

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Adult Social Care
Date:	26 November 2010
Title:	Transformation of In-House Learning Disability Services
Reference:	1966
Report From:	Director of Adult Services

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1. Executive Summary

- 1.1 The purpose of this report is to seek authority to consult on proposed changes to learning disability in-house provision. Current arrangements are not suitable for the future and the gap between demand, strategic direction, and service provision will continue to widen if changes are not made.
- 1.2 The report sets out proposals to relocate day services to venues that are fit for purpose and are more integrated into the community, focussing on specialist provision for those with complex needs and offering wider choices for less disabled service users. It also sets out proposals to refocus residential respite services on those with complex needs and to offer those who are less disabled a wider range of choices of respite care.
- 1.3 The primary objective of proposals in this report is to modernise services rather than save money. Savings proposed equate in percentage terms to 8%, no more than Government reductions, and the plans proposed would have no impact upon the amount of service received.

2. Contextual Information

- 2.1 The way social care is provided is changing in England, with service users wanting more choice and control over their care and new services being developed to meet their needs. The Hampshire Strategy for People with a Learning Disability, *Ordinary People Living Ordinary Lives*, approved by the Executive Member at her Decision Day in January 2010, set out a new direction for services, in line with Personalisation and self-directed support.
- 2.2 The Coalition Government announced the next two year settlement for Local Government in October 2010. A further two year announcement is expected following a full review of the grant distribution mechanism. Strong indications

are that significantly high levels of grant reductions will be experienced in the early years in order to facilitate the Government's approach to managing the overall budget deficit.

- 2.3 In this context, it is vital that Learning Disability Services are sustainable, offer people greater choice and control, and are cost effective.
- 2.4 Demand for services is changing. Using criteria outlined in Department of Health research on the prevalence of complex needs¹ it is indicated that there will be 135 new people with profound and multiple learning disabilities living in Hampshire over the next twenty years.
- 2.5 Hampshire data shows that 25% percent of young people with learning disabilities between 14 and 18 years old are regarded as having an autistic spectrum condition, whereas the rate of diagnosis for older adults is much lower.
- 2.6 It is known that numbers of older people with learning disabilities are likely to increase by at least 20% by 2022, and that these people are more likely to develop associated health conditions such as dementia than the general population.
- 2.7 Learning Disability in-house services comprise of 9 residential units and 12 main day centres operating across the county. Details of both the location and services offered from these sites are outlined in further sections of this report.
- 2.8 Many of the in-house services for people with a Learning Disability are based in buildings designed 20-50 years ago. This presents a number of disadvantages. Projected maintenance costs of day and residential buildings are just over £6m. Some of the buildings are also very poorly located, leading to a lack of integration for people using those services with the wider community. Added to this, the buildings are not designed in order to be fully accessible to people with complex needs.
- 2.9 Our current buildings lead to a service model which can only offer a "one size fits all" approach. This is particularly inappropriate given the diversity and complexity of future demand. The future profile of service users would indicate that an individualised and person-centred service is essential and in line with national strategy.²
- 2.10 In the past the population of people with severe learning disabilities was not in line with general population density, but was based upon the location of long stay hospitals. This has now changed, given the tendency for people to remain living in their own local community and in the future general population density will reflect learning disability population density. This

¹ "Raising our sights: services for people with profound intellectual and multiple learning disabilities" (Mansell, 2010, Department of Health)

² "The state of health care and adult social care in England. Key themes and quality of services in 2009" (Care Quality Commission, 2010)

change does mean that past service developments are now not always in the best locations to meet demand.

- 2.11 In Hampshire, the roll out of self-directed support and Personalisation has further supported a trend for younger people to choose a Direct Payment rather than choose to use in-house services. Service users and their families require a range of services and options to meet their support and care needs. Without a redistribution of investment people will not be able to access the wide range of services they require to meet their individual needs.
- 2.12 Transformation of in-house services brings an opportunity to increase the choices available for people with learning disabilities, improving their independence and meeting national policy aims. This increased choice should improve equal access to services reflecting better the diverse needs of Hampshire's population of people with learning disabilities. The aim of transformation is to re-provide current services to meet the challenges ahead. It is important to note that whilst the proposals in this report are about consultations on a reduction in building based services, it is not the County Council's intention to reduce the overall level of services available to people.
- 2.13 Subject to Executive Member approval, the consultation period would run from 6 December to 14 March, a period of 14 weeks (12 weeks plus the 2 weeks which include Christmas). During this period a number of workshops would be held as well as on-line and postal questionnaires to seek the views of service users, carers, staff and wider stakeholders. On 29 April 2011, a report will be presented to the Executive Member detailing the results of the consultation, outlining the business case and presenting an implementation plan to transform services.

3. Summary of Proposals

Day Services

- 3.1 The County Council proposes to relocate day service buildings. The position of new bases would be based upon data on the future demography of Hampshire. New bases could offer improved facilities for people with complex needs and their re-location could promote fuller involvement with the community.
- 3.2 Personalisation means, that in the future, people will have more control over their care choices. Proposed changes will improve the sustainability of in-house services through creating a more attractive proposition, with less duplication in the marketplace.
- 3.3 The council proposes to refocus day services on those with significant disabilities living with family carers and offer more choice of alternatives for the most able. The aim would be to provide alternatives for 400 of the least disabled service users currently using in-house services.
- 3.4 It is proposed that day service changes will be incremental occurring over the next two years with priority given to day services with the most unsuitable buildings.

- 3.5 The main objective of day service proposals are to improve services and outcomes for people with learning disabilities. Transforming in-house services will enable us to recycle investment to stimulate the market for more able service users.

Residential Services

- 3.6 The locations of current residential services are represented in Appendix 2.
- 3.7 A change in the models of care is proposed, to improve choice and cost effectiveness of residential services.
- 3.8 In line with the best interests of service users, following advice from advocacy and the Care Quality Commission, the functions of crisis care, planned respite care and long stay residential care will be separated so that they do not occur within the same residential unit.
- 3.9 The Council proposes to re-focus residential planned respite services on those with complex needs.
- 3.10 It is proposed that alternatives to traditional in-house respite services will be offered to the most able, such as Direct Payments and Shared Lives.
- 3.11 Fuller use will be made of some existing in-house services such as Orchard Close and other commissioned respite facilities across the County.
- 3.12 The Council proposes to change the model of crisis care to a more flexible one that is less dependent upon accommodation. A new outreach model of crisis will be developed from West Street, Havant. Over the coming years a new Shared Lives service is proposed working with people in certain types of crises, for instance due to the illness or death of a family carer.
- 3.13 These changes will create the ability to reduce the capacity of residential accommodation provided by the Council without reducing levels of service. The council proposes the closure of Meadowcroft and Upton Grey Close in the autumn of 2011. In spring 2012 it is proposed that Croft House is also closed.
- 3.14 It is proposed that Dalewood and Highfield House are re-provided into one larger unit with improved facilities for people with complex needs.
- 3.15 It is proposed that the services based at Fernmount House are re-located to provide improved facilities for people with complex needs.

4. Day services

4.1 Hampshire County Council provides services from twelve main day centres. The table below outlines services by area and full locations of all services are shown in Appendix 1.

4.2 Table 1: Day Services by Area

Area	Service	Current Service Users
South East	Fareham Day Service	68
	Havant Day Service	121
	Locksheath Day Service	98
	Gosport Day Service	50
	Alton Day Services	32
South West	Bishopstoke Day Service (Eastleigh)	83
	Romsey & Waterside Day Service	87
	New Forest Day Service (New Milton)	72
	Andover Day Service	87
North	Basingstoke Day Service	47
	Aldershot Day Service	36
	The Grove, (Winchester)	54

4.3 The Hampshire Learning Disability strategy says that, “To offer the greatest range of services and to meet the preventive agenda, we need to ensure that we have a better balance of in-house and purchased provision with less overlap in service delivery models; more attractive delivery to attract young people and greater range and depth of (viable) services for those people with either more complex needs and or challenging behaviour.”

4.4 *Valuing People Now*³ and the Social Care Institute for Excellence's report on day opportunities⁴ describes "Having a Good Day" for someone with a learning disability as,

- "doing things that have a purpose and are meaningful for them
- doing things in ordinary places, that most members of the community would be doing
- doing things that are uniquely right for them, with support that meets their individual and specific requirements
- meeting local people, developing friendships and connections and building a sense of belonging."

4.5 Despite the best efforts of staff, current services are not able to meet these aims because of their segregated nature and their remote location. These factors bring risks that will increase over time. A number of local authorities have already modernised their in-house provision driven by a *Valuing People*⁵ initiative.

4.6 Statistical evidence around the increase in uptake of Direct Payments for younger adults and a lack of uptake of traditional services reinforces messages from The Hampshire Learning Disability Strategy consultation (July to October 2007), "that younger people are less attracted to present Day Service provision and would rather choose their own care." For older in-house service users, self-directed support will signal for the first time that people will be able to choose between in-house services and other opportunities. Under self-directed support people will be able to use their personal budget for their support and care needs and it is vital that there are a range of options for people to choose from.

5 Future Direction - day services

5.1 It is proposed that consultation takes place on a model of day services which includes the following:

- Services which are re-focused to support people with complex needs
- In-house day services will be re-focused on those service users living with family carers

³ *Valuing People Now* (Department of Health, 2009) sets out the Government's strategy for people with learning disabilities for the next three years following consultation. It also responds to the main recommendations in *Healthcare for All*, the independent inquiry into access to healthcare for people with learning disabilities.

⁴ Community-based day activities and supports for people with learning disabilities How we can help people to 'have a good day' (Social Care Institute for Excellence, 2007)

⁵ "Valuing People; A New Strategy for Learning Disability for the 21st Century" (Department of Health, 2001)

- Services based in or near to local communities
- People supported to access mainstream services wherever possible

In order to achieve the aims above, consultation will take place on the re-provision of current services in order to release capital and revenue to be reinvested in new services.

- 5.2. This report seeks authority to consult on the proposal that the County Council re-focus and re-provide existing day services to develop specialist day services for people with complex needs across the county. Demand and capacity planning indicates that four such services would be required if this proposal is taken forward. At the moment, only one such service, Locksheath Day Service, exists. This service provides an enhanced service for people with complex disabilities and an example of service users who may use this specialist service are included in Appendix 5. It is proposed that the locations of these services are based upon forecasted demography, maximising ease of transportation to the largest population possible.
- 5.3. It is also proposed to consult on the development of smaller community link services in places such as shop fronts and discovery centres. These bases would provide more local facilities with less of an emphasis upon specialist provision and their locations would promote community inclusion and maximum independence. These services could also be accessible for people with complex disabilities, but smaller than the specialist services outlined above and used on a sessional basis.
- 5.4 Authority is sought to gain views as to whether carers would like to use such bases to access information and advice. It is proposed that there will be facilities where carers can gain peer support through community cafes as well as specialist advice and information.
- 5.5. The department proposes to consult upon the concept of a brokerage service, aiming to support more able people to move out of in-house day services. Currently, the day service market is dominated by Hampshire County Council and views will be sought on promoting choice through stimulating the market for up to 400 service users, dependent upon the outcome of their person-centred reviews. Personal stories of people who have already benefited from a brokerage service are given in Appendix 5.
- 5.6. It is recognised that day services offer vital respite to family carers. During the consultation on '*Ordinary People Leading Ordinary Lives*,' service users and carers expressed a frustration with the lack of evening and weekend support. Accordingly, it is suggested during consultation that views on providing a more flexible timetable be sought.

6. Approach to buildings

- 6.1. The focus of the day services consultation will be about spending less time inside buildings, with minimum time spent in one base, but recognising that some building based services are necessary to ensure the availability of accessible facilities for people with complex needs. It is not intended to reduce service provision. If consulted on and agreed, re-location and development of current services would be suggested.
- 6.2. If taken forward it would be necessary to request the recycling of a large proportion of the capital receipt released through the disposal of learning disability day service buildings to develop three new learning disability specialist services with partners within the County Council. Our current buildings are between 20- 50 years old, and are unsuitable and unattractive to future service users. New development would avoid the cost for maintaining current day services, which are in a poor state and are projected to require £5.08m in capital costs due to serious maintenance issues. It would also ensure the future sustainability of in- house day services.
- 6.3. Some community link services already exist in the form of satellite bases, and do promote community inclusion. It is proposed to consult upon the proposal to seek to lease community link services with partners both within and external to the County Council.

7. Early Implementation sites

- 7.1. Basingstoke and Bishopstoke day service sites, are particularly unsuitable due to their poor location and age, and do not meet the aspirations of promoting social inclusion and community participation. It is for that reason that endorsement is requested for work already underway, supporting these services to be relocated and re-provisioned in bases closer to the community. The relocation of these services is currently expected in April 2011 for Basingstoke and by July 2011 for Bishopstoke.

8. Residential Services

- 8.1. Hampshire County Council provides nine residential services. The table below outlines the services by area, bed numbers and function, and full locations of all services are shown in Appendix 2.

Table 2 Residential and respite services

Service	Location	Registered Number of beds	Respite	Assessment (under 3 year stay)	Long stay (Over 3 year stay)	CQC rating	No. of respite users per service	Occupancy 2008/9	Occupancy 2009/10
Croft House	Fareham	12	6	5	1	2	74	73.38%	75.34%
Dalewood	Basingstoke	5	5	0	0	3	43	75.58%	71.51
Fernmount House	New Milton	5	4	1 (emergency use only, unoccupied)	0	3	62	70.29%	75.34%
Highfield House	Eastleigh	5	5	0	0	2	60	74.29%	83.19%
Homewood	Andover	14	2	0	12 (11 being used)	2	16	92.97%	92.64%
Meadowcroft	Aldershot	11	3	8	0	2	22	64.68%	54.3%
Orchard Close	Hayling Island	15 (including 2 double rooms)	13	0	0	2	196	68.23%	66.37%
Upton Grey	Winchester	15	0	5 (3 being used)	10 (6 being used)	2	0	50.85%	56.84%
West Street	Havant	17	0	8 (6 being used)	8	2	0	79.86%	82.57%
Sub-Totals		99	38	27 (23 service users)	31(26 service users)		423	n/a	n/a

- 8.2. Many of the current buildings do not have enough ground floor rooms and space to be accessible for people with complex disabilities. Hampshire County Council's transition data for children from the age of 14, and national demographics, indicate that clients with profound and multiple disabilities and autism are likely to increase significantly in future years.
- 8.3. As evidenced in the table above, in-house residential services provide three main functions: long term accommodation, planned respite and an unplanned emergency/ crisis service. Many homes have a mixed function. There is evidence, that, particularly in the smaller homes, this mixed use may cause distress for people using the homes.
- 8.4. Hampshire County Council provides planned respite breaks to 423 service users and their families across Hampshire. Analysis of respite unit costs shows that in-house unit costs are generally high in comparison to the private sector. The net hourly rates paid to in-house residential services staff and in addition to this, the terms and conditions afforded to in-house staff, specifically annual leave and pension allowance, result in a significant increase in the basic hourly rate. Unit costs are also relatively higher in the

three smaller respite units compared to larger units such as Orchard Close as there are fewer economies of scale.

- 8.5. With the introduction of self-directed support the concept of the allocation of a set number of nights per year of planned respite will disappear and service users and their carers will be given a set sum of money or “personal budget” to purchase respite and the rest of their support package. A high proportion of more able service users access planned respite in units. There are other innovative and individual ways of receiving a “short break”, but the existence of in-house respite means that there is a great deal of untapped potential for alternatives. The unit cost of Shared Lives, for instance, is less than a third of the unit cost of many in-house units. Therefore it is a good idea to consult on whether a range of options should be available for families to choose from.
- 8.6. The model of the “short break hotel⁶” used at Orchard Close is extremely popular with service users and carers. This is also one of the most cost effective models given the economies of scale that are possible in a 13 bed service.
- 8.7 Crisis intervention refers to the offer of immediate, short-term help to individuals who experience an event that produces emotional, mental, physical, and behavioural distress or problems. Crisis intervention should assist the individual in recovering from the crisis and to prevent serious long-term problems from developing. Hampshire currently has 23 people in crisis beds across the County.
- 8.8 People with learning disabilities use a crisis bed for a wide range of issues including threat of eviction, increased support needs and incompatibility with other residents in a residential home. However research has revealed that two thirds of people admitted into in-house crisis beds, are not in crisis due to their own personal issues or behaviours, but due to the death/ illness of a family member or safeguarding issues. This suggests that some people may not require the level of specialist support on offer in our crisis services.
- 8.9. Analysis of crisis unit costs again demonstrate that unit costs are generally high and those units that provide crisis services have even greater challenges with occupancy, pushing actual unit costs even higher.
- 8.10. The data indicates that the County Council is providing a “one size fits all” accommodation based crisis services for people with a wide range of abilities and needs. People may be placed in an in-house service in crisis, when supporting the person in their current situation may have been a better approach to achieve long term outcomes as well as better value for money.
- 8.11 There are currently 26 people who have been resident in the in-house services for more than three years and so are classed as long stay. Long stay

⁶ People with a learning disability are given a similar experience to going on holiday and staying in a hotel. This could be regarded as better than a traditional respite experience, which is closer to residential care. Service users choose from a range of holiday type activities rather than attending their normal day occupation.

residential care is not in line with Hampshire County Council's learning disability strategy of supported living.

- 8.12 A sustainability assessment was completed with systematic use of set criteria scored by 24 people and based upon a comprehensive collection of data. Each unit was marked against criteria related to location and proximity to the community, value for money, occupancy, numbers of current service users with profound and multiple learning disabilities or challenging behaviour. The flexibility of the building was also considered (amount of space, allocation of quiet areas, accessibility for wheelchairs on offer with least investment). Also considered was the suitability for people in crisis, the projected estimated maintenance costs for the future, and the number of service users who have lived in the unit for a prolonged period. Also the level of development of the local market for Shared Lives and planned respite services, and the percentage of service users who would be regarded as most able attending the unit.

9. Future Direction - residential services

- 9.1. It is proposed that consultation takes place on a new model of residential services. The new model does not involve a reduction in the amount of service provided, but is designed to improve choice, quality and cost effectiveness of residential services.
- 9.2 The proposed model implies a separation of residential functions to improve the quality of services so that crisis, long stay and respite beds are not placed in the same home.
- 9.3 It includes the refocusing of remaining respite services for people with complex needs.
- 9.4 Alternatives to planned respite could be offered to the most able providing more cost effective and appropriate solutions. Fuller use could be made of some existing in- house services such as Orchard Close and other commissioned respite facilities across the County.
- 9.5 It proposes reducing the capacity of respite provision available in Hampshire to align with demand.
- 9.6 A new crisis model could be developed to offer a combination of bed based, outreach and commissioned services.
- 9.7 Person centred plans could be developed for people living in long stay accommodation in the in-house units to support people to access alternatives such as supported living.
- 9.8 To support the development of the above model, consultation will take place on the re-provision of current services to invest in the new service model.

10. Respite

- 10.1 The number of beds available in in-house respite services far exceeds demand, demonstrated by the low levels of occupancy. These expensive services dominate the market, limiting choice and meaning that there are great opportunities to develop more cost effective and person-centred solutions. Proposals will include a reduction in the number of in-house respite beds in order to meet current demand and to enable alternative services to develop.
- 10.2. It is proposed that more flexible respite support could be developed to respond to the demand for weekend respite. Authority is sought to consult upon the proposal that there could be a stepped increase and investment in advertisement for planned respite Shared Lives carers to improve choice of less traditional respite options. The Hampshire Shared Lives Scheme (formerly known as Adult Placement), is all about linking people who need help with people who can provide it. Shared Lives carers take people with learning disabilities, for example, into their home and give them the support they need in a family environment. Most people who use the scheme have a learning disability, but some people have a physical disability, a mental health issue or are older people who are unable to live alone. The Scheme has been awarded “Excellent” status by the Care Quality Commission for the past three years. The standard cost of a Shared Lives placement is £450 per week, although costs can vary depending upon individual need.
- 10.3. In order to meet the needs of people with complex needs it is proposed to consult on three main respite services across the county. These would be Orchard Close in the South East, an existing commissioned service in the South West, and a new service to be developed in the North of the County. Existing services have neither the space nor facilities to support people with complex needs in the future.
- 10.4 It is proposed that the capacity of respite provision is reduced through the closure of Meadowcroft in Autumn 2011, followed by the closure of Croft House in Spring 2012 (see Appendix 2 for the location of residential services).
- 10.5 It is proposed that Dalewood and Highfield House are re-provided into one larger unit with improved facilities for people with complex needs.
- 10.6 It is proposed that the service at Fernmount House is relocated with improved facilities for people with complex needs.
- 10.7 If taken forward, existing service users in all of these services will receive an assessment and an individual plan will be developed with them around how their future need for respite will be met. Options will include Direct Payments or alternative in-house or external provision, or Shared Lives.
- 10.8 It has been found that there is some inequity in comparative allocation of respite across the County that will be corrected through self-directed support. However, it is important to say that this consultation will not involve plans to reduce the overall quantity of respite breaks for carers.

10.9 If taken forward it would be necessary to request the recycling of a large proportion of the capital receipt released through the disposal of learning disability residential buildings to develop a new learning disability respite service. Our current buildings have a small number of ground floor rooms and are without adequate space to accommodate people with complex needs. Building disposal would avoid the cost of maintenance of £900k in capital costs (for respite and residential units within this proposal). It would also ensure the future sustainability of in-house respite services.

11. Crisis Services

11.1 Research on support for people in crisis shows that crisis services have major occupancy issues. For this reason authority is sought to consult upon proposals for a reduction in the number of in-house crisis beds. It is proposed to consult upon an evidence based model of crisis intervention where services will be provided in situ when possible. This position is supported by Department of Health guidance which states that, "Commissioners should stop using services which are too large to provide individualised support; serve people too far from their homes; and do not provide people with a good quality life in the home or as part of the local community, in favour of developing more individualised, local solutions which provide a good quality of life and will be preventative rather than reactive⁷".

11.2. The department is considering developing a step increase in Shared Lives which would mean that people currently using in-house crisis beds through the illness or death of a family carer could access Shared Lives. It is proposed to reinforce the structure and support available for Shared Lives carers in order to develop this option, if taken forward.

11.3 Authority is sought to consult upon the development of the new model of crisis service managed from West Street, Havant in 2012.

12 People living long stay in residential care

12.1 The majority of long term twenty four hour support is purchased from the voluntary or private sector, rather than provided by Hampshire County Council and this has been the case for a number of years. However, there are some exceptions. There are 26 people who have been resident in Hampshire County Council's in-house services for more than three years and so are classed as "long stay" residents.

12.2 Some of these people originally moved on the understanding that this was a temporary/ crisis placement so do not see this as a permanent home. Others have lived in their home for more than ten years. Some service users are living in "ordinary" smaller residential settings, whilst some residents live in a larger and therefore more institutionalised environment.

⁷ "Services for people with learning disabilities and challenging behaviour or mental health needs" (Mansell for the Department of Health, 2007)

- 12.3 Long stay residential care is not in line with Hampshire learning disability strategy as it provides people with minimum control and independence. Supported living is the preferred model of accommodation for people with learning disabilities providing many advantages including rights as a tenant and control over who provides their care and support. Appendix 5 outlines a case study about a group of ladies who have benefited following a move to supported living.
- 12.4 Given the variation in individual circumstances it is proposed to work with families and people with Learning Disabilities, with support from advocacy, to identify the most appropriate options.

13. Finance

- 13.1 The coalition Government has announced a Comprehensive Spending Review where there is an average 7.1% reduction in Local Government funding per annum for a period of four years (in reality this is front loaded for bigger reductions in the first two years).
- 13.2 It is projected that the capital costs for maintaining current day service properties as they are would be just over £5.08m. This cost is significant given the age of this portfolio and would be avoided if the majority of current buildings are disposed of as proposed.
- 13.3 It is proposed that any revenue released from in-house day services during the transformation of day services will be recycled to stimulate the market for alternative provision. Without this level of re-investment in alternatives to day services, people with learning disabilities could receive poor quality, or fewer day opportunities, and family carers would therefore also suffer.
- 13.4 There is little day opportunity provision on offer in Hampshire for people with complex needs, which makes the purchase of this support expensive in comparison to in-house services. Focussing in-house services on the niche market of complex needs gives Hampshire County Council an opportunity to provide the most cost effective services for the future demand of increasing volume and complexity of need.
- 13.5 It is possible to make savings within residential services because the proposed new models of residential services are more cost effective and yet do not reduce the quality or quantity of services and increase the choices available.
- 13.6 The potential re-provision of Upton Grey, and Meadowcroft in 2011 gives a full year effect projected net saving of around £645k after re-provision costs are taken into account. The proposed re-provision of Dalewood and Highfield House and the closure of Croft House in 2012 would give a full year effect projected saving of approximately £335k after re-provision costs are taken into account.

	Release of revenue full year effect recurring	Reprovision costs full year effect recurring	Net saving full year effect recurring	One off double running costs (not included in net figure as one off)	How many people will integrated teams need to re-provide for
Meadowcroft	415k	12k	403k	35k	8
Upton Grey Close	502k	260k	242k	42k	5
Croft House	425k	213k	212k	35k	5
Dalewood and Highfield merger	428k	305k	123k	36k	0
total	1.770k	790k	980k	148k	18 service users

13.7 Full details of the costs and potential savings, including any that could be gained from an alternative governance model, will be detailed in the business case which will be presented to the Executive Member in April 2011, once the outcomes of the consultation are known.

14. Engagement and process for consultation

- 14.1. Approval is sought from the Executive Member to undertake consultation on the proposed changes outlined in this report. The consultation will set out the proposed changes and ask people for their views. The main areas for consultation are summarised in Appendix 3.
- 14.2. The consultation framework has been developed with input from Hampshire Learning Disability Partnership Board and the three Local Implementation Groups. To date, six local engagement events have already taken place across the county in October 2010. These events were held with carers and service users and their views will feed into the consultation.
- 14.3. Should consultations be authorised, as set out this report, a 14 week consultation period will take place between 6 December and 14 March. There will be extensive formal consultation in local areas for service users and carers throughout December, January and February 2010/11 as advised by the partnership board in every Local Implementation Group area. These will include events, and a questionnaire which will be sent out to current service users and their families and available online. The consultation will be publicised on the Hampshire County Council website *Hantsweb*, and through various communications such as *Hampshire Now*.
- 14.4. The consultation will seek views on the future direction of day services including the re-provision of some existing services to support the development of new services which are targeted to support those people with complex needs. It is also proposed to consult on services moving closer to communities; the introduction of a brokerage service to support people to access mainstream facilities; and services operating on a more flexible basis

to better support the needs of families. There will also be consultation on two services, Bishopstoke Day Services and Basingstoke Day Services, becoming early implementation sites for community link services.

- 14.5 The consultation will seek views on the future model of residential services including the re-provision of some existing services towards developing respite services for people with complex needs, and investing in a range of alternative respite support. It is proposed to consult on reducing the numbers of beds for people in crisis to develop a new service which can offer people outreach and other alternatives. Authority is also sought to consult with long stay residents and their families to look at best options for the future.
- 14.6 The assessment indicates that black and minority ethnic groups are under-represented in learning disability traditional in-house services. The Equality Impact Assessment for these proposals (Appendix 4) indicates that transformation, if taken forward, should encourage opportunities for more choice and more flexible support for people with learning disabilities. Specific action is being taken to ensure that there is equal access and representation of views from a diverse range of socio-economic and cultural backgrounds and disability needs, during consultation, including those who are unable to take part in face to face events. There are Proud 2 Be forums around the County for people from ethnic minorities with learning disabilities. The facilitators of these groups will encourage members' responses to proposals. Advocacy representatives will ensure that the views of people with severe learning disabilities are specifically gathered. Easy read materials as well as taped consultation questions will be available to make it easier for people with learning and other disabilities to participate. Specific action is also being taken to ensure representation from a wide range of family carers.

15. Engagement with staff

- 15.1 As well as consulting with service users and carers extensive consultation on the proposed changes would take place with staff throughout the consultation period.
- 15.2 In 2011- 2012, if consultation goes forward and the proposals outlined in this report are agreed, sensitive and timely support services will be put in place to support current service users, carers and staff throughout this period.
- 15.3 To support staff who may be in a potential redundancy situation there will be early consultation with all those affected as well as early engagement with trade unions. In order to avoid redundancies the County Council's redeployment procedures will be utilised.

16. Local Member Engagement

- 16.1 Member engagement at a local level will form a key part of the communications plan to support transformation. There will be active engagement with local members, offering the opportunity to have briefings on the proposed plans. The chairs of Hampshire Action Teams will also receive a briefing with a summary of the implications of the proposed transformation for services in their areas.

17. Performance

- 17.1. The proposed transformation of residential in-house services, if taken forward will contribute positively to key indicators around number of people in “settled accommodation” as people could be offered supported living solutions. The number of people receiving self-directed support and Direct Payments is likely to increase if day service transformation is taken forward. The proposed day service brokerage, which will move more able people on to alternatives could also contribute to the number of people with learning disabilities in supported employment through increasing the skills and independence of people with learning disabilities.

18. Recommendations

- 18.1. That approval be given to commence a 14 week consultation period (6 December 2010 to 14 March 2011) about the transformation of in-house services, as set out below.

Day Services

Undertake consultation on a model of day services which includes the following :

- Services which are re-focused to support people with complex needs
- In-House Day Services will be re-focused on those service users living with family carers
- Services based in or near to local communities
- People supported to access mainstream services wherever possible
- That endorsement be given to work underway in respect of the early implementation sites of Basingstoke and Bishopstoke day services.
- That a large proportion of the capital receipt released through the disposal of learning disability in- house service buildings is recycled to develop three new learning disability specialist day services and one respite service.

In order to achieve the aims above there will be consultation on the re-provision of current services in order to release capital and revenue to be reinvested in new services.

Residential Services

Undertake consultation on the following model of residential services:

- a separation of residential functions, so that crisis and respite beds are not placed in the same home
- a reduction in the capacity of respite provision available in Hampshire to meet demand alongside the development of alternative options so that there is a wide range of options available to people
- development of respite services that will meet the needs of people with complex needs
- develop a new model to support people in crisis to offer a combination of bed based, outreach and commissioned services
- to develop person centred plans for people living in long stay accommodation in the in-house units to support people to access alternative living.

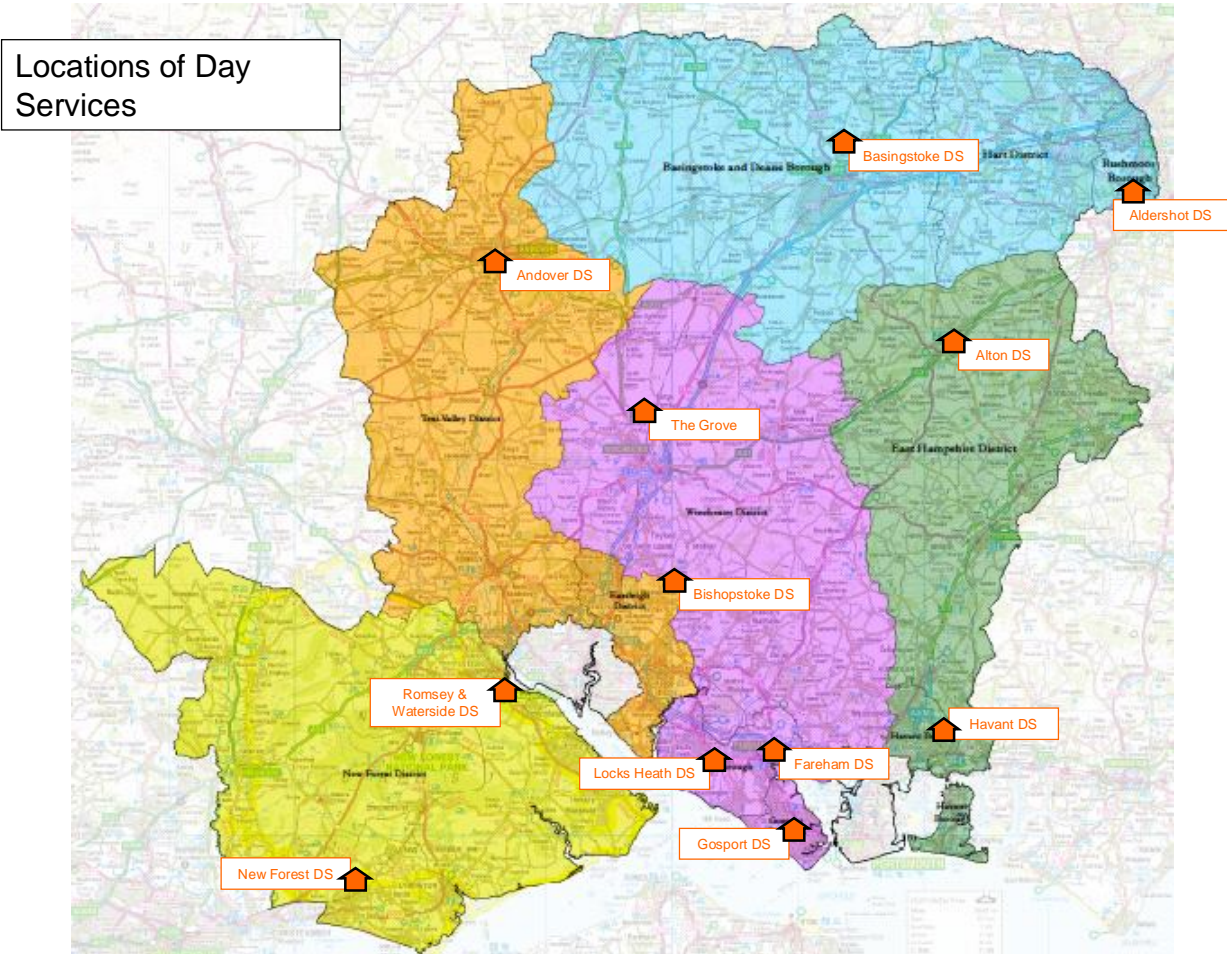
To support the development of the above model consultation will take place on the re-provision of current services to invest in the new service model.

18.2 That a report on the outcome of the consultation be prepared and submitted to the Executive Member Adult Social Care Decision Day on 29 April 2011.

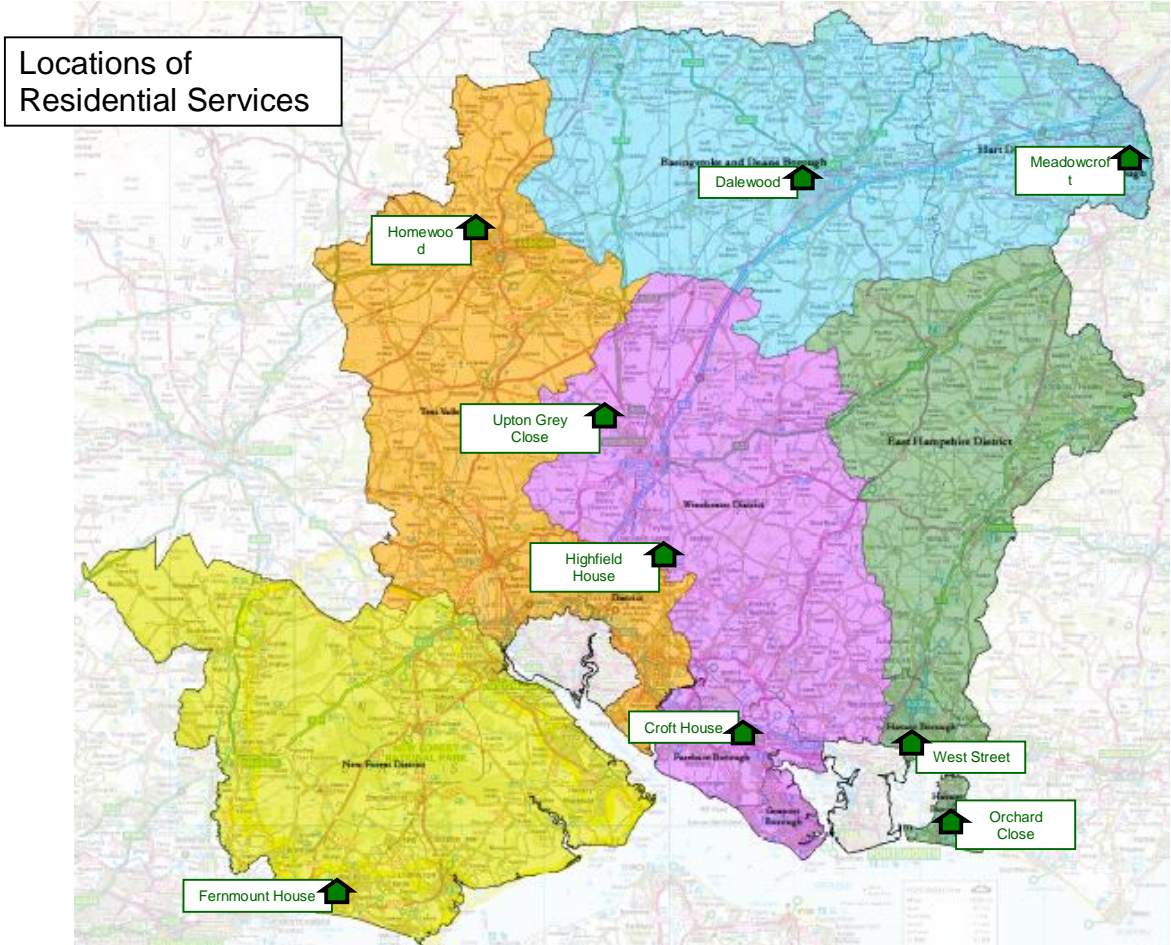
Appendices

- Appendix 1** Locations of Day Services
- Appendix 2** Locations of Residential Services
- Appendix 3** Main areas for consultation
- Appendix 4** Equality Impact Assessment
- Appendix 5** Personal Profiles

Appendix One



Appendix Two



Appendix Three

Main Areas for Consultation

Day Services

Undertake consultation on a model of day services which includes the following :

- Services which are re-focused to support people with complex needs
- Family carers to be supported and their needs prioritised
- Services based in or near to local communities
- People supported to access mainstream services wherever possible

In order to achieve the aims above there will be consultation on the re-provision of current services in order to release capital and revenue to be reinvested in new services.

Residential Services

Undertake consultation on the following model of residential services:

- a separation of residential functions, so that crisis and respite beds are not placed in the same home
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To support the development of the above model consultation will take place on the re-provision of current services to invest in the new service model.

Appendix Four

Name of Initiative, Policy or Project	Transformation of In-house Learning disability residential and day service
Department	Adult services
Names of people completing assessment	Alison Froude, Liz Murray
Date	18-10-10
Describe main purpose of Initiative, Policy, Project	<p>A new Learning Disability Strategy for Hampshire (2009-11) entitled “Ordinary People Leading Ordinary Lives” was approved in February 2010. This strategy came out as a result of the ‘Ordinary People Leading Ordinary Lives’ consultation in 2008 and also the Valuing People Now report.</p> <p><i>Valuing People Now</i> states that we need to move away from the concept of day services and consider how people spend their time in a way that meets their own wishes and needs.</p> <p>The majority of current LD services consist of traditional building based residential and day services. Domiciliary care services provided to service users in their own home consists of approximately one third of the Hampshire LD population accessing services. The traditional model of care is being recognised as more “institutionalised” care creating a culture of dependence on local authority care services, rather than supporting people to be independent.</p> <p>HCC currently owns and runs 9 residential homes providing residential/respite care for adults with a LD. The 9 homes provide 99</p>

	<p>bed spaces, inc 51 respite beds, 13 assessment beds and 34 long stay beds. During 2008/9, approximately 430 people accessed respite for an average of 28 nights per annum. Based on the strategic needs assessment, 38% of people who receive a funded service from HCC adult services use in-house respite.</p> <p>A number of the building based residential and day care services are aged and considered no longer fit for purpose. Feedback from consultations with service users illustrates that many individuals would welcome access to mainstream service, especially in terms of social opportunities. In addition there is anecdotal evidence that increasingly younger people with learning disabilities choose not to use traditional day care services.</p> <p>To address the requirements within the LD Strategy an LD Transformation programme has been established.</p>
What are the main activities?	<ul style="list-style-type: none"> • To re-provide residential services, splitting into three separate services long stay , respite and crisis. Different services will be provided based on need. • To re-provide day activities based in the community with 4 keystone buildings and local link services based in the community.
Who is intended to benefit?	People with learning disabilities, carers
<p>Based on existing knowledge and information use the following checklist to decide what the impact might be on different groups and whether a more detailed impact assessment is required. Identify and summarise the data used in the grid below.</p> <p>Further guidance on 1. equality groups 2. data sources</p>	

These different customer groups are more likely to be excluded.	Do you know about the breakdown of people who use your services compared to the community profile?	Will some people be unable to use or benefiting from this service?	If any groups are disadvantaged is this likely to be unlawful?	How could the initiative improve equality of access?												
<p>Age</p>	<p>Age Groupings - for day service clients only</p> <table border="1" data-bbox="562 742 907 874"> <tr> <td>18-30</td> <td>154</td> <td>19%</td> </tr> <tr> <td>30-50</td> <td>412</td> <td>50%</td> </tr> <tr> <td>50-64</td> <td>222</td> <td>27%</td> </tr> <tr> <td>65+</td> <td>31</td> <td>4%</td> </tr> </table> <p>Analysis for residential to follow</p> <p>Young people do not use our services</p>	18-30	154	19%	30-50	412	50%	50-64	222	27%	65+	31	4%	<p>No in fact young people will benefit from the proposed service changes as well as older people .</p> <p>Young people say that current services do not meet their needs and are too institutional</p> <ul style="list-style-type: none"> • Older carers and service users might find it difficult to accept new concepts (such as independence)and adapt to change: this might cause upset and worries. • Older carers from BME groups less likely to speak and 	<p>NO</p>	<p>No in fact young people will benefit from the proposed service changes as well as older people .</p> <p>Young people say that current services do not meet their needs and are too institutional</p> <p>Also there is an increase in people with multiple /complex needs including physical disabilities . The new services will be able offer more choice to this client group.</p>
18-30	154	19%														
30-50	412	50%														
50-64	222	27%														
65+	31	4%														

These different customer groups are more likely to be excluded.	Do you know about the breakdown of people who use your services compared to the community profile?	Will some people be unable to use or benefiting from this service?	If any groups are disadvantaged is this likely to be unlawful?	How could the initiative improve equality of access?
<ul style="list-style-type: none"> older or retired people 	<ul style="list-style-type: none"> People over age 50 tend to use less day care and more residential and dom. care Only 23% of 18-20 year old use day care compared to 58% of 41-50 year old 26% of 18-20 year old have opted for direct payment compared to 4% for 41-50 	<p>understand English well</p> <p>New services will meet the needs of all age groups.</p>		

These different customer groups are more likely to be excluded.	Do you know about the breakdown of people who use your services compared to the community profile?	Will some people be unable to use or benefiting from this service?	If any groups are disadvantaged is this likely to be unlawful?	How could the initiative improve equality of access?
<ul style="list-style-type: none"> people aged 65 or over with learning disabilities 	<p>and 2% for 51-64</p> <ul style="list-style-type: none"> Local evidence of middle aged people with learning disability living with increasingly older carers 			
<p>Disabled People Mobility, sight, hearing, speech & language disability or difficulty, mental health/distress</p> <ul style="list-style-type: none"> People with complex needs 	<ul style="list-style-type: none"> National data shows that an increasing number of people with complex needs are surviving to adulthood VP and VPN 	<ul style="list-style-type: none"> Current Service provision has not moved forward in the same way for people with complex needs than it has for those with less complex needs 	No	<ul style="list-style-type: none"> The new service model will focus on developing services for this group. Person centred plans

These different customer groups are more likely to be excluded.	Do you know about the breakdown of people who use your services compared to the community profile?	Will some people be unable to use or benefiting from this service?	If any groups are disadvantaged is this likely to be unlawful?	How could the initiative improve equality of access?
<ul style="list-style-type: none"> • People on the autistic spectrum 	<p>respond to people on the autistic spectrum who have a learning disability</p>			<p>promotes social integration</p> <ul style="list-style-type: none"> • More information will be collected to work effectively with this group
<p>Faith</p> <p>Communities or individuals with different religions or beliefs</p>	<ul style="list-style-type: none"> • No data collected on faith 	<ul style="list-style-type: none"> • Potentially, needs linked to faith (fasting, dress code, death rituals) ignored by service providers 		<ul style="list-style-type: none"> • EMLD project provides training and support for staff when needs linked to faith identified
<p>Gender</p> <p>Women, Men, boys, girls, carers (of children, disabled or older people)</p>	<ul style="list-style-type: none"> • Of the 2153 people receiving a service funded by HCC, 1176 are female, 975 are male. 	<ul style="list-style-type: none"> • Carers in some established BME groups tend to be female and are 		<p>EMLD project provides training and support for staff</p>

These different customer groups are more likely to be excluded.	Do you know about the breakdown of people who use your services compared to the community profile?	Will some people be unable to use or benefiting from this service?	If any groups are disadvantaged is this likely to be unlawful?	How could the initiative improve equality of access?
	<p>In house service split</p> <p>Gender</p> <p>Female 49%</p> <p>Male 49%</p>	<p>less likely to speak and understand English (see below)</p>		
<p>Race</p> <p>Black and minority ethnic individuals and communities, gypsies and travellers, migrant workers</p>	<ul style="list-style-type: none"> Nationally data show that the overall proportion of people with moderate or severe learning disability is increasing , especially within BME groups The number of people with 	<p>The services will be flexible to meet individual needs and be person centred .</p> <p>Services will be community inclusive. The community must be tolerant and support people using their facilities . Work with local relevant ethnic community groups will</p>	<ul style="list-style-type: none"> Yes, under the proactive requirements of the Race Relations (Amendment) Act 2000 (RRA) <p>RRA: under the Act, councils have a specific duty to promote equality of opportunity and good relations between persons of different</p>	<ul style="list-style-type: none"> EMLD project to work with communities to raise awareness and information on Learning disability issues EMLD project to liaise with services, also to alert people to their rights and help them identify their needs

These different customer groups are more likely to be excluded.	Do you know about the breakdown of people who use your services compared to the community profile?	Will some people be unable to use or benefiting from this service?	If any groups are disadvantaged is this likely to be unlawful?	How could the initiative improve equality of access?																
	<p>learning disabilities from BME groups getting a service from HCC has not increased and is below that expected given the local population make up, particularly for the Asian population</p> <p>Ethnicity - for day service clients only</p> <table border="0"> <tr><td>Asian</td><td>1%</td></tr> <tr><td>Black</td><td>0%</td></tr> <tr><td>Chinese</td><td>0%</td></tr> <tr><td>Mixed Race</td><td>0%</td></tr> <tr><td>Nepalese</td><td>0%</td></tr> <tr><td>Other ethnic group</td><td>1%</td></tr> <tr><td>White British</td><td>96%</td></tr> <tr><td>White Irish</td><td>0%</td></tr> </table>	Asian	1%	Black	0%	Chinese	0%	Mixed Race	0%	Nepalese	0%	Other ethnic group	1%	White British	96%	White Irish	0%	<p>need to undertaken to enable links are developed for people</p>	<p>ethnic groups. Provision of information in languages other than English is therefore good practice</p>	<ul style="list-style-type: none"> • Interpreters and translators will be used where critical to ensure the right support package is put in place • EMLD project to signpost and support carers and users access ESOL classes • EMLD project to positively promote opportunities that will help people learn and practice English
Asian	1%																			
Black	0%																			
Chinese	0%																			
Mixed Race	0%																			
Nepalese	0%																			
Other ethnic group	1%																			
White British	96%																			
White Irish	0%																			

These different customer groups are more likely to be excluded.	Do you know about the breakdown of people who use your services compared to the community profile?	Will some people be unable to use or benefiting from this service?	If any groups are disadvantaged is this likely to be unlawful?	How could the initiative improve equality of access?
Gay, Lesbian, Bisexual	No data has been collected for this group			
Low or no Income	<ul style="list-style-type: none"> • National evidence show that families with a disabled member are more likely to experience economic hardship • Where family members are disabled (either adults or children) average (median) incomes are reduced and in particular the chances of having a high income are much reduced. (Mc Kay & Atkinson, 2007) 	The service will available to all groups in respective of income.		<ul style="list-style-type: none"> • Provide clear information to families about rights and services • Self directed support/ individual budgets could allow support provision to be tailor made to meet the working patterns of carers • People will be offered training to acquire work skills. • Supported employment will be offered to more able people as a step towards

These different customer groups are more likely to be excluded.	Do you know about the breakdown of people who use your services compared to the community profile?	Will some people be unable to use or benefiting from this service?	If any groups are disadvantaged is this likely to be unlawful?	How could the initiative improve equality of access?
	<ul style="list-style-type: none"> Local evidence of low number of people with learning disability holding meaningful paid employment 			paid employment

What conclusions have you reached about the potential impact?

Conclusions reached about the impact of the programme

Possible Impact	Group/s Affected	Evidence
Some BME people may find it harder to have day opportunities in the community .	BME people with LD in house day services	To be collected as part of the service user carer consultation and feedback from Proud 2 B group.
Interpreters and translators must be used effectively for BME groups to benefit from this plan	BME groups, people with English as a second language	Cases identified by EMLD project

<p>Older carers and service users might find it difficult to accept new concepts (such as independence) and adapt to change: this might cause upset and worries.</p>	<p>Older service users and carers</p>	<p>Consultation events – questionnaire feedback</p>			
<p>Older carers and service users from BME groups less likely to speak and understand English well</p>	<p>Older carers and services users from BME groups</p>				
<p>Further action (please specify)</p>					
<p>Actions to be taken</p>					
Impact identified	Action	Responsibility	Timescale	Expected Outcomes	Review date
<ul style="list-style-type: none"> Older carers and service users might find it difficult to accept new concepts (such as independence) and adapt to change: this might cause upset and worries. 	<p>There will need to be effective transition and communication, based on person centred plans</p>	<p>Project Board</p>		<p>Smooth transition to new services Limited residence to change</p>	

<p>Some BME people may find it hard to receive day opportunities in the community</p>	<p>Work with local relevant ethnic community groups will need to undertaken to enable links are developed for people</p> <p>EMLD project to work with communities to raise awareness and information on Learning disability issues</p> <p>EMLD project to liaise with services, also to alert people to their rights and help them identify their needs</p>	<p>Project Implementation Team</p>		<p>Communities inclusion for this group.</p> <p>Communities accept this group access services in the community</p>	
<ul style="list-style-type: none"> • Older carers from BME groups less likely to speak and understand English well 	<ul style="list-style-type: none"> • Interpreters and translators will be used where critical to ensure the right support package is put in place 	<p>Project Implementation team</p>		<p>Smooth transition to new services</p> <p>Limited residence to change</p>	

Impact Assessment agreed by:

Completed Summary published on web date:

Appendix Five

Personal Profiles

Who would access the Specialist Day Services (also known as Keystone services)?

S's Story

S is in his 20s and lives at home; he enjoys being with other people, and walking around the garden with staff fully supporting him as he walks. He has a severe learning disability, is blind and has to use a wheel chair for any distances, but on a good day with individual support goes out in the community and enjoys going to a cafe. S has to have one to one support at all times and is incontinent. S can be very loud at times and can scream for long periods. S has no other verbal communication and has epilepsy. On a bad day he needs to have extra medication. S likes to use a hydrotherapy pool and a sensory room. S needs full support to eat and drink.

K's Story

K is in her 20s and lives at home; K has a severe learning disability is incontinent and needs one to one support at all times. K uses a wheel chair but can with encouragement shuffle along the floor on her bottom. K loves using a hydrotherapy pool and sensory room, and being able to be lifted out of her wheel chair as much as possible. K enjoys being with others and meeting people. She goes out to the shops, local cafes and enjoys bowling . K has no verbal communication and if you get too close will pinch you. K needs full support to eat and drink.

People who access a mixture of in-house day services and alternatives such as Direct Payments. They may use the community links alongside such alternatives in the future.

L's Story

L has attended the day services for over 20 years. She now has a mixed package of services, attending in-house day services for part of the week and receiving a Direct Payment for one day a week.

In May 2009 L took part in a Hampshire Day Service Direct Payment project. She is now part of a group of three who have one personal assistant (PA) and no longer attends the in-house day service one day a week. On this day she is picked up from home in the morning and with the two other peers uses the public transport to access their local community and then is dropped off home in the afternoon with the support of her personal assistant. This has given L and her

friends an opportunity to be part of their own community, explore different activities and visit new places in the community they were not able to visit before.

She enjoys her day with her PA - L likes dogs and has been walking dogs with her PA. She likes going to different places on the bus and being able to look around the shops, and do her own shopping. She goes bowling sometimes and has picnics in the park in the summer. She has tried new things like trampoline, helping with the horses at the local stables and using the trains. Her friends all like doing many of the same things and take it in turns to plan their day together. L says : ***'I do like my time away from the Day service'***. L also has work experience one and half days a week and uses public transport independently to and from the work bases. She now goes to the day service two and a half days a week, she would like to do more work experience and community based activities.

C's story

C has attended a Hampshire Day Services two days a week for well over 20 years. She has a sensory impairment. In May 2009 she was given the choice of taking part in the Day Services Direct Payment project; she no longer goes to day services as she now has a Personal Assistant (PA) for one day a week or two three-hour sessions a week. She makes her own plans each week as to what she would like to do and where she wants to go. She is now able to use her own community more and trying out other activities she was unable to do at day services. Over the last year Celia has joined a local leisure centre and now goes once a week to the gym or swimming. She enjoys going to Chichester on the train to go shopping or finding a cafe for lunch or coffee and cakes.

C says :

'I like having direct payments very much, I enjoy all that I do and it's all done my way, slowly. I like going to the gym when I feel up to it, going for walks, shopping and visiting Garden centres to smell the flowers. I was too long at Day Services and now I can do more of the things I want to do, all the things I couldn't do at my Day Service. '

C's home have also seen how much this has improved her quality of life; they now see her as a happier person, enjoying life to the full. She also is using the money she would have spent on travelling to the day centre on buying PA hours herself to go to bingo in the evenings, when she chooses to.

Deb's Story

"Hello I am Deb.

I do not go to a day service as I do not want to go.

What I do.

I go to a small group on a Tuesday morning my mum takes me there. I stay there on my own. I like to go as I meet other people there and have made some new

friends. I stay for around 3 hours. Since I have been going I have been invited to birthday parties and walks out. On the way home I go for lunch with my mum.

My Support Worker Beverley told me about a lunch club that is near to where I live. I pay 4 pounds for a 2 course meal this is 12 until 1.30.

On a Friday I have just started a drama group this is at Marchwood.

I am happy with my week as before I did not do much.
Oh yes I also go to gateway club on a Tuesday evening.”

Who would be supported to access mainstream services in the community?

S's story

S is 40 years old. He lives in a small village with his parents.

S works four mornings a week on a pig farm. He works at a Centre one day a week. He is a keen cricketer.

He also likes to go to rugby matches during the winter months which he is able to do with some support.

Although S has quite a busy life he wanted to find more social contacts.

The Day Opportunity Co-ordinator was able to signpost S to some activities which included:

- Legends Sports and Cue Club in Ringwood
- Swimming at Ringwood Health and Leisure Centre
- U-Nite Club at Greyfriars in Ringwood
- Cooking courses

People who have benefited from Supported Living

A group of elderly ladies who lived at Byways in Odiham for many years have successfully moved into supported living accommodation, whilst their extra care (supported living flats) are being built. These ladies lived in the residential home (Byways) for many years, some since they were teenagers.

The key to the successful move has been preparation. The staff at Byways worked extremely hard in preparing the ladies for the move, developing independent skills but now the ladies are in their own homes their skills are being developed further. All of the residents have access to support, including night support. All of the ladies settled into their new homes very quickly and are thriving on their new found independence.

The transformation of some of the ladies have been remarkable seeing the ladies find new skills and taking control over their own lives has been worth all the hard

work that has been implemented. The move has been very positive for all the ladies.

Elizabeth who is in her 60s lived at Byways since she was born and therefore was her family home before it became a residential home. Since moving Elizabeth has become more independent and enjoys being able to access the community more. Elizabeth is most excited about having her own front door and already knows what door bell she would like to have.

Elizabeth said:

'We have been learning about all the aspects of running your own home and also about choosing support staff and about being a fair boss which I find interesting. The thing I am looking forward to the most is having my own front door and key.'

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	no
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	no
Corporate Improvement plan link number (if appropriate):	

Other Significant Links

Links to previous Member decisions:		
<u>Title</u> Learning Disability Strategy (Ordinary People Leading Ordinary Lives)	<u>Reference</u> 1116	<u>Date</u> 19 January 2010
Direct links to specific legislation or Government Directives		
<u>Title</u>	<u>Date</u>	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

IMPACT ASSESSMENTS:

1. Equalities Impact Assessment:

- 1.1 A full Equalities Impact Assessment was completed on 18 October 2010. The impact assessment has identified a potential impact for the following groups: older service users and carers; BME groups; service users and carers from BME groups. Robust measures have been put in place to address these potential impacts, including: effective communication and transition based on person centred plans; work with relevant ethnic groups through the EMLD project; support from interpreters and translators.

2. Impact on Crime and Disorder:

- 2.1 The proposed services will have a positive impact in relation to crime and disorder. People's personal safety and security will be considered as part of person centred plans whilst enabling service users to access the community.

3. Climate Change:

- a) How does what is being proposed impact on our carbon footprint / energy consumption?

The proposals outlined in this report will support local organisations providing services within local communities. This reduces the need to travel and therefore reduces both the carbon footprint and energy consumption. Wherever possible people will be able to access public transport. Any new services will be designed to minimise energy consumption and reduce carbon footprint wherever possible

- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

As this proposal will offer a personalised service it will enable individual planning which will be more flexible and easier to adapt to any climate changes.