



## **Disability Support Services**

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### **Independent Living** (Previously flexible community based supports)

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**24 November 2016**

## **Purpose of proposed strategy development**

The purpose of the Independent Living strategy is to:

- Design a cohort of flexible community based supports that align with the principles of Enabling Good Lives (EGL) and Whāia Te Ao Mārama (WTAM). This will include consideration of the current range of community based supports alignment with EGL and WTAM.
- Ensure that the cohort of flexible community based supports align with IF and Residential support packages.
- Present and communicate a clear message to the sector in regards to the expectations and philosophy of living independently and the need to empower increasing independence in service users.
- Present and communicate a clear message and understanding of providers' ability to deliver on the necessary criteria for the establishment of a quality Independent Living service.
- For DSS to be assured they are procuring independent living services from providers who demonstrate a clear understanding and delivery of the philosophy of supported independent living.

## **Background**

In October 2016, DSS SMT agreed to broaden the scope for the supported living strategy to include supported independent living, home and community supports, and choices in community living.

As of September 2016 there were approximately 12,089 people receiving some form of DSS support to live in the community. In July 2014 average monthly support hours delivered were 35 hours (8.7 hours per week) based on CCPS expenditure which represents  $\frac{3}{4}$  of the total expenditure on SL. This is a 3% decrease on the average monthly packages from 2013 figures with a mean of 37 hours per month (9.3 hours per week). The average client SL package costs \$14k per annum.

There is extensive qualitative evidence demonstrating the benefits of SL compared to residential services. Some of the benefits include:

- improvements in quality of life and self esteem
- improvements in academic and social skills
- increase in physical health and life span
- gains in determination and choice, sociability, leisure and training.

## **Supported Living (SL)**

Supported Living is a service that supports an adult with a disability to live independently in their own home and participate in their community. Key aspects of living independently involve people living in their own home, taking

responsibility for income and living costs and accessing services in the same way that other people in New Zealand do.

Supported Living has been shown to be the most cost effective way to support disabled people as it is directly linked to a person’s needs and can over time reduce the overall cost of social care. Failure to invest in independent supports can result in disabled people’s exclusion from social and economic life.

## Rationale

The rationale for developing this service strategy is to ensure that as DSS moves to transform the disability system, detailed consideration is given to the future components of that system.

Development of the strategy is a requirement of the DSS Annual Business Plan 2016-17 and supports achievement of the NZ Health Strategy, NZ Disability Strategy, DSS Strategic Plan, Whāia Te Ao Mārama, Faiva Ora, the NZ Carers’ Strategy, New Model initiatives and the Enabling Good Lives programme.

## Management of the Strategy Development

### 1. Scope

#### In scope

The scope will include those services currently supporting people to live in the community these include:

Service	Number of people <sup>1</sup>
Supported Living (SL) – which is a service that helps to support people who are living in their own homes to live independently by providing support in those areas of their life where help is needed	3,090
Home and Community Support Services (HCSS) <sup>2</sup> – which is a service that assists people with personal care and household management tasks	9,625 <sup>3</sup>
Choice in Community Living (CiCL) – which is an alternative to residential services for people with significant disabilities. CiCL offers people more choice and control over where they live who they live with and how they are supported.	147
People who have both SL and HCSS	(773)
<b>Total unique people</b>	<b>12,089</b>

<sup>1</sup> The clients number were extracted from Socrates 27 Sept 2016

<sup>2</sup> Some people choose to purchase their own HCSS with the help of an Individualised Funding (IF) Host provider.

<sup>3</sup> The HCSS figures do not include services funded under IHC Home Support or IHC Discrete 1:1 but include those funded via IF.

These services are provided to approximately 12,000 people by at least 30 providers across the sector.

### **Out of scope**

- Flexible Supports (on the basis that it is a pilot service)

Collaboration and links with other DSS strategies

- Respite Services
- Residential

## **2. Key stakeholders**

The stakeholders have been identified in the project plan attached

### ***Stakeholder Overview***

#### **External**

- family / whanau and caregivers
- approximately 30 providers across the strategy brief
- approximately 10 peak bodies and / or sector groups.

#### **Internal**

- Māori Health, DSS, Policy, Quality, and Finance.

Communication and engagement plan has not been developed.

## **3. Potential for collaboration**

Cross government collaboration opportunities exist with ACC and MSD, in terms of identifying possible models and evaluations.

### **Internal collaboration includes:**

- Family and Community team
- Service Access team
  
- DSS Quality team
- Māori Health Service Improvement team
- Policy team
- Procurement team
- DHBs.

## **4. Strategy development sponsor, leader and team**

- Strategy development Sponsor Lee Henley, Community Living Team
- Strategy project management, Barbara Crawford, Manager Strategy and Contracts Team

- Strategy development Leader Anna Long, Community living Team
- Strategy development Team Members, Murray Penman Family and Community Team

#### **5. Strategy development governance**

The DSS Group Manager and Senior Leadership Team will adopt governance responsibility for the development of the Independent Living.

#### **6. Approximate completion dates**

<b>Key Milestones</b>	<b>Completion Date</b>
Strategy Development Project Plan completed	October 2016
Stakeholder workshop hosted	15 March 2017
External stakeholder consultation begins	June 2017
Final Strategy presented to SLT	Sept 2017

#### **7. Strategy development monitoring**

Strategy development progress will be reported to SLT monthly.