adult services, and through the provision of care and support into older age. An important principle underpinning the development of support for living services is that they are age appropriate. What suits us at age 20, for example, may be unsuitable when we are older. Assessments of need, outcomes and services should always be flexible.

C. What can I do?

2.56 People receiving support and unpaid carers should ask themselves:
- What are my rights in terms of the services and support I and my unpaid carers are being offered?
- Have I been consulted on the design and delivery of these services in my area?
- Is what I am encountering discrimination or a breach of my rights?
- Where can I get information, advice and advocacy support?

2.57 Commissioners should:
- Ensure they are compliant with equality and human rights legislation. Failure to do so runs the risk of being potentially liable to a discrimination claim or judicial review.
- Engage and consult with all relevant stakeholders as part of an equality impact assessment of any proposed commissioning exercise.
- Ensure procurement practices support mainstreaming of the Equality Act and internal Strategic Equality Plans.

2.58 Providers of support or accommodation should:
- Be flexible and responsive in ways that encourage people to get what they want rather than to fit into what is available.
- Be able to evidence success at adapting in response to requests from people and commissioners.
- Have clear information about the outcomes they are achieving with people, and evidence that they using resources in the most effective way for people.

D. What is being done?

2.59 Independent living means all disabled people having the same freedom, dignity, choice and control as other citizens at home, work, in education and in the community. It does not necessarily mean living by yourself or having to do everything for yourself. It means rights to practical assistance and support to participate fully in society on the same basis as others.

2.60 It is about ensuring people of all ages and from all communities are able to maintain independent living, enjoy well-being and access appropriate support when and how they need it.

2.61 There are many advocacy based organisations in Wales that can support people and unpaid carers to ensure that their rights are being addressed and not ignored. They provide a range of services to support the human rights agenda.

2.62 **All Wales People First** (AWPF) is the united voice of self-advocacy groups and people with a learning disability in Wales. It is an organisation for, and led by people with a learning disability. It is unique in Wales in that it is the only national member-led organisation that represents the voice of people with a learning disability. Link: http://allwalespeople1st.co.uk/

2.63 The **All Wales Forum of Parents and Carers of People with Learning Disabilities** is the only organisation that represents nationally, collectively and solely the views of parents and carers of people with a learning disability in Wales. They are an umbrella body for local and regional organisations and support groups made up of parents and carers. Their wider alliance partners share a commitment to improve the rights and recognition of unpaid carers supporting loved ones living with a learning disability. The Forum is also governed by unpaid carers, ensuring that stakeholders have a clear input into the strategic direction and core work of the organisation. Link: http://www.allwalesforum.org.uk/

2.64 **Learning Disability Wales** is a national organisation that aims to:
- Strengthen the voice, rights and status of children, young people and adults with a learning disability.
- Strengthen the ability of parents, carers and families of people with a learning disability to make a positive contribution.
- Promote a range of person-centred services for children and adults with a learning disability.
- Ensure that Learning Disability Wales sets a good example in the way that it is run.
- Link: https://www.ldw.org.uk/

E.   Where can I get more information?

- Action on disability: the right to independent living: https://beta.gov.wales/action-disability-right-independent-living
- UN Convention on the Rights of Persons with Disabilities (UNCRPD): https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html
- The Equality Act 2010: https://www.gov.uk/guidance/equality-act-2010-guidance#overview
- Buying better outcomes: Mainstreaming equality considerations in procurement: https://www.equalityhumanrights.com/sites/default/files/buying_better_outcomes_final.pdf
- Equality and Human Rights Commission: https://www.equalityhumanrights.com/en/commission-wales

Part 3   Accommodation and support for a good life

Question 4:   What type of housing should you commission?

Answer: Ordinary housing and apartments in the community.

A.   Housing options

3.1   The NCB's 'Good Practice Guidance on Commissioning Services for People with a Learning Disability' states:

"As a general rule, and on the basis of considerable evidence regarding how best to achieve positive outcomes for people, and similarly how best to meet the requirements of dignity and human rights, people with learning disabilities should be supported to live in small scale, community-based flats and houses, indistinguishable from other accommodation in the vicinity, and close to their family and community roots. Some adaptations for physical accessibility and for safe moving and handling may be required, and occasionally some especially robust materials for additional safety and to reduce repair bills. However, this should not affect the overall homely look of the home, or make it stand out as different to its neighbours. By using or replicating ordinary housing, the risk of creating large-scale, congregated accommodation is reduced. As a rule of thumb of people sharing a single home should not exceed four. The number of self-contained flats on one site can be greater than four, but care must be taken not to create an impression of a ghetto, or reduce the likelihood of community acceptance and integration for people through over congregation".

3.2   There are a range of housing options open to people with a learning disability including:

- Home ownership where possible.
- Accommodation via a local authority waiting list for general needs.
- Private sector rental accommodation.
- Specially commissioned accommodation provided by specialist housing providers.
- Shared accommodation with carers e.g. Shared Lives.

3.3   Where case workers are working through the housing options with people it is important that they understand the pros and cons of each option so that appropriate accommodation can be sourced. (See Appendix 3 Typologies of models of accommodation - page 70)

B.   What is good practice?

Role of local authority housing strategies in the commissioning of accommodation based services for people with a learning disability.

3.4   Provision of the right kind of housing can either help or hinder social integration. It can also be fundamental in achieving a number of the outcomes set out in the Social Services and Well-being (Wales) Act 2014. It is essential that when a decision is being made about accommodating someone, there is access to appropriate properties of the right type and in the right area.

3.5   Local authority housing strategy teams must identify accommodation needs that are emerging over the next three to five years to inform decisions to commission in the Programme Development Plan (PDP). It should detail the types of housing schemes an authority is prioritising and the development over a rolling three year period.

3.6   Including the needs of people with a learning Disability within the PDP is vital as this allows for a Registered Social Landlord (RSL) to access Social Housing Grant from Welsh Government. This will boost supply of accommodation as well as ensuring that rents are kept affordable for future tenants. A sound working relationship between social care commissioning and housing strategy will also ensure that where there are resource opportunities, commissioners are aware of them and the opportunities they represent for people with a learning disability.

Improving understanding of housing and support options

3.7   The National Development Team for Inclusion (NDTi) publication 'Housing Choices Discussion Paper 4: Policy and practice recommendations' (June 2017) recommends that governments together with representative bodies of local government and the NHS, invest in a significant programme of work to inform commissioners of the different housing and support options that are available, the evidence base behind them and the impact of each on rights, choice, control and inclusion.

https://www.ndti.org.uk/resources/publications/housing-choices-discussion-paper-4

3.8 This should involve frontline social workers. Individual assessments, generally led and facilitated by social workers, are a prime driver of decisions about types and style of housing and support. Applying a thorough understanding of the evidence base and the range of options available to a genuinely person-centred planning process could empower social workers to work towards significantly improved outcomes for people.

3.9 The NDTi also recommends the development and provision of resources and training for providers to enable them to both understand different housing and support options, and also to maximise people' rights, choice, control and community inclusion within the current legal frameworks. This training also needs to be available to senior decision makers such as elected members and senior managers to help them facilitate the development of the most appropriate range of service solutions both to improve outcomes for people and their families and to make the most effective use of resources.

3.10 Appendix 3   Typologies of models of accommodation (page 70) details the wider range of accommodation options that should be available to people with a learning disability.

C.   What can I do?

2.65 People receiving support and unpaid carers should ask themselves:
- What range of housing options is available in my area?
- How do I access the systems that decide what options there are?
- Which are the best options to meet my needs?
- What is the housing strategy in my local area? Does it reflect the needs of disabled people? If not, why not?
- Should I get involved in the consultation and development of the local housing strategy?

3.11 Commissioners should:
- Focus the support planning process on accommodation needs and support needs.
- Ensure staff have a detailed understanding of the housing options available.
- Plan for accommodation at the earliest possible stage in a person's life and involve all relevant stakeholders.
- Develop strong relationships between housing strategy, health and social care.

3.12 Providers of accommodation and support should:

- Ensure that the quality of housing is of the highest standard and meets the needs of the person.
- Ensure that the Reach Standards are being met. (See A.   What is good practice? – page 32)
- Ensure there is clarity between the role of the housing provider and the support provider.
- Ensure that there is a range of accommodation options, models and locations in their area.

D.   What is being done?

Swansea Accommodation Group

3.13 A monthly meeting takes place with Swansea City Council adult social care, procurement colleagues, Supporting People Commissioner, Registered Social Landlord partners and housing strategy.

3.14 The purpose of the meeting is to review current and future accommodation requirements for people with a learning disability within the local authority in order to effectively plan accommodation provision when required. The presence of a representative from housing strategy means that where Social Housing Grant is required this can be essentially allocated live within the PDP providing there is sufficient Social Housing Grant available. This allows for enhanced levels of delivery, rents at a more sustainable level, and accommodation needs for the next three years can be determined and planned on a rolling basis.

Neath Port Talbot County Borough Council

3.15 In Neath Port Talbot Council, the accommodation officer is key to ensuring the effective use of resources, supporting the social work team in managing individual moves, and linking in with housing strategy to develop new accommodation where individual needs cannot be met within existing resources. The accommodation officer acts as an 'expert' on accommodation solutions for support for living. They also work with families and professionals to provide information and advice to support decision making.

E.   Where can I get more information?

- Local learning disability teams.
- Local authority housing strategy officers.
- https://www.mencap.org.uk/advice-and-support/housing/housing-faqs

Question 5: What is the best model for accommodation with support for good living?

Answer: The best support for living means that a person lives in their own home and can choose who provides their care and support.

3.16 One of the challenges facing people, unpaid carers, commissioners and providers is the confusion about the traditional meaning of 'supported living' services, residential care and the Shared Lives model.

A. What is good practice?

3.17 The National Development Team for Inclusion (NDTi) has highlighted the danger that although people with a learning disability may have a legal and binding tenancy agreement, their homes may operate more like a traditional residential care service, where a care provider runs the home and commissioners place people in that home. The NDTi notes that:

"What generally exists is a mix of services and landlords that are not clear about what they are providing. Some say they are offering a permanent home yet do not offer security of tenure. Some offer security of tenure yet not a real home where tenants enjoy rights and control. We need to be much clearer about what is being offered and what people get. A person's home should not be a service owned by a provider and a temporary service should not be considered a person's home. The reality of the arrangement is of course more important than what it's called but clearer definitions of the various housing and support services would be helpful to housing and support providers as well as tenants."

3.18 What is important is that, although we can describe the differences between support for living and residential care, there seems to be no clear criteria to inform people, unpaid carers or frontline staff about the circumstances that may indicate which is the best option. This is perhaps illustrated by the lack of consistent practice in the use of these options across Wales.

3.19 The National Statistics indicate a growth in the use of support for living services for people aged 16-64 from 504 in 2001/02 to 2,140 in 2016/17 and a decline in residential care from 1,801 to 1,172 in the same period. There has also been a significant rise in Shared Lives placements with up to a 1,000 people in 2016/17. However, the ratio between the use of support for living and residential care varies across local authorities. In 16 local authority areas there is a higher use of support for living than residential care while in 6 other authorities the reverse is true. Some of these differences are quite striking. The ratio between support for living and residential care in one local authority is 214 to 18 respectively; whilst in another the area it is 26 to 115. Some are more finely balanced, for example, 194 to 172. In Wales the overall balance is 2140 support for living placements versus 1,172 residential care placements.

3.20 These statistics are perhaps an indication that the role and contributions of traditional 'supported living' services and residential care have become blurred. Also the 'supported living' model has developed into a service option instead of differentiating between accommodation needs that require a range of options and a service option around support. This confusion should be addressed because they confer different benefits to the people using them. These have been illustrated in the NDTi publication 'Making the move: Developing Supported Living options for people with learning disabilities'.

3.21 It is important to recognise that **Shared Lives** is an equally valid choice for disabled people as part of the wider options for accommodation and support. Across Wales just under a thousand people are supported in Shared Lives arrangements, 78% have a learning disability.

3.22 Shared Lives is a regulated form of social care delivered by Shared Lives carers who are approved by a registered Shared Lives scheme. It is available for adults who hold a license to occupy and a clear Shared Lives agreement determining how they will be supported to meet their goals and lifestyle choices.

3.23 In Shared Lives, a person will live with an approved individual or family, sharing their family and community life as much or as little as they choose. Shared lives carers are recruited and approved through a rigorous assessment process that is itself subject to quality assurance by an independent panel. Shared Lives schemes train Shared Lives carers and monitor arrangements.

3.24 Shared Lives carers and the people they support are carefully matched for compatibility. They then develop real relationships, with the carer acting as an 'extended family member', so that someone can live at the heart of the community but in a supportive family setting. In most cases, the person moves in with the Shared Lives carer and their family. People can stay long term, for short term breaks, respite, reablement or day support. Care and support is designed and agreed with each person who chooses who supports them and how their needs are met.

3.25 Care Inspectorate Wales has produced draft guidance illustrating the differences between traditional 'supported living' services and residential care. This is captured below and we have included Shared Lives for comparison

3.26 Summary of main advantages of traditional 'supported living', Shared Lives and residential care

Support for living	Shared Lives	Residential care
Own home or tenancy	License agreement with no security of tenure	License agreement with no security of tenure
The person has the right to choose who provides their support and can change support arrangements without moving home or move home without changing support requirements.	Ordinary family household with support provided by approved carers. Very personalised and co-designed.	Support is provided as part of the package with accommodation. Either element cannot be changed without impacting on the other.
As a tenant or home owner the person has the right to choose who they live with if anyone	Person and carers decide in partnership with professionals	Good practice dictates that fellow residents should be well matched as much as possible but in practice many people have limited choice of who they live with.
Tenants and homeowners have full rights to welfare benefits including housing benefit, income support and disability living allowance.	Full rights to welfare benefits etc.	People have rights to limited amounts of welfare benefits and most access a residential care allowance of approximately £20 per week to purchase personal belongings, clothes, holidays etc.

Support for living	Shared Lives	Residential care
Can access direct payments, supporting people grant, ILF for support.	Can access other funding streams.	Cannot access most additional funding for support.
People are not subject to Deprivation of Liberty legislation but require separate arrangements through the Court of Protection.	People are not subject to Deprivation of Liberty legislation but require separate arrangements through the Court of Protection.	People are subject to Deprivation of Liberty legislation.
People have greater flexibility in terms of activities and are not dictated by rotas.	People have greater flexibility in terms of activities and are not dictated by rotas.	People are likely to be dependent on staff shift patterns/rotas and therefore have limited flexibility of activities.
Greater opportunities for skills development.	Greater opportunities for skills development.	Service provider tends to provide in-house services for cleaning, cooking and maintenance etc.
If the person lives in a home provided by a Registered Social Landlord, the landlord will be regulated by the Welsh Government and the care provider will be regulated by Care Inspectorate Wales.	Shared Lives provider and carers will be subject to regulation by Care Inspectorate Wales.	Care provider will be subject regulation by the Care Inspectorate Wales.

3.27 There are clearly benefits to each setting and it is crucial to understand what is in the person's best interests based on what matters to them.

3.28 We would still expect a personalised, outcomes-focused service that works to maximise the choice and independence of the person.

3.29 Residential care settings are the most appropriate to offer short term and emergency placements or part of a transition period on a temporary basis. Permanent long term accommodation arrangements on the other hand, provide increased rights when a tenancy based approach is followed with separation of accommodation and support as detailed in the table above.

3.30 A person living in their own home with all the benefits and advantages that enable voice, choice and control provides the best example of a 'good life' and is reinforced by the Reach Standards.

B.   What can I do?

3.31 People receiving support and unpaid carers should ask themselves:
- Do I have voice, choice and control over the options available?
- Do I have enough information on the choices available?
- What do I do if the option I need is not available?
- How involved are my family and friends in the decision making process?
- If I do not have capacity, is there a proper system in place to support my decision making?

3.32 Commissioners should:
- Ensure there is a robust care and support plan in place.
- Ensure there is a range of options available, including direct payments.
- Ensure there is easy read information about the choices available.
- Ensure there is collaboration and co-production in place with providers.

3.33 Providers of support or accommodation should:
- Ensure they are putting the person at the centre of the care and support they provide.
- Be clear about the service they are providing.
- Work in a co-productive and collaborative way with commissioners and other providers.
- Promote progression in terms of models of accommodation and support.

C.   What is being done?

3.34 In Torfaen County Borough Council the housing strategy officer and the learning disability team have worked closely together to identify the range of accommodation needs of the people supported by the team. On the basis of the information gathered, they have developed a range of accommodation options with bespoke, individualised support packages. This has included people with lower level needs right through to people with complex needs. They have worked with a Registered Social Landlord who has responded by developing housing options based on the needs of the people.

3.35 This mirrors the Closer to Home model discussed later in the guidance (A. What is good practice? - page 53) and it re-enforces the principle that there is more than one model available within existing resources as long as all stakeholders work together for a common aim, with the person in the centre. This is a tenancy, rights-based approach.

D.   Where can I get more information?

- National Development Team for Inclusion (NDTi) 'Making the move Developing Supported Living options for people with learning disabilities'. Link: https://www.ndti.org.uk/resources/publications/supported-living-making-the-move.
- Reach Standards in Supported Living (Paradigm, Reach Standards in Supported Living) http://www.paradigm-uk.org/reach-standards/
- YouTube video 'My front door' focussing on the needs of a group of people living in a cluster of apartments in Torfaen and their personal stories. https://www.youtube.com/watch?v=PvkMNzlUEp8

Question 6: What accommodation standards should support for living services comply with?

Answer: The long-established Reach Standards.

A.   What is good practice?

3.36 The traditional concept of 'supported living' was first brought to the UK by the NDTi in the early 1990s. Nowadays, it has a set of principles that are defined in The Reach Support for Living Standards:

- 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 to take part in my community.
- I have the same rights and responsibilities as other citizens.
- I get help to make changes in my life.

Whilst these principles were developed in relation to support for living services, they still resonate and apply to the contemporary definition of voice, choice and control

3.37 Security of tenure is important because it provides the person with peace of mind that they cannot be made to leave their home unless they have broken the tenancy agreement; and/or proper legal proceedings have taken place; and a court has agreed that the landlord should be grated possession of their home (NDTi).

3.38 NDTi defines what a real tenancy means (Appendix 4 The real tenancy test – page 72). The value of a real tenancy is that it should prevent services from moving people on in difficult times. Commissioners need to monitor such moves and scrutinise the rationale for these decisions. This information should be shared with providers and discussed at any provider forum in place.

3.39 There is a very clear message based on evidence and good practice that people who lack capacity can hold a tenancy. There are legal processes that can be utilised to make this happen based on the person's best interests. In practice many tenancy agreements are unsigned with the agreement of all parties and there is no evidence this has had any negative consequences for either people or landlords. In complex cases if, after an objective assessment by a suitably qualified person, it is concluded that a person does not have capacity there are a number of ways that a tenancy can still be entered into. There may be a family member or friend who has registered enduring or lasting power of attorney or the local authority has successfully applied to the Court of Protection for a deputyship to enter into or terminate the tenancy and take any decisions on health and welfare (which are different types of attorneys). Commissioners may wish to review current practice with landlords and care and support providers. This can be undertaken over time with no risk to destabilising current accommodation and support arrangements.

3.40 The Reach Support for Living Standards broadly align with the Care Inspectorate Wales draft guidance and are based on people with a learning disability having their own homes and control over who they live with, who supports them and how they are supported.

"Supported living is where people live in their own home and receive care and/or support in order to promote their independence. The support that people receive is tailored around their individual needs; one person may require support for a few hours per week, whilst another may require support around the clock."

3.41 Any accommodation that a person receives should not be subject to care being provided by a certain agency. People should have a choice and there should be a clear distinction between the landlord and the care provider. The care that people receive is regulated by Care Inspectorate Wales, but the accommodation is not.

3.42 Commissioners may wish to take a policy decision to design all services with separate housing and support to increase people's rights.

3.43 The Reach Standards are very challenging, and some may argue that they are almost impossible to achieve. We need to understand what the barriers are and develop strategies to overcome the obstacles, not disregard them.

B.   What can I do?

3.44 People receiving support and unpaid carers should ask themselves:

- How many of the Reach Standards are being met where I live or where my family member lives?

3.45 Commissioners should:

- Check and ensure that the Reach Standards are being met and reviewed on a regular basis

3.46 Providers of support or accommodation should:

- Check and ensure that the Reach Standards are being met and reviewed on a regular basis.

C.   What has been done?

3.47 **Community Living Networks** such as the Keyring model work by supporting and networking people in their own homes within a particular area.

3.48 The Keyring model recruits a volunteer or employs someone through a direct payment who lives as part of the network and provides small amounts of support to each network member. They also focus on getting network members to support each other and people to use natural community networks.

3.49 The model can be adapted to work for people with higher support needs that live in a particular area

3.50 **Extra Care Housing** (NDTI – Making the move). People have their own flat within a wider development of flats for other people who need support, sometimes with additional communal space. This model gives the benefit of sharing with others but with flexibility to be able to meet the needs of people who would not necessarily chose to live together.

3.51 This model also lends itself to having mixed tenures so that people can have the option to rent, part buy or buy outright.

3.52 It is important within this model to ensure that the numbers of people living in the same resource remain fairly small, in order to avoid the risks of institutionalisation and stigma in the eyes of the general public that can arise from grouping disabled people in the same location.

Torfaen County Council currently provide a range of options for people with additional support needs

Blaenavon

- 5 x 1 bed bungalows for people with complex care these units are allocated through ABUHB - 24hr 2:1 support
- 4 x 1 bed flats on a new build scheme for people with low level need, these units are allocated through a social care panel

Pontypool - all of these units are on 1 scheme

- 4 x 1 bed flats for people with complex care allocated through ABUHB 24hr 2:1 support in place
- 3 x 1 bed shared unit for people with complex learning disability 24hr support
- 2 x 1 bed flats for people with physical disabilities allocated through social care panel - able to access support from the above units

Cwmbran

- 9 x 1 bed flats for people with low level learning disability allocated by social care panel - originally 24hr support however now reduced to floating support. This scheme is adjacent to an extra care independent living scheme and can therefore access services there also
- 16 x 1 bed flats split into
  - 4 x 1 bed for people with autism - this area has communal facilities and 24 hrs support on site
  - 8 x 1 bed physical disabilities independent living
  - 4 x 1 bed flats for people with low level learning disabilities floating support available from above package if required

In planning

- 6 x 1 bed flats, these units will be utilised by social care for any person requiring a package of care : physically disabled, learning disability, mental health etc. - 24 hr care/support package will be available
- 2 x 1 bed fully accessible flat
- 4 x 1 bed flats general needs

3.53 Shared Lives examples

Long term and short term break support

Bryan and John are experienced Shared Lives carers in South East Wales. They support older people with a learning disability, dementia and mental ill-health. Currently they provide full-time support for Phil who has a learning disability and Alan who has mental health problems. They also provide respite/short-breaks for other people, including one person who has had a stroke and another who has been affected by a brain illness. Bryan says "When people come here to live with us, it's like coming into a family. We do things together that make us happy, whether it's meeting friends for a pub lunch or just listening to music. Alan has developed such a good relationship with Phil, they spend a lot of time in each other's company, talking and playing music. And we have a lovely relationship with Alan's family too. For me Shared Lives is all about the person. We provide a good, safe home and give them the space to do what they want to do, and we're here for them. It's not 9 to 5, it's 24/7 but the rewards are there."

Lifetime ambitions

Matthew's story: "Since I was 8, I've loved trains and I've always wanted to work on the railway. I kept getting told I couldn't do it for health and safety reasons because I have a learning difficulty. Linda and John, my Shared Lives carers did not settle for this. They said I should have the same chance as anyone else. They contacted the careers officer. She organised for me to volunteer at a local station. I got spotted by a manager from the train company because I was doing so well. He told me about a four-week pilot scheme for people with special needs to come into the railway industry. I was put forward and achieved it. A couple of months after the training I had a phone call offering me a Saturday job train cleaning 9-5. I've been doing it every Saturday since then. The managers said in a year's time I could be working on board. I've achieved this with determination from myself but also support from Linda and John. They said if I had a dream, I should go for it and they supported me all the way."

Moving on

Sophie came to Shared Lives when family life broke down. She had a learning disability. Her Shared Lives carers, Jenny and Mike, provided a calm, supportive home where Sophie could work on the things that frustrated her. Two years on she has finished college, completed six months of work experience and started her first job. She is looking forward to moving on to support for living but knows Mike and Jenny will always be there for her.

3.54 Support for living services that do not comply with the Reach Standards

3.55 The confusion is not confined to the differences between support for living and residential care. A person may be living in a shared housing arrangement and they may have a tenancy but may not be able to choose their care and support provider. This arrangement does not comply with our understanding of supported housing or our aspirations for the rights of the person because the care and support and accommodation providers are one and the same.

3.56 Commissioners may obviously wish to signal their intentions to discontinue further commissioning of such services. This can be done by the production of market position statements described below. However, careful consideration must be given to the needs of the people currently living in such arrangements. We must be practical, pragmatic and above all respectful of the wishes of the people and their families. The person and their family may have been involved in the choice of these arrangements that may have many advantages in terms of being close to family and friends, for example. They will also have developed relationships with staff and with the community. Where a person wishes to continue with these arrangements their wishes must be considered. Equally, commissioners should not de-stabilise services in the short term but work with providers on the gradual transfer to support for living.

3.57 Commissioners need to ensure that systems are in place to ensure that staff comply with the commissioning policies of the local authority, health board and regional partnership board. If the commissioning authorities want to ensure the development of genuine support for living arrangements they will need to ensure that their intentions are not subverted by staff directly approaching other providers who do not comply with this intention.

D. Where can I get more information?

- NTDi Housing Choices Discussion Paper 4 Policy and Practice recommendations:
  https://www.ndti.org.uk/resources/publications/housing-choices-discussion-paper-4
- Ategi Shared Lives https://ategi.org.uk/
- NDTi – Making the Move
  https://www.ndti.org.uk/uploads/files/Supported_Living_-_Making_the_Move,_May_2010.pdf
- Community Living Networks http://www.keyring.org/
- Reach Standards in Supported Living (Paradigm, Reach Standards in Supported Living) http://www.paradigm-uk.org/reach-standards/

Part 4   Good quality support

Question 7: What does good quality support look like?

Answer: It is person-centred and has several key elements.

4.1   Person-centred approaches have been recognised as the key to quality in learning disability services for several decades. Housing is important, but so is the quality of support people receive because this can make a big difference in achieving well-being outcomes. As well as a safe, comfortable, good standard physical environment to live in, people also need support to make choices, take control, get involved in interesting things to do and learn, develop relationships and opportunities to be involved in their communities. Some people may only need minimal support where as other people require more intensive support. Good support can look different for different people but should be based on the key quality elements listed below.

A.   What is good practice?

4.2   Good quality support has the following key elements for all people:

- **Person-centred**: The person and the important people in their lives identify what is important to them and how to achieve their ambitions. People have their own person-centred plans that reflect their views, goals and needs. In addition, the following person-centred actions are essential if these plans are to be implemented in practice and personal outcomes achieved.

- **Voice, choice and control**: People are assisted to express their views and opinions and these are listened to and acted upon. The person is involved as much as possible in decisions and assisted to make informed choices ranging from what to have for breakfast to who they live with, who supports them etc.

- **Active Support**: People receive the right levels of person-centred assistance to participate in a wide range of activities at home and in the community. This includes assistance with domestic, social, leisure, work and educational activities so that they can develop their abilities through experience and take more control over their daily lives.

- **Inclusive communication**: Others communicate with the person in ways they can understand. They are also able to interpret and respond to the ways the person communicates. This may require the use of a range of communication methods, for example speech, signing, photos, gestures and communication aids such as iPads, PECS, communication passports etc.

- **Progression and independence**: The person is supported to learn new skills, try new experiences and take more responsibility for their own lives, care and safety.
- **Consistent support and environments**: The person is supported in a similar way by familiar staff who know them well, for example person-centred routines and visual timetables may be used to help the person understand what is happening, predict what is going to happen next and to feel in control. Staff work consistently as a team and communicate well with each other.
- **Positive risk taking**: A 'strengths approach' weighs up the potential benefits and harms of various actions to achieve a person's desired outcomes and achieve their potential. This involves identifying the potential risks involved (good risk assessment), and developing plans and actions (good risk management) to minimise potential harm but still achieve outcomes.
- **Positive social interactions and support to develop relationships**: The person's relationships with family and friends are maintained and developed further including intimate personal relationships where desired. The person has opportunities to spend time with people they like. Staff who the person knows and likes (and who know and like the person) spend time interacting with them and doing things together.
- **Personal care and health**: The person's dignity is maintained and good health promoted. The person is supported to access professional health care, for example attending regular health checks, other appointments and supported to follow treatment plans. Generic health services make reasonable adjustments to meet the person's needs. Health inequalities are challenged and overcome.
- **Positive Behavioural Support (PBS)** to enable people with more complex needs and behaviours that challenge to live in their own homes in their communities:

4.3 **PBS** is an ethical, values-led broad framework of evidence-based therapeutic support that is particularly relevant for people with more complex needs who sometimes have behaviours that challenge. The PBS framework includes the key elements listed above, delivered with greater intensity, comprehensiveness and precision. It also includes additional good practice elements such as behavioural functional assessment; compassionate psychological and mental health approaches; trauma or attachment informed care; recognition of adverse childhood experiences (ACEs); cognitive behavioural therapy etc.

4.4 PBS is person-centred, proactive and focuses on improvements in well-being as well as early intervention and prevention of challenging behaviour. PBS is in full accord with the Social Services and Well-being (Wales) Act and other key legislative and policy drivers. The Welsh Government's 2018 Learning Disability Improving Lives Programme recommends the implementation of PBS and Active Support training across services and the lifespan of people with a learning disability. PBS is a key element in reducing restrictive practices including inappropriate medication. PBS should be available to adults and children both at home and in school. There should be guidance for parents and carers on the use of PBS and it should be linked to ACE awareness training. PBS is described in more detail in the National Commissioning Board's overarching guidance for commissioning services for people with a learning disability.

4.5 PBS can improve the quality of the lives of people and those around them. It can also help prevent the breakdown of support arrangements that can result in inappropriate admission to hospital, secure or other institutional residential settings. These are often traumatic, very expensive to the public purse and sometimes damaging to the person with very limited evidence of therapeutic benefit.

B.   What can I do?

4.6 People receiving support and unpaid carers should ask themselves:
- Can I be involved, co-produce and hold commissioners and providers to account?
- Can I insist that commissioners include my individual needs and goals in contract specifications and support arrangements?
- Can I help to ensure that my support needs are clearly specified in understandable ways?
- Can I advocate that people receive key elements of high quality support including PBS, where this is required?

4.7   Commissioners should:

- Co-produce support arrangements with the full involvement of people, their families and support providers.
- Ensure that contract specifications and commissioning processes specify the key elements of good quality support described above including PBS where appropriate.
- Fund provider organisations to sustainably deliver the key elements of good quality support.
- Help and encourage support providers to develop the skills and competencies of their staff.
- Proactively help prevent and resolve problems of incompatibility.

4.8   Providers should:

- Co-produce solutions with people and unpaid carers and enable them to participate.
- Ensure staff receive training appropriate to their role and can gain qualifications in providing high quality support as described above.
- Develop practice leaders who are competent and experienced in providing good quality support, lead by example and regularly coach staff in practice to develop their support skills.
- Recruit staff with the right attitude and values.
- Provide good employment terms and conditions.
- Enable staff to access support and proactively promote staff well-being.
- Allocate staff who the person is familiar with and likes, and avoid the use of agency or unfamiliar staff.

C.   What's the evidence?

4.9   The key elements of good quality support are based on decades of research, including the following examples:

- Bigby, C and Beadle-Brown, J (2018) Improving Quality of Life Outcomes
- in Supported Accommodation for People with Intellectual Disability: What Makes a Difference? Journal of Applied Research in Intellectual Disabilities 31, e182–e200
- Jones, E (2013) Back To The Future: Developing Competent Services For People With Intellectual Disabilities And Challenging Behaviour, Advances in Mental Health and Intellectual Disabilities Vol. 7: 1 pp. 5 - 17
- Work by Professor Peter MCGill https://www.kcl.ac.uk/sspp/policy-institute/scwru/news/2014/newsfolder/McGill-et-al-Capable-environments.pdf
- The evaluation of Building The Right Support https://www.strategyunit.co.uk/publications/building-right-support
- PBS is recommended internationally and widely applicable to vulnerable people, not only people with a learning disability. In the UK, PBS is recommended by the UK Local Government Association, Skills for Care, Department of Health, Royal College of Nursing, Royal College of Psychiatrists, British Psychological Society, NICE, British Institute of Learning Disabilities and Welsh Government.
- See links under 'E.   Where can I get more information? – page 43

D.   What is being done?

4.10 There are numerous examples throughout Wales dating back decades where values driven third sector providers have developed good quality ordinary housing in people' home communities and implemented the key elements of high quality support described above. For example, the national inspection of care and support for people with a learning disability undertaken by Health Inspectorate Wales and the Care and Social Services Inspectorate Wales in 2016 includes several examples: https://careinspectorate.wales/national-inspection-care-and-support-people-learning-disabilities

4.11 This report also noted the growth in knowledge regarding PBS resulting in high quality practice and positive outcomes. It recommended that health boards and local authorities share best practice to ensure a more consistent implementation of PBS.

(See also Question 10:   How do you commission effective services for people with a learning disability including those with more intensive needs? – page 53)

E.   Where can I get more information?

Free online resources:

- United Response's guide and checklist providing information and assessment tools on what good quality support looks like: https://www.unitedresponse.org.uk/what-does-good-look-like
- PBS Academy website http://pbsacademy.org.uk/ offers information, resources and guidance on PBS including several useful commissioning tools:

  - PBS specification for contracts
  - Guide to identifying PBS best practice for commissioners and care managers.
  - Key performance indicator tool to monitor PBS service provision.

- British Institute of Learning Disabilities (BILD) Centre for the Advancement of PBS website http://www.bild.org.uk/capbs/capbs/ also has a wealth of information including three useful PBS tools for commissioners, organisations and families endorsed by the Welsh Government and developed by members of the All Wales Challenging Behaviour Community of Practice (CB CoP). The measures are complementary but can be used independently .Follow this link to access them http://www.bild.org.uk/about-bild/news-and-views/newpbsguidancewelsh/
- NICE guideline NG93 'Learning disabilities and behaviour that challenges: service design and delivery' is of particular relevance to commissioning and specifically recommends PBS https://www.nice.org.uk/guidance/ng93/evidence/full-guideline-pdf-4788958429
- NICE quality standard on service model for people with learning disabilities and challenging behaviour due for publication in July 2019 also supports many of the recommendations made in this document and calls on Local authorities and health commissioners to choose a lead person to oversee strategic commissioning of services for all people with a learning disability and that people with a learning disability and behaviour that challenges have a named lead practitioner.
- Challenging Behaviour Foundation also has a very good website with resources aimed at family carers http://www.challengingbehaviour.org.uk/

Free basic online induction training in PBS:

- BILD's brief 6 minute animation 'An Introduction to PBS': http://www.bild.org.uk/capbs/pbsinformation/introduction-to-pbs/
- Department of Health PBS awareness e-learning course, relevant to all vulnerable client groups: http://www.bild.org.uk/capbs/pbs-awareness-course/

Part 5   Innovative and progressive procurement

Question 8:   **How do we develop innovative and progressive procurement processes?**

Answer: Ensure that co-production and good relationships are central to any process.

5.1   To fully answer the question and understand the role of co-production in relation to procurement, we need to remind ourselves that procurement is an activity that follows a commissioning choice to enter into a relationship with a provider. This must be appropriate to the subject of the commission, the people and organisations involved and the circumstances of each person. This is where co-production provides value – in determining how these factors appear and how they might best interact in context.

5.2   We need to explore and challenge why much of current commissioning practice follows these principles expressed below:

"[…] commissioners are the designers of services, providers the delivery agent, and people supported and families/carers are the recipients of a service" - view expressed by care and support provider.

5.3   Being person-centred requires a more collaborative approach between the person, unpaid carers, commissioners and providers, and ideally full co-production of the procurement process and all documents including the specification, performance framework, payment terms, contract and evaluation and award processes.

5.4   If the purpose is to commission good lives then the achievement of good lives must be the objective of the procurement.

A.   What is good practice?

5.5   Procurement activity has three main areas:

- Pre-procurement – market development, research, provider engagement, contract development.
- Process – running an open, fair and transparent process; a series of events that distinguishes the commercial aspects and allows selection.
- Execution – delivering the goods or services, contract monitoring, delivery on the desired outcomes.

5.6   Too much emphasis on the process and not enough on pre-procurement and execution runs the risk of missing the desired outcomes. More time invested in pre-procurement and execution increases the opportunity for innovation and progressive practice. Officers who understand co-productive commissioning are essential for flexible and innovative procurement in Wales.

5.7   A provider relationship can be of any type. It works best when everyone understands the boundaries and expectations. Some professional provider relationships for example, can be entirely adversarial. It does not mean people do not get on or are not nice to deal with, rather that the work is agreed to be explicit in character and undertaken in expectation of consequences should it not be done as agreed.

5.8   The NDTi stresses the importance of building a trusting relationship between commissioners and providers rather than one based on arms-length contracting. They recommend putting in place robust local communication opportunities (e.g. a provider forum, joint management group, clinical support networks) to share knowledge, learning, new plans/ideas. This should involve and include opportunities for providers of housing and accommodation services to meet with both care management and social care and housing commissioning staff from the local authority.

5.9   The NDTi also suggests that commissioners identify a small number of providers who are committed to a long-term relationship around people whose behaviour can challenge, and work with them as partners whose expertise is used in commissioning decisions.

5.10   Ideally commissioners within a region or multiple regions should collaborate to establish a list of providers, accredited on the basis of the quality of service that they can provide. The list should also be flexible enough to allow new providers to join over time by being accredited or approved, rather than having an inflexible framework that does not allow new providers to join once the list has been fixed.

5.11   Providers can support each other in a range of ways from sharing training opportunities through to supporting people. On occasion when a person becomes dissatisfied with the service there may be a breakdown of relationships. Where an alternative provider is required, the care and support provider providing services to other people in the same accommodation could subcontract the service to keep the management arrangements simple whilst responding to the needs of the person.

5.12 **Procurement rules.** It is entirely reasonable that contract procedure rules protect organisations by governing what is generally allowed in procurement. These rules must be kept up to date in accordance with changes in legislation and policy. People within organisations must also be able to know what the rules are, how far they can go within boundaries (which can move), where it is reasonable to challenge a rule and where it is not. Generally speaking this means the Procurement and Contracting Rules (PCR2015 or 'EU regs') must be applied first but substantial new freedoms for commissioning and procuring can be established through local rules, for example, for framework agreements.

5.13 **Rules for framework agreements.** These represent a convenient way to aggregate low value procurements and agree terms for multiple transactions. Frameworks are 'closed' agreements that should be regularly subjected to competitive process. For this reason, it is typical for the rules to restrict the length of a framework to a maximum of four years, including any optional period of extension. Unfortunately, framework agreements are often referred to as 'contracts' even though they are not. In a framework agreement, the contract is formed when each individual order is placed; the framework outlines the terms. It is important for commissioners to understand this because a contract can be of any length and therefore considerably longer than four years. A rule that states 'the maximum length of contract at four years' is in fact typically referring to frameworks not contracts.

5.14 A dynamic purchasing system or DPS is essentially an electronic framework that is 'open', meaning providers can enter or leave the framework at any time. The rules will be different for this type of framework. This approach could take the form of an accreditation process based on historic experience against which commissioners can offer mini-competitions to match a particular provider with a client or clients.

5.15 This technology enables a more sophisticated approach allowing for a more streamlined and quicker matching process, possibly arranged as a 'catalogue' or series of 'lots' for people with differing needs. The award process would be simplified, take less time, and direct awards without a mini-competition are more easily achieved.

5.16 A longer term contract is recommended to allow for continuity of care by a provider without the risk of an unwanted change of provider. The Public Contract Regulations (PCR) do not prescribe any maximum contract period and therefore a contract of around 20 years is possible. If the contract is properly drafted then break provisions, service variations and price reviews that can support changes or variations in the interests of all (including an earlier termination of the arrangements if appropriate) can be built into it.

5.17 Different procurement approaches and procurement of 'light touch' services was considered in detail in the Legal Appendix to the Home Care Toolkit: https://www.wlga.gov.uk/introduction-to-the-home-care-toolkit

5.18 Whatever approach is adopted, the Procurement and Contracting Rules (PCR) allows for any or all of the above to be taken into account (see regulation 76 (8)) and it is strongly recommended that the procurement process and documents should consider how to include these considerations:

- The need to ensure quality, continuity, accessibility, affordability, availability and comprehensiveness of services.
- The specific needs of different categories of people.
- Involvement and empowerment of people.
- Innovation.

5.19 **Workforce issues**. There have been a number of research studies undertaken in England and Wales that look at the impact of procurement methodologies on workforce terms and conditions, recruitment and retention. All organisations that receive funding from Welsh Government, either directly or via grants/contracts, will be expected to sign up to their Code of Practice on ethical employment in supply chains.

5.20 Short term contracts (1-4 years) do not offer business sustainability for providers. Employers that have to consider the costs of redundancy and/or TUPE in any tender submission may build in a percentage surplus to mitigate against such financial risks. They may also be less likely to offer attractive contracts of employment to their workers. In his forward to the above Code of Practice, Mark Drakeford AM stated that:

"Good employment practices, which empower and reward workers, help to improve the quality of life of people […] in Wales and in turn, result in better quality […] services. Poor – and even unethical – practices, such as the unfair use of zero hours contracts, can lead to poor morale, high staff turnover"

5.21 A further consideration will involve consideration of community benefits, which is increasingly being referred to in health and social care as 'social value'. Commissioners have a duty under Part 2, Section 16 of the Social Services and Well-Being (Wales) Act to establish arrangements that promote increased opportunities for social value organisations (defined within the Act as third sector, not for profit, social enterprise, co-operatives and/or user-led organisations) to deliver care and support services.

B.   What can I do?

5.22 People, unpaid carers and their families should ask themselves:

- How I am able to get involved in the procurement process for my support?
- Will somebody explain how it works?
- How will it affect me and my family?
- How long will it all take?

5.23 Commissioner should:

- Provide clear information that explains the procurement process in understandable language.
- Develop a range of creative options to procure services including direct payments and dynamic purchasing arrangements.
- Develop co-productive and collaborative models of procurement based on good relationships with providers.
- Avoid the concept that "commissioners are the designers of services, providers the delivery agents, and people supported and unpaid carers are the recipients of a service."
- Examine the good practice examples and identify potential for their area.

5.24 Providers should:

- Develop good relationships with commissioners to promote co-production and collaborative approaches to procurement.
- Share openly their business priorities and plans with commissioners to support market development to meet the needs of the population.
- Ensure that work development priorities are central to their business planning and this is reflected in their costing structures and expressed in the procurement process, Openness about cost implications provides greater opportunities for transparent relationships with commissioners.

C.   What has been done?

5.25 **Benign provider relationships**. A provider of care and support for someone might be contracted on a long-term basis, without periodic re-tender, except in agreed circumstances. These circumstances must be mutually understood if they are to be fair. This offers a great deal of latitude in the nature of provision and is a relatively benign way to procure. Co-production encourages good outcomes and mitigates risk by making the deal specific, anticipating the needs and expectations of all involved. It might take more effort up front but pays dividends in the long term delivery and consumption of services. Change occurs only where all parties would reasonably want to change anyway.

D.   Where can I get more information?

- Toolkit accompanying commissioning guidance for children with complex needs. Relationship-based commissioning: https://www.wlga.wales/SharedFiles/Download.aspx?pageid=62&mid=665&fileid=1766
- Legal Appendix to the Home Care Toolkit: https://www.wlga.gov.uk/introduction-to-the-home-care-toolkit/
- Code of Practice on ethical employment in supply chains https://gov.wales/topics/improvingservices/bettervfm/code-of-practice/?skip=1&lang=en
- Procurement and Contracting Rules (PCR2015 or 'EU regs'): http://www.legislation.gov.uk/uksi/2015/102/contents/made/

Part 6   Strategic Commissioning

Question 9:   What is strategic commissioning?

Answer: Person-centred approaches should inform and drive strategic commissioning activities.

6.1   The commissioning process should be driven by the 'what matters' conversations that take place between professionals, people and unpaid carers in terms of well-being personal outcomes.

6.2   Strategic commissioning involves:

- understanding the care and support needs of a population
- the value for money offered by the existing options for meeting need
- identifying short to long term service development options to meet the need.

It is informed by:

- an analysis of needs and demand for services
- a thorough understanding of local market conditions, including workforce challenges and costs of sustainable provision.

6.3   The NCB has published a number of strategic commissioning documents that act as guidance for commissioners referred to below. There is no value in repeating the messages delivered already but it is worth re-enforcing some messages that relate to this guidance and further details are covered in Appendix 5   Strategic commissioning on page 74.

A.   What is good practice?

6.4   The IPC Commission Cycle provides a way of understanding the activities in the process of commissioning and particular the analysis, plan, deliver and review phases. This is developed further in Appendix 5   Strategic commissioning on page 74 and the NCB commissioning documents referred to below.

6.5   Developing a Market Position Statement (MPS) is a critical part of the strategic approach to commissioning that is based on analysis of data, needs and prevalence. The type of data that needs to be collated is referred to in Appendix 5 Strategic commissioning on page 74.

6.6	The MPS will provide information on the preferred options for developing support for living services. In addition to providing this information they may also provide an indication of the models of care they either no longer wish to commission or will be phasing out. (See Appendix 5 Strategic commissioning - 74.)

6.7	The Institute of Public Care, Oxford Brookes University (IPC) has published a Good Practice Checklist for Learning Disability Market Position Statements (2017).

6.8	The most important message for readers of this guidance is that engagement, participation and involvement are the critical factors at every stage of the commissioning process and specifically at the strategic stage. The application of the principles of voice, choice and control apply equally to the higher strategic level as it does to the person-centred planning phase

B.   What can I do?

6.9	People receiving support and unpaid carers should ask themselves:
- How do I get involved in strategic commissioning?
- What forums and groups exist in my area?
- Who are the key people to speak to?
- Are there any relevant documents I could look out that would help me?

6.10	Commissioner should:
- Provide clear information that explains the strategic commissioning structures.
- Involve people and unpaid carers in key meetings that influence strategic commissioning.
- Develop co-productive and collaborative models of strategic commissioning.

6.11	Providers should:
- Engage with all relevant strategic commissioning governance arrangements
- Provide up to date information on their activity to influence future strategic commissioning.

C.   What is being done?

6.12 The Welsh Government's Improving Lives Programme recognises the need to have the information required to be able to plan services both accurately and appropriately in order to meet the needs of people with a learning disability. It includes a recommendation to consider the option for developing a data observatory for learning disability services.

D.   Where do I get advice?

- Strategic Commissioning of Accommodation services for adults with learning disabilities (Auditor General for Wales). Local authorities need better quality financial and population data to ensure that they make the most informed decisions. http://www.audit.wales/strategic-commissioning-learning-disabilities
- NCB Good Practice Guidance: Commissioning of services for people with learning disabilities https://www.wlga.wales/commissioning-guidance-for-people-with-learning-disabilities
- NCB Good Practice Guidance for Regional Partnership Boards on the Integrated Commissioning of Services for Families, Children and Young People with Complex Needs https://www.wlga.wales/guidance-for-regional-partnership-boards-integrated-commissioning-of-services-for-families-children-and-young-people-with-complex-needs

Question 10: How do you commission effective services for people with a learning disability including those with more intensive needs?

Answer: Integrated and collaborative commissioning.

6.13 Regional Partnership Boards (RPBs) should consider an integrated approach to commissioning all forms of support for living services. This maybe an area where formal partnerships and pooled funds can make a positive contribution.

6.14 The RPBs should put in place appropriate management arrangements to secure an integrated approach to commissioning services for people with a learning disability. This will address the concerns expressed in a recent report by the Auditor General for Wales:

"Despite progress in many areas, local authorities and their partners must do more to integrate services and resolve a number of complex challenges if they are to achieve the ambition of sustainable accommodation-based services." (Strategic Commissioning of accommodation services for adults with learning disabilities).

6.15 An integrated approach is needed to respond to the needs of people who challenge services where timely decisions to increase support are required to avoid service breakdown and placement in more restrictive and expensive environments.

A.   What is good practice?

6.16 Closer to Home (C2H) was an innovative informal collaboration between health, social services and the third sector in the Western Bay area of South West Wales that aimed to address these problems by supporting people with a learning disability who have behaviours that challenge to live in their own homes in local communities.

6.17 This collaboration was established in 2012 between the four statutory commissioners: Abertawe Bro Morgannwg University (ABMU) Health Board, Swansea, Neath Port Talbot and Bridgend local authorities.

6.18 The project was funded through existing revenue budgets. The main aim was for the lead learning disability commissioners in ABMU and the three local authorities to work together to proactively commission local, enhanced social care services specifically for people with a learning disability and severe challenging behaviour that implemented PBS (see Part 4 Question 7). Local authorities held the lead commissioning role and an informal agreement was made with learning disability health commissioners to share costs with a view to achieving formally agreed partnership under section 33 of the NHS Act (Wales) 2006 with the possibility of pooled budgets in the future.

6.19 The partnership focused on commissioning accommodation and support with houses provided by two registered social landlords (First Choice Housing Association and Gwalia) and support provided by social care providers who were competent in PBS and Active Support.

6.20 It was a tenancy-based approach with support provided separately and had a number of advantages:
- Security of tenure for residents.
- Promoted the ethos of person-centred independence, inclusion and better quality of life, and can represent greater cost effectiveness.
- All residents held tenancies, and the houses selected needed to be personalised and homely.
- Provided an environment rich in easily accessible typical activities.
- Located in people's own communities to enable family contact and social integration.

6.21 Lessons learnt. A key factor in placement success is identifying people as early as possible. Early identification facilitates improved joint assessment, the identification of compatible groupings and detailed planning to meet the needs of people so that the service can be carefully tailored. This minimises disruption and distress while maximising the chances of a smooth transition. It could also help to minimise voids and subsequent costs.

6.22 Local planning processes need to be more robust so that appropriate information on individual needs and characteristics are accurate and readily available. In order to achieve this, all stakeholders, including unpaid carers, need to be brought together at an early stage to facilitate effective co-production.

6.23 Addressing barriers to the establishment of pooled budgets and clearer financial decision-making on revenue funding would avoid lengthy disputes between health and local authority partners, and promote a greater emphasis on effective joint working in practice. A clear formal agreement would be a solution to this, and establish clear transparent roles and responsibilities.

6.24 Traditional commissioning is reactive; it fits people to existing vacancies. The proactive commissioning of new schemes for identified people as in the Close to Home initiative is different. It requires a detailed person-centred approach from assessment of need through to careful design of individualised support packages and physical environment. The project management of potential schemes and accountability for decision making was unclear at times, which caused some problems. The identification of project managers to co-ordinate the complexity of this development work is essential.

6.25 Linked with the above point, earlier contracting with the selected social care provider would be an improvement. Delegating development work to providers at an earlier stage would aid the detailed planning process and maximise successful transition.

6.26 Greater clarity and consistency in the care manager and health co-ordinator roles and responsibilities would also aid more effective integrated working.

6.27 The key role played by the Specialist Behaviour Team (SBT) behavioural specialists cannot be overstated. PBS expertise in undertaking functional assessment, co-producing PBS plans with the stakeholders, designing and delivering bespoke staff training, and coaching provider staff is essential, with clear criteria established for increased provider skills before this support is reduced.

6.28 Linked to the above point, support providers need to be proficient in the PBS approach, therefore organisational strategies need to focus on developing staff skills and on developing practice leaders to enable PBS to become embedded within routine practice.

6.29 Contract monitoring needs to be conducted jointly and systematically, and include measures focused on PBS processes and outcomes.

6.30 Developing a clear written process for all these activities, roles and phases would act as a valuable guide for future similar initiatives.

6.31 Compatibility is inherently difficult to achieve, and so consideration should be given to establishing a greater variety of models, such as non-congregate schemes (i.e. supporting people with and without challenging behaviour together, and single or two-person schemes).

6.32 Formal evaluation should be built in to new developments so that the cost-benefits of different models can be more accurately assessed.

B.   What can I do?

6.33 People receiving support and unpaid carers should ask themselves:
- Are there robust integrated arrangements in place across health and social care teams?
- Do commissioners have arrangements in place to make everything work in a joined up way?
- Am I happy where I live and with the quality of support I get?
- Who is responsible for co-ordinating my support?
- Can I get involved in the planning process?

6.34 Commissioners should:
- Identify the needs of people with complex needs well in advance in order to plan better (i.e. proactive commissioning).
- Pool resources, both financially and in terms of staffing.

6.35 Part 9 of the SSWBA 2014 provides Welsh Ministers with powers to require partnership arrangements between local authorities and local health boards for the purposes of the discharge of their functions.

6.36 The Partnership Arrangements (Wales) Regulations 2015 includes specific requirements for "partnership bodies for each of the partnership arrangements to establish and maintain pooled funds".

6.37 Providers of support or accommodation should:
- Develop staff development programmes to deliver proficiencies and skills in PBS.
- Engage with framework arrangements in partnership with other providers and commissioners.
- Ensure that systems are in place to support person-centred approaches.

C.   What is being done?

6.38   There are variations on the Closer to Home approach across Wales that operate on a regional basis and are at different stages of development. However, an evaluation of the Western Bay Closer to Home project has been carried out by Abertawe Bro Morgannwg University Health Board and the project continues.

D.   Where can I get more information?

6.39   Good Practice Guidance: Integrated Commissioning of Services for People with Learning Disabilities https://www.wlga.wales/commissioning-guidance-for-people-with-learning-disabilities

6.40   Good Practice Guidance for Regional Partnership Boards on the Integrated Commissioning of Services for Families, Children and Young People with Complex Needs – Toolkit. September 2018 https://www.wlga.wales/guidance-for-regional-partnership-boards-integrated-commissioning-of-services-for-families-children-and-young-people-with-complex-needs.

Question 11: How do you know you are improving well-being?

Answer: By measuring outcomes.

6.41 Measuring outcomes is the only way to know that people with a learning disability and their families are living good lives in the community and achieving positive outcomes. However, this is a complex area and a number of initiatives have been developed to respond to this need.

6.42 The development of the National Outcomes Framework was a requirement of Part 2 Section 8 of the Social Services and Well-being (Wales) Act 2014. The framework describes well-being outcomes for citizens and builds further on the national well-being outcomes described in the well-being statement by setting out the 52 national outcome indicators under eight aspects of well-being relating to all areas of a person's life. These are defined as:

1. Securing rights and entitlements.
2. Physical and mental health and emotional well-being.
3. Protection from abuse and neglect.
4. Education, training and recreation.
5. Domestic, family and personal relationships.
6. Contribution made to society.
7. Social and economic well-being.
8. Suitability of living accommodation.

6.43 The NCB will work with the Welsh Government Improving Lives Programme and Social Care Wales to develop more detailed guidance on the development of an approach to measuring outcomes in relation to accommodation and support.

6.44 There is reference to well-being outcomes in the Good Practice Guidance: Integrated Commissioning of Services for People with Learning Disabilities and Integrated Commissioning of Services for Families, Children and Young People with Complex Needs although it is recognised that further work is required.

6.45 The Supporting People Programme for housing related support has been using an outcomes framework for many years and is worth referring to when developing local outcomes measurement systems.

A. What can I do?

6.46 People receiving support and unpaid carers should ask themselves:

- How do I know if the outcomes I have identified have been met?
- What methods are being used to measure my outcomes?

6.47 Commissioners should:

- Develop outcomes measurements that are compliant with national guidance.

6.48 Providers of support or accommodation should:

- Work closely with people, unpaid carers and commissioners to develop and implement outcome measurements based on national guidance.

B. What is being done?

6.49 Local Authorities across Wales are making inroads into implementing Part 2 s.8 of the SSWBA 2014. Local authorities are continuing to develop their approaches to the framework and further work is necessary for full implementation.

6.50 In 2014 5 pilot areas were identified to test out the recording and reporting against personal outcomes. The pilot informed guidance on recording personal outcomes issued by the Welsh Government in 2016. https://socialcare.wales/cms_assets/hub-downloads/Recording_Measurement_of_Personal_Outcomes.pdf

C. Where can I get more information?

- Part 2 Section 8 SSWBA 2014National Outcomes Framework http://gov.wales/docs/dhss/publications/171219frameworken.pdf
- Measuring national well-being: A report on the national outcomes framework for people who need care and support, and carers who need support, 2016–7 https://gov.wales/docs/dhss/publications/171219frameworken.pdf
- Recording Measurement of Personal Outcomes Part 3 Personal Outcome Guidance: (Issued under the National Assessment and Eligibility Tool) https://socialcare.wales/cms_assets/hub-downloads/Recording_Measurement_of_Personal_Outcomes.pdf

Question 12: Question: How can you maintain sustainable and cost-effective services for supporting a good life?

Answer: Ensure that there is a consistent and robust methodology for costing accommodation and support for people with a learning disability.

6.51 The social care sector has experienced severe financial difficulties in recent years. Whilst we must be realistic about the capacity of the public finances to fund services, we also have to recognise the risks of ignoring these challenges and how they may impact upon the capacity of providers to provide the quality of services we all expect.

6.52 The most significant barrier to achieving our aspirations for the development of support for living services concerns financial resources. It would therefore be helpful to understand the costs of support for living services across Wales together with the contributions of the various funding streams.

6.53 There are a number of routes to fund a person's support package. These are explored in Appendix 6 Potential funding options to support someone in their accommodation on page 80.

A. What is good practice?

6.54 The greatest cost to providers involves the workforce. It is not the purpose of this document to specify the workforce requirements to deliver effective support for living services. However, the quality of the service for people, often with intensive needs, depends on the quality of the staff. This is about being able to recruit, retain and develop a skilled workforce both in terms of frontline staff and managers. In addition, if staff are to feel valued, steps need to be taken to applying the real living wage as soon as possible.

6.55 The Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) states under regulation 14 'Suitability of the Service' that the service provider must not provide care and support for someone unless they have determined that the service is suitable to meet the person's care and support needs, and personal outcomes. Clearly, the provider must satisfy themselves that they have the appropriate workforce in place to provide a safe and effective service, both now and in the future.

6.56 A few basic principles must be recognised:

- Commissioners should understand the costs of service provision and have a rationale to explain their approach to fee setting. A fee setting system would enable commissioners to price a contract on a rational basis, reflecting both what they can afford and various value-generating considerations (such as fair and attractive wages). They could then award contracts on the basis of quality of service and track record, rather than being heavily influenced by the Most Economically Advantageous Tender (MEAT) criterion.

- Fees need to be adequate to enable providers to meet the specification set by the commissioner together with regulatory (e.g. RISCA) and other legal requirements (e.g. minimum wage). Service specifications, for example, will usually contain expectations and/or requirements concerning the management of the service and the supervision of staff. The costs therefore should recognise the requirement for differentials in pay between managers and staff to facilitate the recruitment and development of good managers.

- Providers should have a rationale to explain their approach to fee setting. They should be open and transparent about all their direct and non-direct costs including surpluses, reserves and profit margins.

- Fee setting must take account of legitimate current and future costs faced by providers as well as the factors that affect those costs. They must also consider the potential for improved performance and more cost-effective ways of working.

6.57 Commissioners and providers may wish to follow the example of care homes for older people where there is agreement to develop a toolkit to agree the cost of residential and nursing care for older people in Wales. See Welsh Government's 'Let's agree to agree' - A toolkit for commissioners and providers to agree the cost of residential and nursing care for older people in Wales 2018. The same approach could be adopted in relation to support for living services. Other models could be used to inform the development of such a toolkit, for example the Commissioning Care Assurance Performance System run by the National Collaborative Commissioning Project for Residential Care http://www.wales.nhs.uk/nwis/page/86372

6.58 The value of such a toolkit is that it would provide evidence of costs alongside any tendering arrangements. Tenders perceived to be unrealistic on costs could be scrutinised and consequently ruled out.

6.59 The SSWBA 2014 requires local authorities to publish a market stability plan although this has yet to be enacted. No guidance has been published but it would not be unreasonable to assume that local authorities will need to identify both the risks to market stability (the stability of the service provision) and what actions have been planned and taken to mitigate them.

6.60 The implementation of a toolkit may both inform the market stability report and demonstrate the intention of the local authority to mitigate any risks as far as is possible. It is possible that a provider is working with an operational deficit and draws heavily upon reserves that count against any test of financial viability in any future retendering arrangements. The evidence would also inform future budget setting processes at local, regional and national levels.

6.61 There is also a requirement to introduce a market oversight regime led by Care Inspectorate Wales. This has yet to be enacted but evidence from the implementation of any toolkit may also inform these developments.

6.62 Effective working relationships are built on confidence and trust, and this applies equally to relationships between commissioners and providers. Effective reporting of the evidence can help to build that confidence and trust. Fee setting arrangements based upon evidence, rather than what may be perceived by providers as arbitrary decisions purely serving the interests of one side, should help to improve and maintain effective working relationships.

B. What can I do?

6.63 People receiving support and unpaid carers should ask themselves:
- What is my financial contribution, if any, to the delivery of my service?
- Can I find out who is funding my package?
- Are there opportunities to manage the finances myself e.g. through a direct payment? If so, what is the direct payment rate in my area?

6.64 Commissioners should:
- Develop a toolkit with partners that provides a breakdown of average costs to deliver support for living services.
- Develop strong relationships with providers in order to understand the cost implications of service specifications and contract negotiation.
- Have a rationale to explain their negotiating position.

6.65 Providers of support or accommodation should:
- Have a rationale to explain their approach to fee setting.
- Be open and transparent in terms of their costs and share detailed information on their organisational structures and resources with the commissioners.
- Establish if the commissioners have a market stability plan that will inform their business planning.
- Ensure that they have a robust medium to long term business plan to inform financial resourcing into the future.

C. What is being done?

6.66 There are many approaches to understanding the costs of a service and commissioners would benefit from working closely with their financial colleagues and contract teams. The Western Bay region has a specialist contracts officer who uses costing matrices to break the fees into specific cost lines. This is used to negotiate and agree reasonable rates. Whilst this can be a transactional process, the principle of using a cost matrix is helpful to develop positive relationships between commissioners and providers and to learn about cost implications for providers.

D. Where can I get more information?

- Commissioning Care Assurance Performance System run by the National Collaborative Commissioning Project for residential care
  http://www.wales.nhs.uk/nwis/page/86372
- Welsh Government 'Let's agree to agree' - A toolkit for commissioners and providers to agree the cost of residential and nursing care for older people in Wales 2018
  https://www.wlga.wales/SharedFiles/Download.aspx?pageid=62&mid=665&fileid=1806
- A guide to registering under the Regulation and Inspection of Social Care (Wales) Act 2016
  https://careinspectorate.wales/sites/default/files/2018-06/180606-risca-guide-en.pdf

Part 7:   Conclusion and next steps

7.1   In order to realise and take the principles and recommendations of this guidance further so that it does not become a redundant document, it is important to identify what happens next. On this basis the following actions are required:

   a. The guidance will be officially launched on the 5 March 2019.
   b. The NCB would like to take the views of the Learning Disability Ministerial Advisory Group (LDMAG) and prioritise this guidance through their work programme.
   c. The NCB will work with the Welsh Government's Learning Disability Improving Lives Programme and implementation team to take this work forward and ensure that it is a priority.
   d. Develop a communication and engagement plan through Welsh Government, NCB and all stakeholders to cascade the guidance.
   e. Identify a 12 month follow up implementation support programme to Regional Partnership Boards and all relevant stakeholders to measure effectiveness of the guidance. This will involve the NCB and appropriate Welsh Government officials.
   f. As part of the monitoring programme, a toolkit will be developed that identifies all the key recommendations in the guidance to provide direction to the regions and a bench mark for progress of developments.
   g. In order to measure effectiveness, a follow up event is recommended in March 2020 of all stakeholders across Wales.

7.2   Areas of further work highlighted in the document include:

   a) Develop a greater understanding of the differences and benefits of different models of support.
   b) Improving Lives Programme to consider working with stakeholders to update and tighten definitions for national statistics in relation to support for living services.
   c) Explore potential contribution of Shared Lives.
   d) Development of protocol for out-of-county placements.
   e) National approach to taking forward a market analysis together with the development of market position statements and a consistent reporting framework designed to provide regular information as a matter of routine to Regional Partnership Boards and their partners including providers.

f) Hold externally facilitated workshop with commissioners and providers to:

- Explore procurement options including their advantages and disadvantages.
- Measure procurement options against improving outcomes for people with a learning disability and their families as well as the effective use of resources.

g) Develop methods for measuring outcomes as they relate to support for living services.

h) Development of toolkit to facilitate a rational approach to fee setting.

i) Develop a greater understanding of the benefits of assistive technology.

Appendix 1   Social Services and Well-being (Wales) 2014

The Social Services and Well-being (Wales) Act 2014 came into force in 2016. It imposes duties on local authorities, health boards and Welsh Ministers that require them to work to promote the well-being of those who need care and support, and unpaid carers who need support.

This guidance reflects the principles of SSWBA 2014.

The Act changes the social services sector in Wales:

- People have control over what support they need, making decisions about their care and support as an equal partner.
- New proportionate assessment focuses on the person.
- Carers have an equal right to assessment for support as those who they care for.
- Easy access to information and advice is available to all.
- Powers to safeguard people are stronger.
- A preventative approach to meeting care and support needs is practised.
- Local authorities and health boards come together in new statutory partnerships to drive integration, innovation and service change.

The principles of the Act are:

- Voice and control – putting the person and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being.
- Prevention and early intervention – increasing preventative services within the community to minimise the escalation of critical need.
- Well-being – supporting people to achieve their own well-being and measuring the success of care and support.
- Co-production – encouraging people to become more involved in the design and delivery of services.

Parts 3 and 4 of the Social Services and Well-being (Wales) Act are about assessing and meeting the needs of people. Each has a Code of Practice providing guidance, backed by law, to help people and organisations work within the new framework created by the Act.

The purpose of an assessment is to work with a person, carer and family to understand:

- their capacity and resources
- the personal outcomes they want to achieve
- the barriers preventing them achieving their outcomes
- the contribution the person and their family or the wider community can make to achieve those outcomes.

Assessments must therefore use an analysis structured around the five elements of assessment that require an assessor to:

- Assess and have regard to the person's circumstances.
- Have regard to their personal outcomes.
- Assess and have regard to any barriers to achieving those outcomes.
- Assess and have regard to any risks to the person if the outcomes are not achieved.
- Assess and have regard to the person's strengths and capabilities.

The process of assessment requires that practitioners have discussions with people to identify 'what matters to them' and the personal outcomes they wish to achieve. In the case of children, they must also identify the outcomes that anyone with parental responsibility wishes to achieve for the child.

Part 4 Code of Practice (Meeting Needs) sets out the following guidance:

- Determining eligibility is not about giving a right to any one service. It is about guaranteeing access to care and support in cases where without it the person is unlikely to achieve their personal outcomes.
- Fundamental to this determination is an understanding of what actions the person can contribute to achieving their outcomes, with the support of their carers, family and community where this is available.

It is important that social care and health standardised documentation templates encourage a person-centred approach. However, it is the way that communication and planning are facilitated that is key to the shift to becoming a person-centred service.

Appendix 2   Consideration of Mental Capacity

Consideration of Mental Capacity

There is a legal presumption that every adult (person aged 18 or over) has capacity and therefore the right to take their own decisions. The Mental Capacity Act (MCA) 2005 sets out the principles that apply to whether or not a person has capacity to understand what they are doing. With regards to entering into or terminating a tenancy, the MCA governs any decisions about whether the person understands that this is a legal agreement, whether they want to enter into or terminate this agreement and the implications if the proposed tenant does not have capacity.

Whether someone has capacity is an objective test. A person must not to be treated as unable to make a decision unless all practicable steps have been taken to enable them to do so; an unwise decision does not mean a person does not have capacity. The MCA provides a framework to establish if a person has the ability to make decisions about their life and begins with the premise that the person has capacity.

In the event that there is some doubt about the person's capacity to make an informed choice, there is a legal framework that can support the person to develop outcomes and identify appropriate support services. The four principles to consider when establishing if a person has capacity to make an informed decision are whether or not the person can:

- understand information given to them
- retain that information long enough to be able to make the decision
- weigh up the information available to make the decision
- communicate their decision. This could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand.

The case manager is usually in the best position to facilitate this process.

If lack of capacity is established on a single-issue basis following the mental capacity process then a best interests assessment should follow. In the example where accommodation and support are key outcomes, the case manager would facilitate and co-ordinate a best interests assessment. This should involve all key people who know the person well and have a good understanding of their needs. It should also include an Independent Mental Capacity Advocate (IMCA).

A best interests meeting should be arranged to discuss and agree what is in the best interests of the person who lacks capacity**.** The outcome will form part of the care and support plan and help to determine what the options are for the person who lacks capacity. Any decision taken on behalf of a person without capacity must be made in their best interests.

Creative methods of working with people who may or may not have capacity to communicate their outcomes should be part of the good practice approaches available to case managers, particularly in light of the resource and capacity restrictions in the current climate.

Deprivation of liberty

The Mental Capacity Act (as amended) sets out safeguards to protect a person who does not have the capacity to consent to care and/or treatment in a hospital or care setting if such treatment deprives the person of their liberty. The Supreme Court defined deprivation of liberty as *"continuous supervision and control, and that the person is not free to leave"*.

As part of the planning process for the identification of appropriate accommodation with care and support packages, it is critical to consider the Deprivation of Liberty framework in the event that the person may have mental capacity issues.

The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) provide protection for vulnerable people who are accommodated in hospitals or care homes in circumstances that amount to a deprivation of their liberty and who lack the capacity to consent to the care or treatment they need.

There are different processes that apply to different settings. If the person is living or going to live in a residential environment, the local authority will have responsibility to manage the process. If the person is living or moving to a tenancy based or owner occupier arrangement with significant levels of support, the Court of Protection route needs to be followed, with the local authority leading the process. In any event, the provider has a legal responsibility to initiate the process.

The Law Commission has carried out a review of the current Deprivation of Liberty legislation alongside the Mental Capacity Act. The key recommendations have been accepted in principle but the UK Government is looking to amend the legislation. The impact of these changes are still being assessed and further information can be found in the Law Commission's report https://s3-eu-west-2.amazonaws.com/lawcom-prod-storage-11jsxou24uy7q/uploads/2017/03/lc372_mental_capacity.pdf

Appendix 3   Typologies of models of accommodation

Type	Sub-type examples
1. **Individual placement.** Person lives with individual carer or family who provide accommodation and support in ordinary housing.	a. Living with family/friends b. Shared Lives-Living with carers who are employed to support the person in their home. Other people who require support may share accommodation c. Supported lodging d. Home share
2. **Self-contained independent housing.** Self-contained accommodation usually unregistered, various forms of care and support are possible including management within a mixed locality service.	a. Rented from local authority, registered social landlord, private landlord. b. Rented from parents. c. Sub-letting lodgers. d. Outright ownership. e. Shared ownership. f. Trust ownership.
3. **Locally Based 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	a. Core and cluster. b. Community support network. c. Mixed shared and self-contained d. 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.	a. Sheltered housing. b. Clustered flats or bedsits. c. Mixed shared and self-contained.
5. **Small shared housing.** Less 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.	a. Small registered care home. b. Group home – unregistered but Domiciliary care provided which is registered at a separate office

6. Large shared housing. More than four people live together. Little or no private facilities tend to be provided. Usually registered and therefore characterised by on-site, paid staff with someone "on duty" 24 hours a day.	a. Large registered care home.
Many of these individual types can be managed through a network or locality service using a mix of building or tenure / ownership types within a single support service.	

Appendix 4   The real tenancy test

The Real Tenancy Test[1] is designed to get a quick understanding of whether a tenancy in supported living gives real tenancy rights. It should not be used for tenancies in a temporary supported housing service. The Real Tenancy Test requires that for a tenancy to be genuine, it should meet 5 key standards.

1. A tenancy agreement is in place
2. A tenancy has control over where they live
3. The tenant has control over who they live with
4. The tenant has control over who supports them and how they are supported
5. The tenant has control over what happens in their home.

The Real Tenancy Test asks 11 questions to determine whether the tenancy is genuine and gives guidance to ensure that the tenant has real tenancy rights.

1. Has a tenant been moved from their home because of a decision by the support provider or commissioner?
2. Has anyone been placed in the home without consultation with existing tenants because the support provider or commissioner needs to fill the vacancy?
3. Did the tenant have no other choices when moving into their home?
4. Is there a tenant who wants to move on but is not getting the support to do so?
5. Has a tenant moved into the house without consultation with other tenants?
6. Is there a tenant that is clearly unhappy living with another tenant?
7. Is a tenant expected to move if their support needs change?
8. Is support provided at times prescribed by the support provider rather than the tenant?
9. Are tenants having a restricted access to any part of their home other than co-tenants private space?
10. Is there equipment such as a telephone line, office equipment and files owned by the housing or support provider in the tenant's home?
11. Do the landlord or support provider staff have free access and hold keys to the tenant's home?

---

[1] National Development Team for Inclusion – The Real Tenancy Test – tenancy rights in supported living 2015

The Real Tenancy Test offers a simple and clear way, regardless of the type of housing and support provided, for people involved in commissioning, providing or receiving housing and support to take a broad overview on whether people's housing rights are being properly respected or whether the arrangements are really a sham tenancy and might be open to challenge.

Appendix 5   Strategic commissioning

Analyse

- Legislation evidence and guidance
- Population needs assessment
- Review service provision
- Resource analysis

Assess individual needs
Identify intended outcomes
Analyse providers

Plan

- Gap analysis
- Commissioning strategy
- Service design

Develop specifications and contracts / SLAs
Purchasing plan

Review

- Review strategic outcomes
- Review strategy and market performance

Contract management
Review individual outcomes

Deliver

- Market/provider development
- Capacity building
- Manage provider relationships

Arrange services and support
Contract management

The need to develop more effective information to inform commissioning has been recognised for some time.

Health Inspectorate Wales and Care and Social Services Inspectorate Wales 2016: *"only a minority, however, had successfully moved beyond individual planning to construct comprehensive and comprehensible assessments of the current and future care and support needs for people with learning disabilities in the local area".*

Strategic Commissioning of Accommodation services for adults with learning disabilities (Auditor General for Wales): *"Local authorities need better quality financial and population data to ensure that they make the most informed decisions."*

In order to develop an accurate market position statement (MPS), regional partnership boards can undertake a market analysis of current services and future demand. We are not working on a 'Green Field Site'; services are in place and underpinned by a considerable financial investment. A good place to start is to understand what services are in place; how they reflect the values of the Regional Partnership Board and Welsh Government; and how much they cost. This then provides a step towards informing future commissioning decisions.

It would make sense to develop a national approach to determining the information to be collected for a market analysis of accommodation and support services for people with a learning disability. It would allow commissioners to bench mark services. This information is available for residential services through the Commissioning Care Assurance Performance System (CCAPS), designed for use by NHS and local authority commissioner. CCAPS helps commissioners identify the best residential care, taking into account the cost per night, quality of care rating and distance from the preferred location and number of beds available.

However there is no current system of information gathering for non-residential options of accommodation and support. The regional partnerships boards may therefore wish to undertake a market analysis via the NCB together with the Welsh Data Unit, providers and other stakeholders to establish a formal project with consistent measures to allow benchmarking across Wales. If such a project is desired it will be important not only to develop an appropriate framework for capturing the information on existing people but also to develop appropriate systems to keep the information up to date. Such a system would capture information on new people entering the service together with a means of recording any changes of circumstances.

The advantage of this approach is that in addition to informing a MPS it would also provide Regional Partnership Boards and other stakeholders with regular reports on performance and inform decision making about future commissioning intentions. The information will also inform the investment decisions of providers.

This analysis should encompass people living in a whole range of settings with a variety of needs. The information may need to be collected separately for hospitals, nursing homes and residential care homes. The analysis may identify opportunities to consider appropriate transfers of resources between settings.

An illustration of the information required for the market analysis is provided below. It requires further consultation and refinement and at this stage is only designed to stimulate discussion.

It will be collected via a framework designed to facilitate the aggregation of information together with its analysis to inform decision making. The Data Unit will use its expertise to design the tools for data capture and will aggregate the information. The NCB will work with the Regional Partnership Boards to provide analysis of the data.

The information will be collected in relation to each person receiving care and support. If this seems daunting, a market analysis of care homes for older people has already been undertaken involving nearly 20,000 residents. For people aged 16-64 we are talking about fewer than 5,000 people.

The information to be collected from local authority and health board partners may include:

- Name of local authority/health board providing the information.
- Individual identifier (name or code number).
- Date of birth.
- Name and address of home.
- Location of home (local authority where home is located).
- Name of care and support provider.
- Sector of care and support provider (local authority, private, third sector/social enterprise etc.)
- Use of direct payments for care and support.
- Name of accommodation provider.
- Sector of accommodation provider (private landlord, social landlord, local authority, owns own home).
- Date person moved into supported living accommodation. This helps to determine length of placement.
- Age upon take up of supported living service. This will in time identify peak ages for take up of services. It can be used in conjunction with information on people known to services living with parents to estimate future demand.

- Previous placements in supported living or residential care:
  - placement (provider of care and support)
  - accommodation provider
  - date service commenced
  - date service ended
  - reason for change of service (e.g. change of needs, unhappiness of person, incompatible requirements of other tenants, change of service provider through retendering).
- Funding of services – weekly fees:
  - social services
  - NHS Continuing Healthcare (CHC)
  - housing benefit
  - registered social landlord service charge
  - Supporting People
- ILF or its replacement.

Information to be provided by care and support providers:

- Number of vacancies to be supplied in real time.
- People whose care and support is funded by local authorities / health bodies outside Wales.
- Self-funders.
- Funded by Continuing Healthcare.
- Numbers on waiting list. Providers should help local authorities to maintain an accurate waiting list; people may be on waiting lists for more than one provider.

The information will provide a baseline on what accommodation and care and support options are currently being used together with their cost. As stated above it will require more careful definition and refinement.

The analysis will help people to develop a good understanding of the level and type of accommodation of housing options and services provided locally.

The analysis will provide information in relation to the number of people living in the following accommodation arrangements:

- supporting living or shared housing with accommodation and support provided by different providers
- supported living or shared housing where accommodation and care and support are provided by the same provider
- Shared Lives placements
- residential care.

For each of these arrangements, the analysis will also provide information on the following:

- How many people are placed out-of-county and why (e.g. choice of person, no services available within county, other).
- Costs of each placement and costs to each party or partner.
- Provision of care and support by sector (current national statistics cannot distinguish between private and third sector/social enterprises).
- Provision of accommodation by sector together with home ownership.
- Age upon admission to supported living service (this will help to identify peaks on take up of service and may help estimate future demand).

It would be helpful to the market analysis in terms of assessing future demand to have data on the number of people with a learning disability who are living at home with family carers, their ages and the ages of their family carers. It would also be helpful to examine the intentions of families in terms of exploring supported living options to help estimate demand to plan with housing colleagues and providers. This could be achieved in part through the care management process or through the use of engagement exercises.

It is important to understand the needs of young people who are supported by children's services and moving into adult services therefore it is critical to have robust information and communication systems in place between education, health, children and adult services which captures accommodation and support needs. This should be gathered as early as possible.

No system for estimating demand is perfect but we can gather as much information as is practicable to model demand and expenditure to help us plan for the future.

The completion of the market analysis will provide accurate information to inform the development of a market position statement. However, it has limitations if based solely on a census-based study at single point in time. We need information on trends to track changes in demand, costs, service provision etc. We therefore need to keep the market analysis up to date. In order to achieve this we start with the intention of keeping the analysis up to date by maintaining the database and capturing information as new people take up services together with recording any changes in circumstances of people already on the system, e.g. changes of accommodation, changes to funding etc.
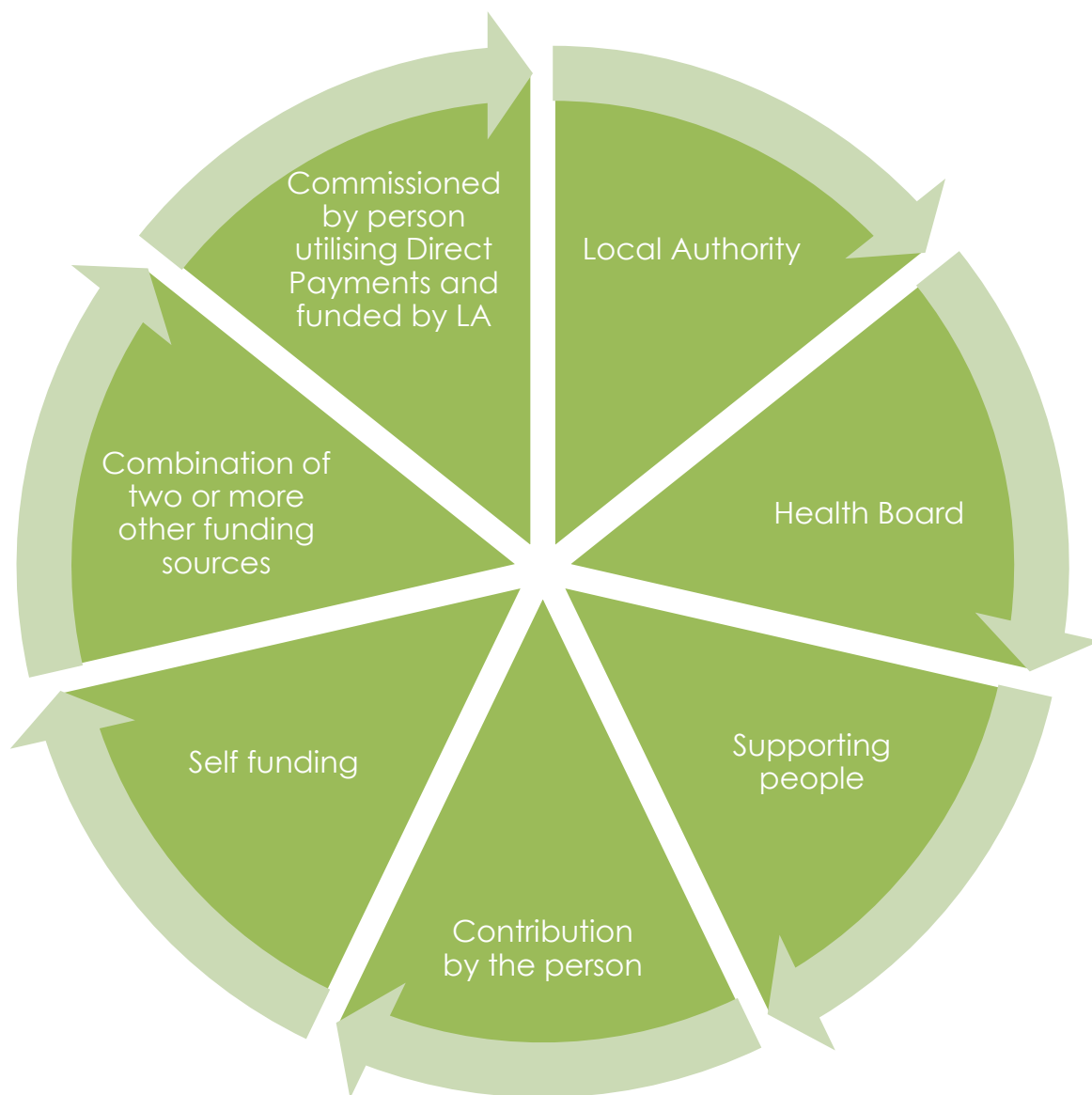
We can use information from the census together with ongoing management information reports in combination with population projections to help us estimate future demand for services. We may wish to change these scenarios by making different investment decisions. Commissioners may wish to develop services targeted to reduce demand for residential care services.

This data provides information to improve our understanding of the strengths and weaknesses of the current range of housing and support potions. Our understanding would be considerably enhanced if we are able to measure outcomes.

Market position statements (MPS) are drafted by commissioners for existing and potential providers of services. The aim is to provide information on supply and demand for services within an area together with what the commissioners' plans are. This information will be used by providers to develop their business plans and inform their investment decisions involving possibly both capital and personnel. These decisions may involve borrowing. It is therefore very important to make the MPS as accurate as possible and this accuracy will be improved with a detailed market analysis.

Appendix 6 Potential funding options to support someone in their accommodation

In relation to funding options for an individual in Wales who requires care and support in their accommodation, there are a number of sources and mechanisms that can support a good life. The diagram below describes the key organisations and methods by which this occurs.

Commissioned by person utilising Direct Payments and funded by LA

Local Authority

Combination of two or more other funding sources

Health Board

Self funding

Supporting people

Contribution by the person

These can be summarised as follows:

- Local authority social services departments focus on social care outcomes
- Health boards focus on health outcomes
- Supporting People funding focuses on tenancy related support
- Contributions from people themselves based on an income assessment
- Self-funding where the person funds the entire package unless it relates to health needs
- Direct payments - the main mechanism for the person to purchase their own support either through a personal assistant who they employ directly or through an agency that can be commissioned by the person. Funding is provided by the local authority as it is not possible to use health funding in Wales but there are mechanisms for achieving this.

Where there is a combination of needs and outcomes, support packages can be funded by a combination of the above. For example someone may have social care needs, health needs, tenant related support needs and they may contribute financially to the social care needs. There can be a complexity of financial contributions to the support package that is difficult to understand for the person and the families. The following diagram with the matrix provided in the diagram above may therefore help.

Systems are in place to determine social care and health needs and the needs assessed, care and support plans developed and relevant service and resource responses identified followed by decision making processes that determine the resource allocation and financial contribution.

Supporting People resources are allocated based on the care plan identified and proportionate financial contribution identified.

The person's contribution to the social care support package is determined by an assessment of their personal income and a contribution determined according to formulae identified by Welsh Government through local arrangements in the local authority.

In the event that the person has a significant level of income and assets, the outcome may be that the person should fund the entire social care package.

Health funding is free and the person should contribute to their health needs unless they have private insurance or they choose private health care.

In some circumstance where direct payments are identified as the most appropriate method of commissioning services, the needs will be assessed by the local authority and appropriate resources allocated. Flexible methods of commissioning through direct payments should be promoted.

Appendix 7   List of contributors

This guidance has been co-produced by an editorial board consisting of the following people (in alphabetical order) who represent a wide range of key organisations:

- Maria Bell, Programme Manager, North Wales Social Care and Well-being Services Improvement Collaborative
- Adrian Burke, Chief Executive, First Choice Housing Association
- Mark Cooper, Direct Payments Coordinator, Flintshire County Council
- Richard Dooner, Programme Manager, Welsh Local Government Association
- Steve Garland, Independent Consultant, Garland Independent Social Care Advice commissioned by the National Commissioning Board
- Claire Hough, Programme Manager, Learning Disability Improving Lives Programme, Welsh Government
- Dr Edwin Jones, Service Improvement and Research Lead, Learning Disability and Mental Health Service Delivery Unit, Abertawe Bro Morgannwg University Health Board
- Martyn Jones, CEO, Learning Disability Wales
- Ramona Murray, Service Manager Adult Services, Conwy County Council
- Joe Powell, Executive Director, All Wales People First
- Adrian Roper, Chief Executive, Cartrefi Cymru
- Simon Rose, Training and Events Manager, Learning Disability Wales
- Tim Southern, Chief Executive, Ategi
- Dave Street, Chair, National commissioning Board and Director of Social Services and Housing, Caerphilly County Borough Council
- Oliver Townsend, External Policy Manager, Cymorth Cymru
- Steve Vaughan, Programme Manager, National Commissioning Board (now retired)
- Paul Webb, Supporting People Housing Lead, Welsh Government
- Samantha Williams, Policy and Network Coordinator, Learning Disability Wales
- Rick Wilson, Chief Executive, Community Lives Consortium
- Kate Young, Director, All Wales Forum of Parents and Carers of people with learning disabilities
- Pauline Young, Trustee, All Wales Forum of Parents and Carers of people with learning disabilities

National Commissioning Board

March 2019