

Wiltshire Council

Cabinet

27 September 2022

Subject: Wiltshire Independent Living Strategy 2022-2027

Cabinet Member: Cllr Jane Davies – Cabinet Member for Adult Social Care, SEND and Transition and Inclusion

Key Decision: Key

Executive Summary

The Wiltshire Independent Living Strategy aims to maximise independence, choice and control for people with a mental health condition, learning disability, and/or autism spectrum condition (MH/LD/A) in Wiltshire by providing the right accommodation and support in the right place at the right time. This vision is underpinned by a need to ensure excellent quality and value for money.

The strategy will reduce dependence on residential care and ensure that people are supported to live independently, with their own tenancy wherever this is possible. This means developing new supported accommodation and providing innovative, flexible care to enable people to live in the community.

The strategy identifies challenges and sets out priorities and a plan of action as to how we can overcome them. The priorities are:

1. We will change how we commission accommodation and support
2. We will implement recovery pathways which enable people to get the right support in the right place at the right time
3. We will create more housing options for people, including by building and/or buying suitable housing where it is most needed
4. We will review our ways of working and where they are not fit-for-purpose, we will change them
5. We will provide clear information which helps people to find the accommodation and support which best meet their needs

Hearing from people with lived experience is at the heart of this strategy, and we will work with people and providers to co-produce new housing and support.

To deliver these ambitions, we need a local market of providers with the right expertise and culture to provide excellent, enabling support to people; and we need suitable housing in the areas where people want or need to live.

In reality, we know that the housing and care markets are challenged. In some parts of Wiltshire, adults cannot live with friends or flatmates because housing providers will not accept multi-tenancies; we also have major challenges in supporting tenancies for people who may lack capacity to sign a tenancy, particularly where housing providers require Deputyships.

Likewise, the market is not always able to deliver the care and support that people need, particularly in certain areas of Wiltshire where labour supply is limited.

The Council will therefore take a more proactive role in developing housing and care solutions. We will use data about the children, young people and adults we support to forecast and plan what housing we will need and where and will involve people in the design of future housing. We will also use population data to predict future demand.

The Council will explore building on the successes of in-house Shared Lives and Intensive Enablement Service and, where there is a viable business case, we will lead the way in providing the kind of time-limited, enabling support that people need.

Proposals

It is recommended that Cabinet agrees the five principles outlined above and the following key actions:

In the short-term (next 12 months) we will:

- Make sure our processes are clear to everybody, to ensure smooth pathways for housing and social care
- Build on our needs analysis and agree new ways of delivering and commissioning the right housing and care
- Establish arrangements for indemnifying housing providers if a person lacks capacity to sign a tenancy, to give housing market confidence
- Explore the feasibility of deregistering residential care and be in the process of remodelling to supported living
- Identify where there are opportunities to provide value for money and improve outcomes by Council having a role in the provision of housing and/or care
- See excellent joint working across Bath & North East Somerset (BSW) Integrated Care Board (ICB)

In the medium-term (the next 2-3 years), we will have:

- Recommissioned our framework of care and support providers (known as the Good Lives Alliance (GLA))
- Fully implemented a dynamic system Provider Assessment and Market Management Solution (PAMMS) which will improve the collection and analysis of data
- Implemented the South West Association of Directors of Adult Social Services (ADASS) framework for out-of-County residential care

In the longer-term (the next 4-5 years), we will:

- Have developed a pipeline of accommodation schemes to meet needs, and be well on the way to delivering these
- Be consistently measuring people's satisfaction and outcomes

Reason for Proposals

We currently face several challenges which stop us realising the vision set out above:

- **Housing and care markets** in Wiltshire provide limited quality and choice – we need a new approach to commissioning accommodation and support, including where appropriate intervening in the market, building or buying new housing in the right places, providing support and modelling good-practice.
- There is a **lack of focus on recovery** – especially for people with mental health conditions. With robust needs analyses, we will develop business cases for new models of support which promote independence and recovery.
- There is a **lack of housing and care options** in the right place – especially for people with learning disabilities and autism spectrum conditions. This leads to an over-provision of out of County and/or residential settings, where independent living closer to home would deliver better outcomes. We will create more housing choices for people, including building where they are most needed.
- **Housing and care provision is often not well aligned** – through our commissioning functions, we are developing stronger relationships with and between housing and care providers. Internally, we will review our own processes to make sure these are clear and seamless.
- **Pathways are not always clear to the public** – we will provide clear information to help people find accommodation and support which meet their needs.

Terence Herbert
Chief Executive

Wiltshire Council

Cabinet

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Key Decision: Key

Purpose of Report

1. This report summarises the draft Wiltshire Independent Living Strategy 2022/27, which is attached as an appendix.
2. Cabinet is asked to consider the Strategy and support its ambition to maximise the independence, choice and control for people with a mental health condition, learning disability and/or autism spectrum condition (MH/LD/A) in Wiltshire by providing the right accommodation and support in the right place at the right time.

Relevance to the Council's Business Plan

3. Wiltshire's joint commissioning priorities for 2022/23 are to ensure services are in the right place at the right time, delivered by the right people; and that people get the right services at the right price. Wiltshire's Market Position Statement (MPS) for Whole Life Commissioning emphasises that people should receive the support they need at the earliest opportunity to live independently and safely within their community.
4. The Wiltshire Independent Living Strategy will ensure that everybody in Wiltshire is empowered to live full, healthy and enriched lives, and is able to live as part of a vibrant local community. By putting co-production and engagement at the heart of delivering this strategy, we will strengthen the voice of young people and adults with MH/LD/A and strengthen their place in society. The Strategy will not only protect the most vulnerable but enable them to live independent lives.
5. The aims of both the Market Position Statement and the Independent Living Strategy link directly to the Council's Missions to make Wiltshire a place where 'we are safe' and where 'we live well together'.

Background

6. In Wiltshire, we have made significant improvements in recent years in improving outcomes for people with learning disability, mental health needs and/or autism spectrum conditions.
7. However, there is a lack of choice, quality and consistency across our local housing and social care markets.

8. This means that too often Wiltshire residents have to move outside of the County. We need to develop a range of independent living options which give people tenancy rights, or to care settings which are not overly restrictive, in order to have their needs met. In particular, we know that the needs of autistic people, younger people who are leaving school/college and who wish to live independently, and people with learning disabilities are not consistently well met.
9. Whilst some people get excellent support which supports them to realise their ambitions, we have heard from other people that there are barriers to them being able to live their best life. Some people describe a way of working which is over-protective and risk-averse, and that this can be more disabling to a person's wellbeing than their disability.
10. We currently have a number of challenges around housing. Registered housing providers in Wiltshire require any person who lacks capacity to sign a tenancy to have a full Deputyship in place. It is the Council's view that this is overly restrictive and infringes on the tenant's human rights. It also creates significant delays to signing the tenancy, as there is a long waiting list for the Court of Protection to authorise Deputyships. Wiltshire Council, as housing provider, will agree tenancies without Deputyships in place whilst appropriate and proportionate applications are made to the Court of Protection to authorise the tenancy.
11. Some registered providers – particularly Aster Group and GreenSquareAccord will also not offer joint tenancies to adults who have not lived together for at least 12 months. Providers will generally offer joint tenancies to spouses, civil partners and cohabitants in established relationships and some will offer joint tenancies to people in family relationships e.g. parent/adult child, adult siblings. Whilst there is limited action the Council can take to influence providers' policies, we have asked all providers for their policies in regard to multi-tenancies. Practitioners and members of the public who wish to join the register and apply for multi-tenancies have been informed of the limitations they will face, so that expectations are managed.
12. We also know that our housing and care provision is not well-aligned, which means people face challenges when applying for housing, bidding and signing tenancies. The strategy resolves to clarify our protocols and processes around housing applications, and to clarify the Council's position that it will provide indemnity for registered housing providers where a person lacks capacity to sign a tenancy. We will strengthen our relationships with providers and ensure housing and care services are clearly joined up and working in a more strategic way to deliver the outcomes that people in Wiltshire need and want.
13. As part of the development of the Strategy, officers have undertaken an analysis of the needs of approximately 160 people with LD/MH/A who need to and are ready to move now, or for whom we know a move will be needed in the coming years. Over 80% of this group are under 40 years of age, over half have a learning disability, and many have multiple conditions. This analysis allows us to plan for the future and consider what we need to build, provide or commission in the years to come.

14. Section 2 of the Strategy describes the extensive co-production and engagement that has been undertaken by people with lived experience. The voices of people with MH/LD/A and their parents and carers underpin the vision and ambitions of the Strategy. For example, in 2022 Wiltshire CIL asked over 2,000 people what a good life looks like, what people already have that helps them to live that good life, and what else they need. From these conversations, it is clear that people want:
 - a. a place they can call home, where they belong and feel safe
 - b. equal and meaningful relationships, where people trust and love the people around them,
 - c. to be a part of their community, to be valued and accepted
 - d. choice and control over the support they get, and who they get it from
 - e. hope for the future, and not to feel written off for being different
15. The Independent Living Strategy therefore makes a number of recommendations for how we will overcome these challenges. This starts with a change of culture, which we can only achieve by listening to the voices of people, valuing their unique skills and contributions, and understanding what is important to them.
16. The Strategy has been developed by a wide range of stakeholders from within the Council (including Commissioning, Social Care, Housing, Education and Planning), Health (BSW Integrated Care Board, Avon & Wiltshire Mental Health Partnership NHS Trust, Oxford Health NHS Foundation Trust, Wiltshire Health and Care), voluntary sector (including Wiltshire Centre for Independent Living and Wiltshire Parent Carer Council) and the independent sector (including housing and social care providers). The implementation of the Strategy will form part of the Adult Social Care Transformation programme.

Main Considerations for the Council

17. There are 5 key priorities within the Strategy:
 - a. We will change the way we commission accommodation and support
 - b. We will implement a recovery pathway which enables people with mental health needs to get the right support in the right place at the right time
 - c. We will create more housing choices for people, and this includes building new supported living in the places where they are most needed
 - d. We will review our ways of working, and where they are not clear or fit-for-purpose, we need to change them
 - e. We will provide clear information which helps people to find the accommodation and support which best meets their needs
18. To deliver these priorities, we will need to develop new accommodation and models of support, so that everybody has the opportunity to live as independently as possible in Wiltshire. Given the challenges we face both with our housing providers and commissioned social care providers, the Council will therefore take a more proactive role in developing housing and care solutions. We will use data

about the children, young people and adults we support to forecast and plan what housing we will need and where and will involve people in the design of future housing. We will also explore building on the successes of our in-house Shared Lives and Intensive Enablement Service and, where there is a viable business case, we will lead the way in providing the kind of time-limited, enabling support that people need.

19. In the short term, we will drill down into the needs analysis to identify key cohorts of people to focus on, and to find out exactly what they want from their home and their support. The voices of people with LD/MH/A will champion this strategy, just as their views have shaped it. We will develop detailed service specifications and business cases to plug the gaps in service we have identified. We will also review our internal processes to ensure they are fit-for-purpose – e.g. by establishing Deputyship procedures to give housing providers confidence, clarifying housing providers' policies around multi-tenancies, clarifying our own internal Housing Application protocol, etc.
20. In the medium-to-long term, we will evaluate the Good Lives Alliance framework and learn lessons from Wave 1 as we re-commission the framework. We will establish a pipeline of new accommodation and support in the places in Wiltshire where we know the need is greatest – particularly in Salisbury and Trowbridge.
21. An ambitious action plan has been co-produced and will sit underneath this strategy and be refined as we develop new models of care and support. A high-level summary of actions can be found in the executive summary of the strategy.

Adult Social Care Transformation Programme

22. The delivery of the strategy will be managed and monitored through Wiltshire Council's Adult Social Care Transformation programme. An implementation group for the Independent Living Strategy will report to the Adult Social Care Transformation Operations Board.
23. The Independent Living Strategy project will influence and be influenced by a number of other projects within the programme, including:
 - **Technology Enabled Care strategy** – creating a technology first culture for adult care delivery
 - **Practice development** - ensuring all staff in Adult Social Care develop practice, knowledge and experience
 - **Mental Health Act reforms** – the successful implementation of the new Mental Health Act Amendments
 - **Market Oversight** – reducing the average cost of supporting working age adults and continuing to improve practice across service

Overview and Scrutiny Engagement

24. The recommendations within the Strategy were presented to Health Select Committee on 5 July 2022. The Committee resolved to welcome and support the recommendations of the Strategy and invited further updates on its delivery.

Safeguarding Implications

25. The aim of this transformation is to enable disabled and older people to enjoy meaningful activities, take positive risks and stay safe. This approach aligns with Wiltshire's Safeguarding Plan, which emphasises safeguarding children and vulnerable adults from abuse and neglect, as well as increasing community resilience.
26. It also aligns with the safeguarding principles enshrined in the Care Act of:
- **Empowerment** – people will be encouraged to make their own decisions about what they want to do during the daytime or evening.
 - **Prevention** – building individual and community resilience.
 - **Proportionality** – day opportunities offer a non-intrusive, person-centred way of meeting a person's needs and wishes.
 - **Protection** – supporting people who are in the greatest need.
 - **Partnership** – through supporting community-based activities, communities themselves becomes key partners in preventing, detecting and reporting neglect and abuse.
 - **Accountability** – the tender will ensure accountability and transparency in how organisations are commissioned.
27. Abuse and/or neglect can happen in any setting, including a person's own home or a residential/nursing care home. Safeguarding children, young people and adults from abuse and/or neglect will be at the heart of care planning and reviews; as part of its commissioning and provider oversight responsibilities, the Council will rigorously check that providers have in place safeguarding children and safeguarding vulnerable adults' policies and ensure that any member of staff has been checked under the Disclosure and Barring Scheme as being fit to work with vulnerable people.

Public Health Implications

28. Improving health and wellbeing is core to the Wiltshire Independent Living Strategy. There is significant evidence that suitable housing is critical in maintaining good physical and mental wellbeing. Insecure, overcrowded or inappropriate housing can increase stress, anxiety and depression. Living in housing settings which are noisy or crowded (e.g. an estate, or a house on a busy main road) can present challenging sensory problems for some autistic people. For some people, holding a tenancy, paying rent or bills, cleaning and maintaining one's home can be very difficult; the draft action plan for this Strategy includes exploring a role to support people with MH/LD/A to register for, access and maintain a tenancy.
29. The Strategy also takes a life-course approach to independent living. This echoes Public Health England's (now Office for Health Improvement and Disparities) recognition that focusing on life course rather than diagnosis or condition helps to identify both protective and risk factors. A life course approach values the health and wellbeing of both current and future generations, and acknowledges that maintaining good functional ability is the main outcome of the life course approach to health. Functional ability can be enhanced throughout life

by a supportive environment (e.g. good quality housing for an adult with MH/LD/A will also give that adult's child/ren the best start in life).

30. There is a diverse range of social, economic and environmental factors which often cluster together within a population, and addressing these wider determinants of health as set out in this strategy, such as housing and connections into a local community, can make a big difference in promoting or restoring health and wellbeing. For example, by adapting the environment to meet the needs of people with MH/LD/A (e.g. by creating autism-friendly housing), we will enhance the environment for the wider population whilst also improving opportunities for individuals to thrive.

Procurement Implications

31. There are no specific procurement implications arising from this strategy. Any procurement arising from or linked to the delivery of the strategy – e.g. the re-tender of the Good Lives Alliance in 2023 – will be proposed via a separate Cabinet report.

Equalities Impact of the Proposal

32. Section 4 of the Strategy sets out the changing demographics and prevalence of people with MH/LD/A over the lifetime of the Strategy and beyond. In particular, it highlights the increasing numbers of children and young people being diagnosed with autism spectrum disorder. We know from co-production that housing and support are not set up to meet the needs and aspirations of this group of young people, and we need to modernise our offer accordingly.
33. Whilst the number of working-age adults with learning disabilities and/or mental health conditions will not increase significantly in the next 10 years, due to increasing life expectancy we will see a growing population of older learning disabled people. The Council will need to respond to this by developing bespoke sheltered housing, extra care, home care which meet the needs of learning disabled people and support their independence and choice. The Independent Living Strategy therefore has inter-dependencies with other Council workstreams focusing on older people.
34. Analysis undertaken during the production of the Wiltshire Independent Living Strategy and the Wiltshire Joint All-age Autism Strategy shows the significant health inequalities that people with MH/LD/A face. For example, autistic people experience higher rates of mental ill health compared to neurotypical people; research collated by the national organisation Autistica suggests that up to 11% of people who die by suicide each year are autistic, compared to 1% of the general population. The Learning Disabilities Mortality Review (LeDeR) shows that compared to the general population, people with learning disabilities are over three times as likely to die from an avoidable medical cause of death (671 per 100,000 compared to 221 for the general population in 2019). Life expectancy for men and women with a learning disability is between 14 and 17 years less than the general population; for people with severe mental illness, the gap is between 15 and 20 years.

35. By putting wellbeing, recovery, enablement and early intervention at the heart of the Wiltshire Independent Living Strategy, the Council aims to reduce these inequalities and to work closely with partners in the NHS and wider community to improve health and wellbeing outcomes for people with MH/LD/A.
36. As stated in paragraph 9 in this report, the Council is concerned that the requirement of some housing providers for people who lack capacity to sign a tenancy to have full Deputyship is overly restrictive and potentially discriminates against these people. A key action of this Strategy will be to ensure that appropriate steps are taken to provide security for incapacitated adults and challenge approaches inconsistent with housing providers' duties pursuant to section 149 of the Equalities Act 2010.

Environmental and Climate Change Considerations

37. The Wiltshire Independent Living Strategy 2022-27 aligns with the Council's pledge to become carbon neutral by 2030. Wiltshire's Climate Strategy 2022-27 acknowledges the need for new buildings to be net zero carbon as soon as possible, and for existing buildings to be retrofitted along the same principles.
38. When building new housing or adapting existing housing, the Council will ensure that design and construction minimises energy consumption by maximising energy efficiency. All new homes built by the Council are being built to zero carbon standards using Modern Methods of Construction. The homes also have reduced the embodied carbon from the building materials. Where the Council is retrofitting existing housing, it will ensure that all retrofitting achieves an EPC rating B. These standards will also apply to supported living accommodation. Where housing is built by other developers, the Council will use its contractual and regulatory levers to maximise energy efficiency.
39. The strategy will lead to fewer people being placed out of County, and where appropriate to people who are already placed out of County being supported to return to Wiltshire. This will lead to fewer carbon emissions as friends, family and other networks will not have to travel so far to visit their loved ones. By supporting people, as far as possible, to live close to their existing networks and locating housing in suitable places, we will encourage the public to make fewer and shorter car journeys. We will also continue to provide travel-training to people with learning disabilities to encourage the use of public transport.
40. The Independent Living Strategy aligns to other Adult Social Care transformation workstreams, including the development of Technology Enabled Care (TEC). We recognise that Wiltshire's rurality can mean that paid carers have to travel significant distances between customers. We will encourage creative approaches to using technology (e.g. apps, wearables, sensors) which support safety and independence.

Risks that may arise if the proposed decision and related work is not taken

41. A detailed log of risks, assumptions, issues and dependencies (RAID) has been developed as part of the ASC Transformation programme.

42. If the Wiltshire Independent Living Strategy is not agreed and no action is taken to create housing and care choices for people with MH/LD/A, there are a number of risks for the Council, the market and Wiltshire citizens:

- The Council will remain overly dependent on residential care for adults of working age, meaning that some people live in settings which are restrictive and do not promote their independence.
- If we do not develop solutions in Wiltshire, there is a risk that more people will have to continue to move out of County to access the support they need, which will separate them from family, friends, professional networks etc. There is also a risk that people who have the potential and wish to return to Wiltshire from out of County will not be able to do so.
- If we do not take action around the housing challenges set out in this report – particularly the under-provision of suitable housing in some areas, the requirement for Deputyships from some housing providers, etc – there is a risk that people with a mental impairment resulting in incapacity may not have an equal opportunity of gaining a tenancy, living independently and moving on with their lives.
- There is a risk that Wiltshire’s care market remains under-developed; with providers unclear about Wiltshire’s needs analysis, direction of travel and strategic intent; this in turn may make it more difficult to recruit.
- There is a significant financial risk to not agreeing and implementing this strategy. Residential care is generally more expensive than supported living or other forms of independent living; people in residential care are less likely to move on. As the strategy makes clear in section 5.7, data from January 2022 shows that of 207 adults with MH/LD/A placed out of County, 121 (58%) were placed in neighbouring Local Authority areas and 86 were placed further afield. The average weekly cost of out of County residential and nursing care home placements was £1,856.70 (compared to £1,419.27 for residential and nursing care placements overall). The average weekly cost of out of County supported living was £1,269 (compared to £850.75 for supported living overall).

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

43. The vision of this strategy is that everybody should be given the opportunity and support they need to live an independent life. This may create anxiety from some parents, carers and families who fear that their loved one’s support may be reduced, and that this may increase the need for care to be delivered by families. We will mitigate this by carrying out extensive co-production and engagement with families, and by briefing elected Members and MPs on the change of approach for delivering services to people with MH/LD/A and the rationale for this.
44. There is also a risk that without clear partnership working, social care and health practice will not be sufficiently aligned and centred around the person. NHS officers and clinicians have been involved in the development of this strategy, and we will continue to work alongside the BSW Integrated Care Board (ICB) and

Wiltshire Integrated Care Alliance (ICA) to ensure they fully understand the impact of the proposed changes. This needs to feed into the LD/A/MH programme board and the community service framework.

Financial Implications

45. Residential care is generally more expensive than supported living and other forms of independent living therefore there is a financial benefit in this strategy being implemented. There is a risk that costs will continue to rise if Wiltshire continues with the current dependence on residential care if this strategy is not implemented.
46. If approved, when implementing the strategy, there is a need to ensure there is planning and mitigation on the suppliers used to provide supported living arrangements. For certain suppliers the Council can only claim Housing benefit up to a level set by the rent officer for costs associated with supported living and any costs over this will be borne by the Council.

Legal Implications

47. No specific legal implications arise from the strategy. Any legal implications that arise as the strategy matures will need to be considered at the appropriate stages.
48. Any commissioning arrangements will need to be procured in accordance with the relevant procurement legislation.

Workforce Implications

49. The principles and short terms actions outlined in this paper fall within the remit of the existing workforce and there are no direct workforce implications. However, in the medium and longer term, there may be workforce considerations in relation to the council's potential interventions in the market, which will be detailed and considered in any future papers.

Options Considered

50. A number of options have been considered during the development of the strategy:
51. **Option 1:** do nothing. This option would involve maintaining existing commissioning arrangements and operational practice and keeping the status quo in place. It would not tackle the over-dependence on overly-restrictive residential care for working age adults, it would not develop Wiltshire-based alternatives to out-of-provision, and it would not address the demand we know is coming through from children's services in the next 5 years.
52. **Option 2:** depend on the private and voluntary sector markets to deliver all housing and care. Whilst we will continue to develop the market, e.g. through the re-commissioning of the Good Lives Alliance, the needs analysis which informs the Wiltshire Independent Living Strategy demonstrates that there is no sufficient capacity in the market to deliver what we need. For example, we know the

market is not currently able to supply enough provision in Wiltshire for autistic adults. In order to change the culture of housing and support to become more enabling and to create sufficiency across the County, the Council will need to intervene in the market.

53. **Option 3:** development of a Wiltshire Independent Living Strategy which is solely adult social care focused. Whilst this option would enable us to focus on the challenges within adult social care and commissioned social care services, it would not be person-centred or enable us to plan for the future. The challenges set out in the strategy and this report are system-wide and require a whole Council approach (spanning children's and adult social care, housing, education, planning etc), as well as close working with partners in the NHS and the voluntary and independent sectors.

Conclusions

54. The Strategy represents an ambitious programme of work for the Council and its partners. As it succeeds, we would expect to see:

- a. Fewer Wiltshire residents in out-of-County placements
- b. People spending less time in hospital, because the community better meets their needs
- c. Customers involved at every step of the commissioning journey
- d. Clearer, more accessible information for the public about what is available and processes for applying
- e. More people having tenancy rights and fewer people in residential care
- f. Young people feeling confident about the future and feeling prepared and supported as they reach adulthood

55. The Wiltshire Independent Living Strategy recommends that we:

- a. change the way we commission accommodation and support
- b. implement a recovery pathway which enables people with mental health needs to get the right support in the right place at the right time
- c. create more housing choices for people, and this includes building new supported living in the places where they are most needed
- d. review our ways of working, and where they are not clear or fit-for-purpose, we need to change them
- e. provide clear information which helps people to find the accommodation and support which best meets their needs

56. It is recommended that Cabinet agrees the five principles outlines above and the key actions:

In the short-term (next 12 months) we will:

- Make sure our processes are clear to everybody, to ensure smooth pathways for housing and social care
- Build on our needs analysis and agree new ways of delivering and commissioning the right housing and care

- Establish arrangements for indemnifying housing providers if a person lacks capacity to sign a tenancy, to give housing market confidence
- Explore the feasibility of deregistering residential care and be in the process of remodelling to supported living
- Identify where there are opportunities to provide value for money and improve outcomes by Council having a role in the provision of housing and/or care
- See better joint working across Bath & North East Somerset (BSW) Integrated Care Board (ICB)

In the medium-term (the next 2-3 years), we will have:

- Recommissioned our framework of care and support providers (known as the Good Lives Alliance (GLA))
- Fully implemented a dynamic system Provider Assessment and Market Management Solution (PAMMS) which will improve the collection and analysis of data
- Implemented the South West Association of Directors of Adult Social Services (ADASS) framework for out-of-County residential care

In the longer-term (the next 4-5 years), we will:

- Have developed a pipeline of accommodation schemes to meet needs, and be well on the way to delivering these
- Be consistently measuring people's satisfaction and outcomes

Helen Jones (Director - Procurement and Commissioning)

Report Author: Robert Holman – Commissioning transformation Lead

13 September 2022

Appendices

Wiltshire Independent Living Strategy 2022-27

Background Papers

None