Glasgow City
Integration Joint Board

Report By:	**Susanne Millar, Interim Chief Officer**
Contact:	**Katrina Phillips, Head of Adult Services**
Tel:	**0141 277 7539**

USE OF SHARED ACCOMMODATION BY SERVICE USERS

Purpose of Report:	To provide information to the Integration Joint Board about the use of shared accommodation by service users in Glasgow and the process undertaken when supporting individual service users to access shared accommodation.

Background/Engagement:	The IJB agreed in February 2019 that a report would be presented to a future meeting on shared accommodation and case studies would also be provided.

Recommendations:	The Integration Joint Board is asked to: a) note the contents of the report.

Relevance to Integration Joint Board Strategic Plan:

Provision of services to people living in shared accommodation is one in a range of support models which enable the Health and Social care partnership to deliver support at the right time, in the right place, and from the right person, and to provide health and social care services in local communities where possible. This supports the Partnerships key priorities of shifting the balance of care and enabling independent living for longer.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

Personnel:	None

Carers:	None

Provider Organisations:	None (this paper is not suggesting any changes that would require consideration of the impact on providers)

Equalities:	None
Fairer Scotland Compliance:	N/A

Financial:	None at this time

Legal:	None

Economic Impact:	None at this time

Sustainability:	None

Sustainable Procurement and Article 19:	None

Risk Implications:	None

Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

1.1 To provide information to the IJB about the use of shared accommodation by service users in Glasgow and the process undertaken when supporting individual service users to access shared accommodation.

2. Background

2.1. Glasgow City Council has a statutory duty to promote social welfare by making available advice, guidance and assistance and to provide or secure the provision of suitable and adequate facilities (including residential and other establishments).

2.2. The primary contractual method for arranging such assistance and facilities for adults being supported in the community is the 2019 Framework for Selected Purchased Social Care Supports.

2.3. Residential services, especially for older people, are primarily purchased through the National Care Home Contract although other contracts such as Scotland Excel's Learning Disability Framework are available.

2.4. Glasgow City Council no longer has a key role as a direct housing provider but has well developed processes for working in partnership with Registered Social Landlords (RSLs) in Glasgow to support citizens with assessed social care needs to access suitable accommodation which can meet their needs. A good example is the Social Care Housing Investment Priorities (SCHIP) programme. This directs planning and funding to build properties in new housing developments across the city, which can meet the needs of service users with more complex needs.

3. Assessment

3.1. Many service users who are assessed as eligible for a social care support package already have housing. Some are living in their family home, others own or rent property. In these circumstances, when people are suitably housed, in reach support is offered.

3.2. Examples where service users may require accommodation as well as support, are varied but may include; a young person leaving residential school; a person leaving hospital after many years; or a person who can no longer stay in the family home. Sometimes, the service user with support from others such as family or a care manager, may be able to access suitable housing via local Housing Associations or other means.

3.3. In situations where a service user has complex needs and is seeking to access accommodation and support via the HSCP, HSCP staff will complete an assessment – usually a Support Needs Assessment. Where complex needs are identified, the service user may be referred through the Management and Allocation of Community Resource Options [MACRO] process.

3.4. In general terms, the citywide MACRO meeting considers all nominations and makes decisions based on priority of need and compatibility with potential or existing service users if applicable.

3.5. Where an appropriate accommodation and support solution is identified, actions including any requirement for adaptations and identification of the support provider are agreed. Individuals may then progress to moving in to the accommodation or where no solution is identified, they may be re-referred.

3.6. Where shared accommodation is identified as a suitable resource, a robust compatibility assessment is undertaken which also identifies and assesses any interpersonal risks. If the compatibility assessment is positive there is a matching process which allows people to get to know each other in relaxed settings. If this is successful, it is likely that a decision will be taken to progress with the share. Care Managers ensure that individuals, their families and carers are fully engaged and consulted during that process.

3.7. Only where the agreed outcome of the assessment is that the specific shared accommodation is appropriate will the placement progress.
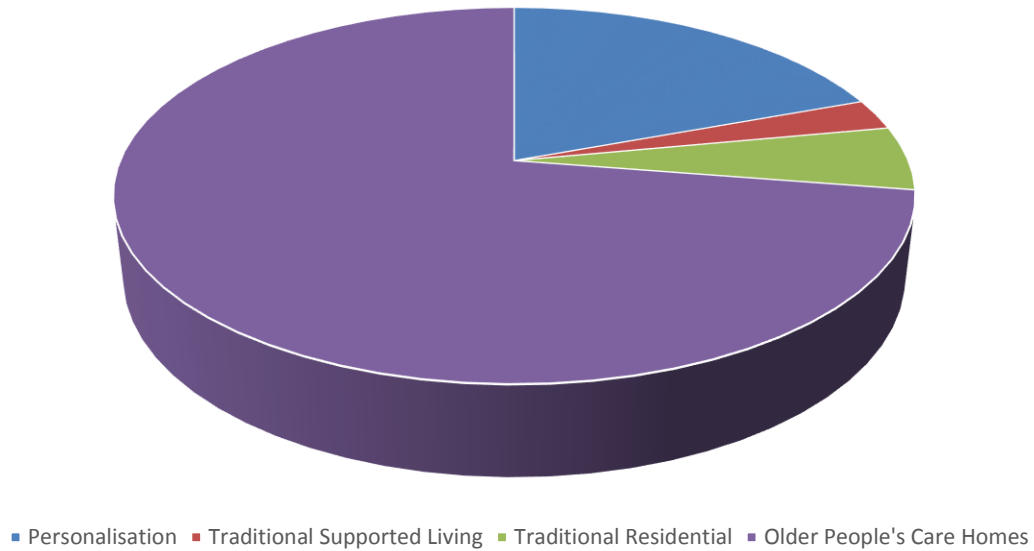
4. Shared Accommodation Types

4.1. Through its contractual arrangements, Glasgow City HSCP can access a variety of accommodation types including existing Housing Association properties as well as new build housing through Social Care Housing Investment Priorities (SCHIP).

4.2. Through the 2019 Framework and its predecessor, service users may access new or existing shared housing arrangements including:
- Properties where they share with one other individual
- Houses of Multiple Occupancy (HMOs) where three or more individuals who are not part of the same household share accommodation
- Clustered Supported Living services where individuals typically have their own flat within a housing complex with on-site staff services

4.3. Supported Living services, particularly for Older People, may also be funded through traditional cost and volume arrangements rather than through the Personalisation process.

4.4. Group living in a residential setting is also widely used where the assessed needs of service users is such that services delivered within an individual or shared tenancy are not suitable. This includes services with and without on-site nurses available.

5. Levels of Shared Accommodation

5.1 Whether accommodation is shared is not currently routinely reportable from Carefirst as it is recorded as part of the narrative within an individual's assessment. The available data shows that 2,703 people are supported through personalisation to live in their own home. Cross referencing on address it appears that 902 people live in shared accommodation and 1,801 people are either living in an individual tenancy or their family home with visiting support.

5.2. The following statistics have been collated by identifying all addresses with multiple service users present. An adjustment was then made to exclude family members or service users with multiple care packages. An identified weakness to this data is tenements/blocks of flats will show as a single address although individuals are likely to have their own tenancy.

5.3. Service users who have live in shared accommodation by service type:

Service Users in Shared Accommodation

■ Personalisation ■ Traditional Supported Living ■ Traditional Residential ■ Older People's Care Homes

5.4. Almost three quarters (73%) of individuals in shared living are in Older Peoples' Care Home services. Slightly less than one fifth (19%) of shared accommodation is arranged through Personalisation.

5.5. Number of individuals sharing a property (Personalisation services):

Number of Individuals per Shared Property (Personalisation)
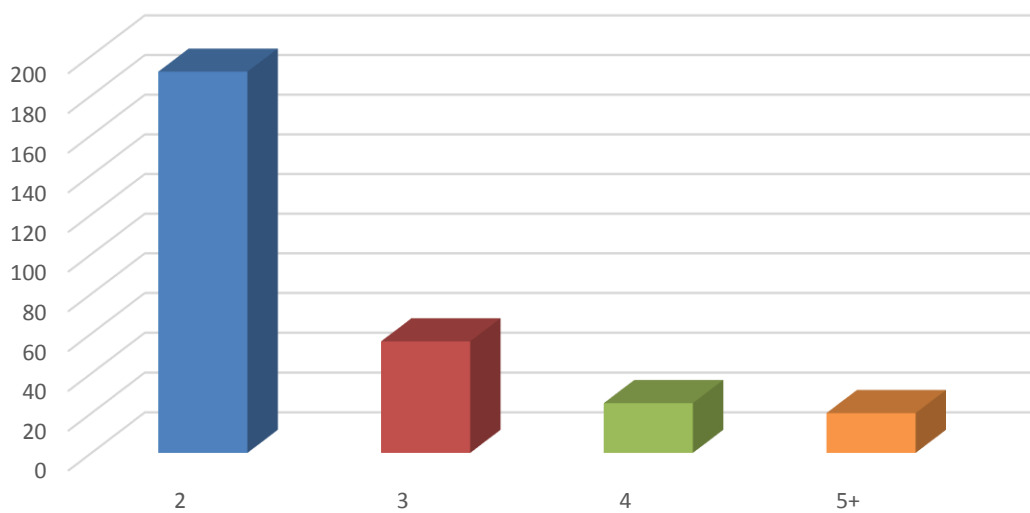
5.6. Full statistics and notes are in the appendix to this report.

6. Case Studies

6.1 Case Study 1
R and C, two men in their 30's, have been sharing a house for over a decade. C has Asperger's Syndrome and likes structure and order. R show traits of autism and is very energetic. Since moving out of their family homes, they always had 24 hour support which included a sleepover at night. Two years ago, as part of a planned review, R and C's use of the sleepover began to be looked at and it was agreed to use a lifestyle monitor to get a picture of the two men's current sleep pattern and gather information about their overnight activity patterns.

The men, their Guardians and family members, alongside the support provider and GCHSCP staff identified a number of risks and concerns about the possible impact of changing the sleepover arrangement. These included the potential for R and C to leave the property unaccompanied overnight, and concerns that friction could occur between the two men without staff intervention. A particular risk for C was also highlighted in terms of increased anxiety and stress which could impact on his mental health. This was a key concern of health staff.

After careful consideration all parties agreed that assistive technology and a responder service should be trialled. It was noted that R and C were a support to each other over this period and seemed to feel empowered by the whole process. It became clear that together, they were keen to take the opportunity to be more independent. The trial was deemed a success and the two men have been supported overnight for the last couple of years using technology. Last year due to industrial action which meant the responder the men used was not available, a sleepover was put back in to the property on a temporary basis in order to manage risk. R and C managed to let everyone know that they were not pleased about this and were very clear that they wanted to sleepover to be removed and that they value their independence greatly.

6.2. Case Study 2
Y is a man in his 20s. He has complex autism and does not enjoy change. Change was unfortunately thrust upon him however when the residential service he lived in closed down. Fortunately, due to some service reconfiguration being undertaken, a spacious detached property was available which had a large enclosed garden and adaptations which met his support needs. The service was designed to be a 3 person service and, as Y needed a service quickly, there was not sufficient time to wait until a compatible group had been identified and Y moved in.

Y has had some difficulty adapting to the significant change in his service, which was expected, and a range of HSCP staff have been supporting the provider to support and manage the difficulties. A second person with a similar diagnosis was identified to move in to the accommodation and although the compatibility assessments looked good, and the men knew each other from time spent in shared children's services, the mix proved unsuccessful. Within a 12 week timeframe, and after careful consideration, the Multi-disciplinary team and Guardian agreed that the second person would return to his previous support arrangement and move out.

Although Y had always been supported in shared service settings, further consideration was given as to whether Y would be best supported in an individual or shared setting. As things stood, Y could not afford to remain in his current house due to the rent levels being based on 3 people. Y seems to be getting a lot out of being in the accommodation which really fits the bill in terms of his housing needs. On balance it was decided that Y had illustrated that he was able to share and had thrived in past shared settings. A lot of effort has since been put into identifying a suitable co-tenants. Over a six month period 5 people have been put forward as

possible share partners via the MACRO process and compatibility assessments have been undertaken. 4 people have been ruled out as incompatible, and the 5th person is moving to a matching process. If that is successful, this person is likely to move in as a co-tenant. If it is not successful, we will again consider whether Y may be better suited to a single tenancy and help him to secure suitable accommodation within rent levels that he can afford.

6.3. **Case Study 3**
The SCHIP process resulted in a number of high quality adapted houses being built in a new housing development in Glasgow. There were several two and three bedroom properties, offering high spec housing which is accessible and has many additional features, such as increased sound proofing, making them suitable for people who had physical disabilities and/or other complex needs such as autism.
A number of service users with complex needs who urgently needed this type of accommodation were identified. These included some people in transition from children's services, someone leaving an extended stay in hospital and some people who needed to move on from their current service. Assessments were undertaken, needs identified and people began to be nominated to the available accommodation which was either individual properties or properties for 2 people sharing. For those nominated to the shared properties an important part of the process centred on compatibility assessments and identification of any interpersonal risks. For some people it was important to them/ their Guardian, that they share rather than living alone. Others preferred to live alone rather that share. These preferences were taken into account as part of the process.
Once the nominations were finalised, the Service users and Guardians decided to work in partnership to identify the organisation they wanted to provide the support to the individuals who were moving into the new houses. A group of 6 service users and Guardians selected 5 providers from the 2015 Social Work Framework Agreement. They invited the organisations to be interviewed and then chose the organisation they preferred. The service users who were on the interview panel's decision on the "best" provider was unanimous and that provider was then appointed to provide the support and continues to do so 2 years on.

7. Recommendations

7.1 The Integration Joint Board is asked to:

a) note the content of this report.

Shared Accommodation Statistics

1. Adult service users accessing traditionally funded services

Number of Service Users in shared accommodation	902 (Note A)
Number of Shared Properties	308
Mean number of Service Users per Shared Property	2.9
Median number of Service Users per Shared Property	2 (Note B)
Number of properties with 2 people sharing	192 (Note C)
Number of properties with 3 people sharing	56
Number of properties with 4+ people sharing	60

2. Adult service users accessing traditionally funded services

Number of Service Users in Supported Living services	123 (Note D)
Number of Service Users in Residential services	255

3. Older People Residential and Nursing Care Homes

Number of GCHSCP funded service users in Glasgow care homes	3401 (Note E)

4. Notes

A –There is a weakness in this data as it is limited to house number and street. Therefore tenements/blocks of flats will show as a single address although individuals may have their own flat at that address. This also applies to the data for the number of shared properties.

B – The median number is calculated by finding the midpoint in the data set of the number of the numbers of individuals in shared properties. Over half of shared properties contain only two individuals.

C – 62% of all shared properties have two individuals resident. Less than 20% of shared properties have 4 or more service users resident.

D – Service users in such services may have their own tenancy but will have access to shared services

E – Data as at 31 March 2019, will include service users on short term placements such as Respite or Intermediate Care