

East Midlands Improvement and Efficiency Partnership



Leicester City Council: taking positive steps to improve housing options for people with mental ill health and learning disabilities ▼



Finding happiness at home.

Working towards independence in the community ▼

A joint project between Leicester City Council and the Department of Health/NHS East Midlands, funded through the East Midlands Improvement and Efficiency Partnership (EM IEP), has made positive steps towards helping people with mental ill health and learning disabilities live more independently within the community.

The project looked to create a cohesive approach to housing across the various agencies that

need to be involved, with the aim being that people with mental health and learning disabilities would have a better quality of life. A secondary ambition was to generate cost efficiencies and savings. This has already proven successful with Orchard House, a step-down facility from residential care, generating an annual saving of £84,000.

Leicester City Council is embarking on a re-design of its Adult Social Care strategy and, due to the

success of this project, Supported Living now forms one of the seven workstreams under this ‘umbrella’. This should help other people within the City and County by providing more options about where and how they live, for a more independent future.

“This project has made significant contributions to Leicester City

Council’s Supported Living strategy for Mental Health 2009-13, which will reduce spend on residential care in the area. It also meets some of the key criteria of the One Leicester strategy of which we are fully supportive.”

Kim Curry
Strategic Director
Adults and Communities
Leicester City Council

Why address Supported Living? ▾

Historically, the approach to living options for people with mental ill health and learning disabilities has been fragmented. This could be due, in part, to the number of people involved in the process, including housing teams, social workers and care and health providers, all of whom respond to differing individual needs.

In 2009, the councils (Leicestershire, Leicester City and Rutland) along with partners in the NHS introduced a four year Supported Living Strategy for mental health (2009-13) that sets out a strategic approach for community living across the region for adults experiencing mental health issues.

Leicester City Council, along with partners in local NHS organisations, identified that further work was needed to develop improved processes which would lead to better

care and greater Supported Living options for people with mental ill health. This formed part of the Adult Social Care (ASC) Transformation and Efficiency programme.

The Supported Living project was set up in July 2010 to create a simple, more joined-up approach, which would ultimately increase the housing options available to vulnerable people within Leicestershire, Leicester City and Rutland who had access to personalised services and individual budgets. It has further contributed to the Joint Commissioning Strategies (mental health and learning disabilities 2010) and will also contribute to ‘One Leicester’ – Leicester City Council’s ambitious strategy that forms the foundation for the changes the council and its partners want to see in Leicester over the next 25 years.

Project Objectives ▾

There were three main objectives to the project:

1. Embed housing expertise into care services for people with mental ill health and to improve on the current accommodation options available to them.
2. Support people with mental health needs into independence, which can help their recovery.
3. Deliver a range of housing solutions that could be provided within a community setting,

and which could be less costly, therefore generating cash savings.

A process was devised to help deliver against these goals including among others, collecting and analysing data of service users, exploring the potential housing options available to these services users and looking at the potential savings that could be gained by accessing different types of accommodation and community based support.

Project Activity ▾

Although this project is still in its infancy, some significant processes and procedures have already been put into place:

1. Creating a strong management team: To begin such an ambitious and far-reaching project, a strong management team needed to be put in place. A Project Board was set up in July 2010 with key stakeholders from housing, ASC and the Primary Care Trust (PCT), who all sit within commissioning functions and together would find ways to increase housing options. This board was tasked with contributing to the Joint Commissioning Strategies for mental health and learning disability as one of the shared priorities within

both strategies is to make greater use of Supported Living.

2. Undertaking an Opportunity Assessment: The Care Services Efficiency Delivery (CSED) programme carried out an Opportunity Assessment on learning disability services, which is an analysis of the current position regarding routes into residential care. This made a number of recommendations, and as a direct result, Leicester City Council, along with PCT colleagues, carried out an Opportunity Assessment on mental health. Many of the findings were very similar, such as demonstrating evidence of over-provision in support packages, risk

averse practices, lack of awareness of alternatives to sustain people at home and the importance of annual reviews as an opportunity to re-assess and consider alternative settings. Consequently, these findings helped to inform the work of this project.

As a result of the Board's commitment to this project, different models are being created and work on these continues. The Board continues to meet every 4-6 weeks.

3. Creation of a new living model:

Set up in 2008, Orchard House is an exemplar of how the move to independent living can be staggered, in order to allow residents to take small steps on the road to living in the community. It is a 'step down' facility in Leicester, which includes 13 self-contained flats and a communal lounge, kitchen and shared garden for residents.

Orchard House has enabled people with mental health needs to receive an individualised service based on a flexible approach to their specific issues, enabling them to develop and enhance their skills, confidence and self esteem through effective support planning. Staff are trained to recognise the need to promote service user independence through empowerment and choice.

How Orchard House helps

JC has a long history of mental illness which requires ongoing support and monitoring to maintain stability and wellbeing. He used to live in 24 hour residential care that allowed him to practice his independent living skills by providing a level of supervision and support that was not too intrusive. JC always feared that he would never be able to move on from residential care but had always dreamed of living in an independent flat with support.

In November 2008, JC moved to Orchard House where support providers worked closely with him to maintain and develop his skills, enabling him to remain safely in his own home. He progressed well and two years later he moved to an independent flat where he receives floating support. This encourages him to make choices; giving him greater independence whilst living in the community and taking more control over his life. He likes his accommodation and has quickly settled into his new environment.

4. Establishing a Quality

Assurance Panel: A Quality Assurance Panel was created in September 2010 and meets every two weeks, its three main aims are to:

- Ensure that the Fair Access to Care Services (FACS) guidance eligibility criteria and National Framework for Continuing Care and free Nursing Care are being applied appropriately when requesting the allocation of resources to meet the assessed health and social care needs of people.
- Ensure consistency in standards and best practice.
- Provide support and guidance on complex cases.

The panel includes Team Managers from Localities, Contact and Prevention, Learning Disability and Adult Mental Health and is chaired by an Interim Improvement Manager from Leicester City Council. The panel procedures will be reviewed over the next month and arrangements have been put in place to monitor and analyse spend, themes and trends. These will be used to feed into service and practice improvements.

5. Hosting a Communication

Event: A communication event was held in November 2010, attended by 30 residential care home providers and supported living providers. Co-ordinated and chaired by commissioning colleagues from across Leicester City Council, the

purpose of this event was to discuss the Joint Commissioning Strategy, ASC vision for transformation and to encourage providers to develop Supported Living and to consider their role in the future redesign of residential care.

The attendees completed a SWOT (strengths, weaknesses, opportunities and threats) exercise, which demonstrated a consensus that greater choice and opportunities for independence were seen as positive. Concerns included that clearer procurement and contracting processes were required to enable smaller providers to compete for business, and the request to be kept informed by the council.

6. Developing a proforma:

A new proforma was designed in December 2010 to help to understand what the market has to offer and to capture relevant developments. The details from this will assist commissioners in compiling an evidence base of the potential opportunities within the city.

7. Creating a Living Support

Network: This was agreed by the Supported Living Programme Board in December as a model to take forward in Leicester, which will help to reduce the risk of isolation and exclusion that vulnerable people may experience once living in independent accommodation. It offers the opportunity to be part of a network that provides mutually supportive activities.

Results ▾

As a result of this project, three Supported Living Models have been designed and are currently out for consultation to a wide range of stakeholders including: registered social landlords, private landlords, Supporting People providers, the voluntary sector and charities, service user groups and forums and staff who support and assess service users. The consultation period ended on Friday 4 March 2011.

The three models of Supported Living have been identified as:

Intensive – For those requiring continual support, 24 hours a day, 7 days a week. They will spend a maximum stay of three months in suitable accommodation.

Transitional – Giving people an environment where they can begin to move on, for example Orchard House. They will spend a maximum of three years in suitable

accommodation and assistive technologies (i.e. a sensor lamp, calendar clock or telecare services) will be used as appropriate.

Independent – This model applies to any form of housing and the new element will be the Living Support Network. Its aim is to promote and sustain independence for those people who are ready for it. There are a range of accommodation options available such as a cluster, where three or four users share self contained units in the same building, shared tenancies or living in self-contained units in close proximity to others.

Under this approach, a Single Access Referral Point is being considered. This would coordinate, manage and control the movement of people into and out of all types of accommodation and fair access.

Key Learning ▾

Given the innovative nature of this project, there are of course many lessons to be gathered and shared:

The importance of the role of the Adult Mental Health Care Manager

- Adult Mental Health Care Managers have a vital role in raising the aspirations of both the service user and the staff. They play an absolutely critical

role in raising the profile of accommodation needs as early as possible in the process and in addressing concerns around taking risk.

- Care management need to develop person centred assessment and reviews with planned outcomes achieved through positive support planning.

- Care managers need to have a good understanding of positive risk taking, risk assessment and management, and not always rely on a medical model of risk assessment.

Timing of Planning Applications

- Early planning for housing applications is required as some service users have a lack of identification documents and getting these can be both time consuming and costly.
- Care management need to understand the role housing applications play and how choice based lettings operate.

Location of Facilities

- The location of Orchard House is not ideal as it is hidden away from the main road in a housing estate and therefore difficult to find.

Need for Supported Living Providers

- The provider is crucial in any scheme to make it a success. It is important to closely monitor contracts and undertake regular reviews to ensure the specification is being adhered to and the stated outcomes delivered.

Formulation of Care Pathways

- Pathways are a priority and are being developed both internally and externally with stakeholders to include Care Management pathway, Integrated Care Pathway and a Housing pathway.
- A meeting with the national housing lead at the National Mental Health Development Unit took place in January 2011 to consider the processes required to embed housing into the acute care pathway.

Next steps ▾

The immediate next steps are:

- Complete an analysis of all feedback following the consultation exercise
- Finalise the Supported Living Models, which will, in turn, inform possible joint commissioning actions.
- Explore the commissioning and procurement routes to achieve the Living Support Network.
- Produce a housing pathway.
- Promote access to independent

accommodation via choice based lettings.

“This is an incredibly important and valuable piece of work for people with mental health and learning disabilities in the Leicester area. The promise of a dedicated housing pathway for the city is an exciting prospect and will make a real difference to the housing options available to people with mental health and learning disabilities.”

Councillor Michael Cooke
Cabinet Lead, Adult Social Care
Leicester City Council

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East Midlands Improvement and Efficiency Partnership Case Studies

The East Midlands Improvement and Efficiency Partnership (EM IEP) is committed to celebrating the successful, innovative and imaginative project work that exists in the East Midlands region.

The EM IEP Support Team publish case studies showing how East Midlands councils are improving services and delivering significant improvements and efficiencies.

The case studies are intended to inspire councils in the region, and indeed nationally, to transform services and benefit from the processes developed by those councils that have pioneered the way forward.



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