

TONBRIDGE & MALLING BOROUGH COUNCIL



EXECUTIVE SERVICES

Chief Executive

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NB - This agenda contains proposals, recommendations and options. These do not represent Council policy or decisions until they have received proper consideration through the full decision making process.

Contact: Committee Services
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31 October 2014

To: MEMBERS OF THE STRATEGIC HOUSING ADVISORY BOARD
(Copies to all Members of the Council)

Dear Sir/Madam

Your attendance is requested at a meeting of the Strategic Housing Advisory Board to be held in the Civic Suite, Gibson Building, Kings Hill, West Malling on Monday, 10th November, 2014 commencing at 7.30 pm

Yours faithfully

JULIE BEILBY

Chief Executive

A G E N D A

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Any other items which the Chairman decides are urgent due to special circumstances and of which notice has been given to the Chief Executive.

MEMBERSHIP

Cllr A G Sayer (Chairman)
Cllr D J Trice (Vice-Chairman)

Cllr Ms J A Atkinson
Cllr Mrs J M Bellamy
Cllr Mrs B A Brown
Cllr C Brown
Cllr D J Cure
Cllr Mrs S Luck

Cllr M Parry-Waller
Cllr Miss S O Shrubsole
Cllr D W Smith
Cllr Ms S V Spence
Cllr Mrs C J Woodger

Apologies for absence

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Declarations of interest

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TONBRIDGE AND MALLING BOROUGH COUNCIL

STRATEGIC HOUSING ADVISORY BOARD

Monday, 19th May, 2014

Present: Cllr A G Sayer (Chairman), Cllr D J Trice (Vice-Chairman),
Cllr Ms J A Atkinson, Cllr D J Cure, Cllr M Parry-Waller,
Cllr Miss S O Shrubsole and Cllr Ms S V Spence

Councillors Mrs J A Anderson, O C Baldock, Mrs P Bates, P F Bolt, M A Coffin, N J Heslop, Mrs E M Holland, B J Luker, Mrs S Murray, Mrs A S Oakley, M R Rhodes and M Taylor were also present pursuant to Council Procedure Rule No 15.21.

Apologies for absence were received from Councillors Mrs J M Bellamy, Mrs B A Brown, D W Smith and Mrs C J Woodger

PART 1 - PUBLIC

SH 14/14 DECLARATIONS OF INTEREST

There were no declarations of interest made in accordance with the Code of Conduct. However Councillor N Heslop referred to a potential interest in any items that might have implications for the Bridge Trust on the grounds that he was a member of its Board.

SH 14/15 MINUTES

RESOLVED: That the notes of the meeting of the Strategic Housing Advisory Board held on 24 February 2014 be approved as a correct record and signed by the Chairman.

SH 14/16 GLOSSARY

The Director of Planning, Housing and Environmental Health submitted a glossary of terms used within the reports to the Advisory Board.

PRESENTATION BY CIRCLE HOUSING RUSSET

The Board received a presentation from Mr R Morgan, Managing Director, Mr M Anderson, Regional Director Property Services and Mr P Hicks, Regional Development Director of Circle Housing Russet on the repairs and maintenance programme and services provided to their tenants within the Borough.

MATTERS SUBMITTED FOR INFORMATION**SH 14/17 SUPPORTING PEOPLE PROGRAMME UPDATE**

The report provided an update on the Kent Supporting People Commissioning Plan for the period 2014 to 2017.

SH 14/18 HOMES AND COMMUNITIES AGENCY AFFORDABLE HOMES PROGRAMME 2015-2018

The report provided details of the process to be followed by Registered Providers seeking to obtain capital subsidy from the Government for new affordable housing schemes in the Borough in 2015 to 2018.

SH 14/19 PRIVATE SECTOR HOUSING UPDATE

The report provided updates on the West Kent Landlord Forum held on 26 March 2014, the responses provided to consultations on the Review of Property Conditions in the Private Rented Sector and on the Future of the Energy Company Obligation and the Primary Care Community Link Service run by the homelessness charity 'Porchlight'.

SH 14/20 STRATEGY AND ENABLING UPDATE

The report provided an update on progress made by the Council's Registered Provider (RP) Partners to provide new affordable homes within the Borough between 2012/13 to 2014/15 and described the progress on various housing strategy initiatives.

SH 14/21 HOUSING NEEDS UPDATE

The report provided an update on the activity of the Housing Options team to promote the prevention of homelessness and address the housing needs of local residents.

MATTERS FOR CONSIDERATION IN PRIVATE**SH 14/22 EXCLUSION OF PRESS AND PUBLIC**

There were no items considered in private.

The meeting ended at 9.06 pm

GLOSSARY

TERM	EXPLANATION
AFFORDABLE HOUSING	Housing which includes social rented, affordable rented, and intermediate housing, provided to specified, eligible households whose needs are not met by the market.
ACRK	Action with Communities in Rural Kent – formerly the Kent Rural Community Council. An independent voluntary organisation which: provides direct advice and support to community organisations; stimulates community action, particularly voluntary action, and encourages good practice; develops and manages demonstration projects; provides professional support and advice to key service providers; and raises awareness of rural issues and influences decision makers.
BEST VALUE	The means by which the Council is held accountable for the efficiency and cost effectiveness of its service provision and its proposals to improve on those services.
BME	Black & Minority Ethnic groups
CAB	Citizens Advice Bureau – voluntary organization providing advice to the public on employment, housing, immigration/nationality, consumer debt, and welfare rights.
CBL	Choice-Based Lettings - system for allocating social housing which provides an opportunity for people seeking social housing to choose which properties they wish to be considered for via a bidding process.
CEN	Creative Environmental Networks. They operate the local Energy Savings Trust Advice Centre and work in partnership with the local authorities across Kent on a number of initiatives.
CLSP	Community Legal Services Partnership – partnership which brings together organisations offering legal and advice services, such as solicitors in private practice, Citizens Advice Bureau, Law Centres, local authority in-house services, as well as representatives of the Legal Services Commission. All the partners act together to improve access to, and delivery of, legal and advice services in their local community. More than 200 Community Legal Service Partnerships have been established across England and Wales.

TERM	EXPLANATION
CMHT	Community Mental Health Team
CORE	Continuous Recording of Lettings – independently compiled statistics of all Housing Association letting activity
COMMUNITY PLAN	Strategic document developed by the Local Strategic Partnership (LSP) to improve local services and to meet the needs and aspirations of local people. The aim of the Community Plan is to promote the economic, social and environmental well-being of the borough.
CO2	Carbon dioxide – a major contributor to global warming.
CPA	Comprehensive Performance Assessment – assessment process introduced by the Audit Commission in 2002 as a tool to form a judgement about the performance of councils and their arrangements for improving services.
DECENT HOMES STANDARD	To be defined as 'decent', a home must: meet current statutory minimum standard for housing; be in a reasonable state of repair; have reasonably modern facilities and services; provide a reasonable degree of thermal comfort (effective insulation and efficient heating).
DFG	Disabled Facilities Grant: This is a grant made available to disabled persons to provide adaptations to their property. It is a mandatory grant. The amount of grant awarded is subject to a test of resources of the relevant person.
DIYSO	Do-It-Yourself Shared Ownership – former scheme funded by the Housing Corporation to provide cash grants to assist people in housing need to purchase a share of a home on the open market on a part rent/part buy basis.
ECOHOMES	An environmental assessment method for homes (superseded by the Code For Sustainable Homes) which addresses a range of environmental impacts such as energy, transport, pollution, materials, water, land use and ecology, health and well-being,
EMPTY HOMES STRATEGY	The Empty Homes Strategy sets out the ways by which the Council will encourage empty home owners to bring the empty home back into use.

TERM	EXPLANATION
ENERGY EFFICIENCY	Energy Efficiency is about reducing energy consumption in the house by improvements to a property and/or by making lifestyle changes.
EEC	Energy Efficiency Commitment – funding provided by the fuel utility companies for energy efficiency improvements, mainly insulation, by approved installers. 100% grants are available for priority households in receipt of one of the principal income or disability-related benefits. Partial grants are available for other households. The value of EEC funding varies and is linked to the carbon savings of the installed measures.
ENGLISH PARTNERSHIPS	English Partnerships is the national regeneration agency, supporting high quality sustainable growth across the country. They are the key delivery agency for urban renaissance and the government’s new Sustainable Communities agenda.
ESTac	Kent Energy Centre – a not-for-profit organization that is one of a network of local energy advice centres. The ESTac is funded primarily by the Energy Saving Trust and all thirteen of Kent’s local housing authorities. KEC works in close partnership with the authorities to help achieve the targets under HECA, provide free energy advice to all Kent households and reduce domestic energy consumption.
EVERY CHILD MATTERS	Central government programme aimed at transforming children’s services. The Children Act 2004 provides the legal underpinning for ‘Every Child Matters: Change for Children’. A series of documents have been published which provide guidance under the Act, to support local authorities and their partners in implementing new statutory duties. Well-being is the term used in the Act to define the five Every Child Matters outcomes which are: be healthy; stay safe; enjoy and achieve; make a positive contribution; and achieve economic well-being.
HOUSING CORPORATION	The public body that was previously responsible for funding new affordable housing and regulating the Housing sector, replaced by the Homes & Communities Agency.
HOUSING NEEDS SURVEY	Survey carried out by the Borough Council to determine the housing needs of the borough including the need for affordable housing.

TERM	EXPLANATION
HOUSING REGISTER	A list maintained by the Borough Council of households requiring affordable housing.
HSSA	– Housing Strategy Statistical Appendix – annual statistical return which local housing authorities are required to provide to central government.
IGP Grant	Innovation and Good Practice Grant – grant made available by the Housing Corporation to fund projects to promote innovation and good practice amongst Registered Social Landlords (RSLs) and their partners.
JARP	Joint Assessment Referral Procedure: A panel of relevant statutory agencies and local housing providers formed to consider the housing and support needs of vulnerable people.
JPPB	The Joint Policy and Planning Board: Established across Kent representing all the local authorities, Social Services and Health Authority to prioritise, monitor and review the provision of supported housing.
KCC	Kent County Council
KASH	Kent Action to Save Heat – energy efficiency advice and promotion scheme operating across kent. The scheme is managed by CEN.
FLOATING SUPPORT	This kind of support is “attached” to the client rather than the property and can follow the client if they move to another address. It lasts for as long as the client needs it and then it “floats” away to the next person in need. The client does not need to live at a certain address to receive the support.
FUEL POVERTY	Where people cannot afford to heat their homes to an acceptable level at a reasonable cost i.e. 10-20% of their disposable income.
GOSE	Government Office of the South East: Regional operations for nine central Government departments. Structured through multi-disciplinary teams that include housing and regeneration.

TERM	EXPLANATION
HCA	Homes and Communities Agency is the new housing and regeneration agency for England launched in December 2008. The HCA joins up the delivery of housing and regeneration under one roof, bringing together the functions of English Partnerships, the investment functions of the Housing Corporation, the Academy for sustainable communities, and key housing and regeneration programmes previously delivered by CLG
HECA	Home Energy Conservation Act 1995 – Requires local authorities to develop strategies leading to a ‘significant reduction’ in domestic energy consumption in their areas by 2010 and to report annually on progress made. A significant reduction is defined as 30%.
HIA	Home Improvement Agency – A not-for-profit organisation which assists older, disabled and other vulnerable people to have adaptations and repairs/improvements carried out to their homes to enable them to remain in their homes. Operated by in touch.
HOUSING ASSISTANCE GRANT	A discretionary grant made available by the Council under its Housing Assistance Policy to homeowners to fund repairs/improvements to their homes.
HiMP	Health Improvement Programme: Overall strategy in which health authorities work towards the improvement of the health of the nation. Within the HiMP there are particular targets for reducing heart disease, speeding up the treatment of cancers etc.
HNAS	Housing Needs and Affordability Study
HMOs	Houses in Multiple Occupation – Defined under section 254 of the Housing Act 2004. Generally where there is more than two non-related persons sharing a house where there is some sharing of facilities i.e. bathroom, kitchen.
HHSRS	Housing Health & Safety Rating System – new system for assessing housing conditions and determining enforcement action which replaced the fitness standard with effect from April 2006. An assessment of the dwelling will involve a physical survey of the property noting the hazards. There are 29 listed hazards which will be classified according to the likelihood of the harm occurring and the severity of the harm, as either category 1 or category 2 hazard, following a complex calculation.

TERM	EXPLANATION
HOME BUY	Scheme funded by the Homes & Community Agency to provide cash grants to assist people in housing need (including key workers) to purchase a home on the open market.
HOME REPAIR ASSISTANCE	A discretionary grant made available by local housing authorities under the Housing Grants, Construction & Regeneration Act 1996 to vulnerable householders to fund repairs/improvements to their homes. Repealed under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002.
HOUSE CONDITION SURVEY	Survey carried out by the Borough Council to determine and assess the condition of housing within the borough including the cost of works needed to bring homes up to the Decent Homes Standard.
ESTac	Kent Energy Centre – a not-for-profit organization that is one of a network of local energy advice centres. The ESTac is funded primarily by the Energy Saving Trust and all thirteen of Kent’s local housing authorities. KEC works in close partnership with the authorities to help achieve the targets under HECA, provide free energy advice to all Kent households and reduce domestic energy consumption.
KEEP	Kent Energy Efficiency Partnership – the consortium of all Kent local authorities working together to co-ordinate projects, share information, improve domestic energy efficiency and reduce domestic energy consumption.
KEY WORKERS	A key worker (as used for the purposes of the Key Worker Living (KWL) Programme) is someone employed by the public sector in a front line role delivering an essential public service in a sector where there are serious recruitment and retention problems: health, education and community safety sectors.
LAA	Local Area Agreement – an agreement (alongside a Local Public Service Agreement) between the Kent local area and central Government. It was established through Kent County Council (KCC), working with the Kent Partnership and other local partners. The intention of the agreement is to drive further improvements to services to local people in Kent from 2005-08. The LAA comprises a set of 18 agreed outcomes with an ambitious work programme. Outcome 17 is ‘to improve Kent residents’ access to homes of excellent quality, in the right place, at the right time and at right cost’, and includes targets for the delivery of new affordable homes across Kent.

TERM	EXPLANATION
LSVT	Large Scale Voluntary Transfer- Wholesale transfer of housing stock from a local authority to a housing association.
LDF	Local Development Framework – the Governments proposed replacement for the Local Plan.
LASHG	Local Authority Social Housing Grant – formerly capital grant funding paid by local housing authorities to Registered Social Landlords (RSLs) to support the development of new affordable homes. Grants paid by local housing authorities were reimbursed in full by the Housing Corporation. LASHG was abolished with effect from April 2003.
LOCAL HOUSING AUTHORITY	Local authorities with the statutory responsibility for housing matters. In two-tier local government areas such as Kent (excluding Medway, which is served by a unitary local authority, Medway Council) the district/borough councils are local housing authorities.
LSP	Local Strategic Partnership – a body consisting of key local organisations whose aim is to drive, develop and deliver the Community Plan and its review. The Tunbridge Wells borough LSP is known as the Community Plan Partnership.
LOW COST HOME OWNERSHIP	A range of initiatives which result in housing for sale at a lower price than the average open market price. Includes schemes such as shared ownership.
ME	Minority Ethnic – people from black, asian and ethnic minority communities.
NLA	National Landlords Association. National organisation working with and for landlords. Work in partnership with local authorities in Kent to help deliver landlord forums and other initiatives.
ODPM	Office of the Deputy Prime Minister – central government department established in 2002 which had responsibility for national policy and guidance on local government, housing and planning. Replaced by the Department for Communities & Local Government (DCLG) in May 2006

TERM	EXPLANATION
OT	Occupational Therapist – qualified professional who deals with cases where the service user has complex or multiple needs. OTs work in the community seeing people in their own homes where appropriate and assessing their needs according to their circumstances. The role of Kent County Council's OT Bureau is to assess the needs of people of all ages who have difficulty managing activities of daily living due to a physical disability or frailty for special equipment and/or adaptations to their home which will increase their control over the practical aspects of their everyday life.
PCT	Primary Care Trust: Part of the Health Authority with responsibility for primary care and general practitioner services.
PFI	Private Finance Initiative: Government scheme through which large capital projects can be financed.
PURCHASE & REPAIR	Scheme whereby a Provider of social Housing purchases a property on the open market and carries out repairs/improvements prior to reletting as affordable housing.
PSHCS	Private Sector House Condition Survey: The survey looks at the internal and external elements of a sample of homes throughout the borough to predict the work that will be needed and the cost of that work to bring homes in the borough to a decent standard.
PWLD	People with Learning Disabilities
PSL	Private Sector Leasing – scheme whereby private sector properties are leased by the Council for use as temporary accommodation for homeless households.
RCGF	Recycled Capital Grant Fund – receipts accruing from the sale of equity stakes in shared ownership accommodation.
RSL	Registered Social Landlord – non-profit making housing organisation managing and developing affordable housing, now called Registered Providers.
RIGHT TO ACQUIRE	A scheme giving eligible tenants of registered social landlords the legal right to buy the home they currently rent.
RIGHT TO BUY	Government policy that allows tenants of local authorities to purchase their home from councils with stock.

TERM	EXPLANATION
RPG	Regional Planning Guidance: Notes issued by Government to indicate its planning policies for the regions.
RP	Registered provider of social housing in England, regulated by the TSA irrespective of the private, public, for profit or not for profit status.
RURAL EXCEPTION SITES	Small plots of land in or on edge of villages to meet local needs for affordable housing on sites which would not have been granted planning permission for open market housing.
SAP	Standard Assessment Procedure is a measurement on a scale of 1 to 100, which indicates the energy efficiency of a property. The higher the rating the more energy efficient the property.
SECTION 106 (S106) AGREEMENT	Agreement under Section 106 of the Town & Country Planning Act 1990 on development of land. Often used as a legally binding agreement between a local authority and developer for a percentage of affordable social housing in a development. Often at nil public cost.
SEEDA	South East England Development Agency established in 1998 coming into operation April 1999 to take the lead in promoting the sustainable economic development of the area.
SEERA	South East England Regional Assembly – grouping of all South East local authorities with economic and social partners (businesses, voluntary agencies) set up and funded by central government to promote the South East England region. SEERA is the regional planning body responsible for the South East Plan and, with effect from April 2006, the South East Regional Housing Strategy.
SMART	How targets should be set if they are to be effective - Specific, Measurable, Achievable, Relevant, Timely.
SOCIAL HOUSING	Subsidised housing provided by local authorities or housing associations.
SOUTH EAST REGIONAL HOUSING BOARD	The strategic public body responsible for allocating public funding to Registered Providers of Social Housing and local authorities for housing investment in the South East.

TERM	EXPLANATION
SCG	Specified Capital Grant – capital grant funded by central government and paid to local housing authorities to meet part of the cost of funding Disabled Facilities Grants
SHARED OWNERSHIP	A form of affordable housing where the householder buys a share of the property and rents the remaining share, traditionally from a Register Provider In some cases it is possible for the householder to buy further shares of the property up to 100% ownership. See also ‘Low cost home ownership’.
SMART TARGETS	Specific, measurable, achievable, resourced, time-bound targets.
SPD	Supplementary Planning Document – document issued under the Local Development Framework (LDF) process setting out planning policy/guidance on a specific topic, eg affordable housing.
SPLA	Southern Private Landlords’ Association – a not-for-profit organisation representing residential landlords throughout Southern England. The Association actively seeks to achieve and maintain quality accommodation for rent and high standards of management in the private rented sector, whilst protecting and furthering landlords’ interests at both local and national level. SPLA offers landlords convenient access to a range of information, advice, services and support, which they would have difficulty finding elsewhere.
SHG	Social Housing Grant is capital grant to housing associations and other developing bodies to fully or partially fund social housing paid under S18 of the Housing Act 1996.
SUPPORTED HOUSING	Schemes for client groups needing additional support or care, e.g. people with learning difficulties, young at risk, frail elderly etc. Previously referred to, as special needs housing.
SUPPORTING PEOPLE	Grant for support services for vulnerable people to improve their quality of life and independence, providing people with housing related support services to remain independent or gain independence in their own home. Paid by central Government, administered by local authorities in partnership with NHS bodies and probation services.

TERM	EXPLANATION
TSA	Tenant Services Authority, launched alongside the HCA in December 2008, the TSA has taken over the Housing Corporation's responsibility for regulating housing associations and social landlords.
UNFIT HOUSING	A property was considered unfit for human habitation if it failed to meet one or more of the requirements of the fitness standard laid down in Section 604 of the Housing Act 1985 as amended by the Local Government & Housing Act 1989 and by reason of that failure was not reasonably suitable for occupation. The fitness standard was replaced by the Housing Health & Safety Rating System (HHSRS) which was introduced under the Housing Act 2004 in April 2006.
WARM FRONT	A central government-funded grant scheme (administered by EAGA) to provide heating and insulation to certain vulnerable households (e.g. over 60s, families with young children etc) where in receipt of one of the principal income or disability-related benefits. The Kent Energy Centre (KEC) can provide information on the qualifying criteria and make referrals to the scheme. Maximum grant available is currently £3,500 (or £6000 for oil central heating)
WINDFALL SITES	Sites not identified in development plan that may become available for development over the life of the plan.
YOT	Youth Offending Team – part of the Kent Youth Offending Service (YOS). There is a YOS in every local authority area in England and Wales. They are made up of representatives from the Police, Probation Service, Social Services, health, education, Drugs and Alcohol Team (DAT) and housing. Each YOT identifies the needs of individual young offenders by assessing them using a standardised national assessment guide. It identifies the specific problems that make the young person offend, as well as measuring the risk they pose to others.
ZONE AGENT	A Registered Provider of Social Housing (historically appointed by the Housing Corporation) to market low cost home ownership schemes (including those for key workers) across a sub-regional area. The zone agent deals with applications and assesses eligibility for such schemes. Moat Housing Group is the 'zone agent' for Kent.

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TONBRIDGE & MALLING BOROUGH COUNCIL

STRATEGIC HOUSING ADVISORY BOARD

10 November 2014

Joint Report of the Director of Planning, Housing and Environmental Health and the Cabinet Member for Housing

Part 1- Public

Matters for Recommendation to Cabinet - Key Decision

1 MOBILE HOMES ACT 2013 – CHANGES TO CARAVAN SITE LICENSING

Summary

This report updates Members on the recent changes to legislation surrounding caravan site licensing on permanent residential caravan sites. It also seeks Member approval for a Fees Policy in respect of charges for site licensing and applications and the deposit of site rules.

1.1 Introduction

- 1.1.1 The Mobile Homes Act 2013 (“the Act”) received Royal Assent in March 2013 and the changes to caravan site licensing came into force on 1 April 2014. The 2013 Act makes some significant changes to two long standing pieces of legislation, the Mobile Homes Act 1983 (“the 1983 Act”) and the Caravan Sites and Control of Development Act 1960 (“the 1960 Act”) and is designed to give greater protection to occupiers of residential mobile (park) homes on “relevant protected sites”.
- 1.1.2 A relevant protected site is a caravan site that is used for permanent residential occupation. It does not include those sites which have planning consent for holiday use or planning conditions limiting occupation to certain times or those sites with caravan site licenses exclusively for holiday use or under which permanent residential occupation is otherwise prevented.
- 1.1.3 The 1983 Act sets out the main provisions that apply to the contracts between a park owner and the resident, for example, site rules, pitch fees, transfer or selling of the homes. These are civil matters between the resident and park owner and have commonly been the subject of many of the disputes between parties. The 2013 Act looks to better define the parameters under which these agreements will operate and where necessary decide, if disputes arise. It introduces enhanced protection and regulation of site agreements in relation to relevant protected sites.
- 1.1.4 The 1960 Act sets out the provisions for the licensing and control of all types of caravan sites. The 2013 Act enables local authorities to monitor site licence compliance more effectively and have the tools to take enforcement action where

site owners are not managing or maintaining their sites and its services on relevant protected sites.

1.2 Changes to Caravan Site Licensing

1.2.1 The Mobile Homes Act 2013 amends the Caravan Sites and Control of Development Act 1960 to include provisions where:

- for the first time from 1 April 2014 local authorities can charge the site owner a fee for applying for a caravan site licence or transferring an existing site licence or amending caravan site licence conditions if requested by the owner.
- as well as charging an application fee, local authorities are also now permitted to charge site owners an annual fee for monitoring compliance with the caravan site licence conditions. The level of this fee will depend on various factors including the costs of the administration and inspection of sites. Failure to pay the annual fee may ultimately lead to the site licence being revoked. The Council does not currently inspect these sites pro-actively on an annual basis, responding only to requests for service.

1.2.2 Before the Council can introduce and charge fees it must prepare and publish a fees policy. When fixing a fee for an application, the Council must act in accordance with the fees policy, may fix different fees in different cases and in certain cases may determine that no fee is required.

1.2.3 If the Council introduces a charge for annual monitoring of a site licence the site owner can pass on the fee to the home owners on the site as part of their pitch fee. This additional charge to the annual pitch fee set by the site owner can only be included within the first year of the legislation, until 1 April 2015.

1.2.4 Other new powers permit the Council to:

- Serve a Compliance Notice where a caravan site licence condition is not being complied with or take emergency action where there is considered to be an imminent risk to health and safety. The Council may recover the costs it incurs in deciding whether to serve the notice, preparing and serving the notice as well as expenses incurred in serving the demand notice for recovery of costs. Enforcement Guidance for local authorities is due to be published by DCLG in the near future.
- refuse to grant a site licence where it considers that the applicant is unsuitable to hold a licence. In considering whether to grant a licence or approve a transfer of an existing one, a local authority must have regard to both the proposed management structures to be put into place by the new licence holder, the funding arrangements that will be in place for managing the site and the conduct of the existing licence holder if any. Licenses can

now be refused until arrangements can be made to satisfactorily resolve any issues, including accepting legally binding undertakings to pay outstanding debts or carry out site works required under the licence.

- 1.2.5 From the 4 February 2014 if a site owner of a relevant protected site wishes to enforce site rules, for example no dogs on the site, they must go through a prescribed consultation process and deposit them with the Council. The Council must create an up-to-date register of site rules in respect of relevant protected sites and publish this register on line.
- 1.2.6 There are currently twenty six single unit relevant protected sites with caravans on them licensed in Tonbridge and Malling and four larger relevant protected sites as follows:
- Bourne Park Home Estate, Golden Green – 10 caravans;
 - Towngate Wood Park, Tonbridge – 114 caravans;
 - Hilltop Manor Hotel, Stansted – maximum 20 caravans, currently seven caravans on site; and
 - Rear Harrow Public House, Hadlow – four caravans.
- 1.2.7 The first three are run as businesses whereas the last one is a Gypsy and Traveller family site.

1.3 Fee Policy

- 1.3.1 When setting an application fee for the licensing of a new relevant protected site the Council can take administration and site inspection costs into account and the costs included are illustrated in **[Annex 1]**. Typically this is likely to involve two site visits. One at planning stage or on immediate planning approval to discuss requirements with the site owner and a second visit following the issue of a new licence, to check conditions and site occupation. The total cost of processing a new caravan site licence application is determined to be £335. A caravan site must have planning consent for use as a caravan site before it can be licensed and once licensed it remains in perpetuity until a change of use or planning consent has expired. It is not envisaged the Council will receive a large number of applications for new relevant protected sites, a maximum of perhaps one a year.
- 1.3.2 An application to transfer an existing caravan site licence for a relevant protected site to a new owner will not generally require a site inspection and will be a desktop and administrative exercise. The costs included in administration of the transfer are illustrated in **[Annex 2]**. The total cost of processing a transfer application is determined to be £110. The Council generally receives no more than three transfer applications per year.

- 1.3.3 An application to alter a condition of an existing relevant protected site licence will also generally be a desk top exercise and any fee will be based on administration costs as in [Annex 2]. When setting conditions attached to a caravan site licence the Council has regard to the '2008 Model Standards for permanent residential sites' and the appropriate planning conditions; and also consults with the applicant. Given this consultation process any subsequent requests to change licence conditions are expected to be low and the cost of administering any charges are likely to outweigh making the actual alteration.
- 1.3.4 The cost of checking and publishing the deposit of site rules by the site owner of a relevant protected site is determined to be £60 based on one and a half hours of environmental health officer (EHO) costs and one hour of administration costs. Currently it is likely only Bourne Park and Towngate Wood Park will deposit site rules.
- 1.3.5 The annual monitoring of existing licensed relevant protected sites to check compliance with the caravan site licence conditions would be a new function. The Council already provides a prompt response to any licensing queries raised by residents and site owners. When deciding whether to introduce fees for annual compliance monitoring consideration will need to be given to the following:
- mobile home owners may argue they already pay for council services in terms of council tax and therefore the cost of this licensing function should be covered in this;

if the Council charges there will be a legitimate expectation from mobile home owners that they will get a better licensing service over and above what they currently receive; and
 - if certain relevant protected sites should be exempt from paying an annual fee such as:
 - sites based on a minimum size – this may be single unit sites or sites less than three or five units. The rationale being they are low risk, tend to be family run sites that are not considered commercially viable on their own as a business, are rarely subject to complaints and the cost of inspection is outweighed by the cost of administering any charges;
 - sites not run as a business – this would include family run sites and typical small Gypsy Roma and Traveller sites. Consideration needs to be given how the Council will qualify 'family site' and the evidence required to show that the site is not run as a business if challenged.

1.4 Legal Implications

- 1.4.1 The Council is not under a statutory requirement to charge for its licensing functions of relevant protected sites but if it chooses to do so, it must publish a

fees policy. Similarly it is not a statutory requirement to undertake annual compliance visits.

1.4.2 It is a statutory requirement to establish and keep an up to date register of site rules and publish the register online.

1.4.3 Once a caravan site licence is granted it is not time limited and will run for perpetuity as long as the site continues to have planning consent for a caravan site.

1.5 Financial and Value for Money Considerations

1.5.1 Charging for applications for licensing of relevant protected sites and the deposit of site rules will provide a revenue stream to fund these functions whereas previously this was not available. It is important in the current difficult financial climate that the authority recovers costs to support these functions going forward. If these costs are not recovered, then it will have an adverse impact on the levels of resources available to undertake this work.

1.5.2 Officers have had regard to the Council's fee setting guidance when determining the fee levels referred to in 1.3.

1.6 Risk Assessment

1.6.1 None arising from this report.

1.7 Equality Impact Assessment

1.7.1 See 'Screening for equality impacts' table at end of report

1.8 Recommendations

CABINET is **RECOMMENDED** to **AGREE** to Tonbridge & Malling Borough Council

1.8.1 Charging an application fee of £335 for processing a new caravan site licence for a relevant protected site.

1.8.2 Charging an application fee of £110 for the transfer of a licence to a different licence holder for a relevant protected site.

1.8.3 Not charging for alterations to existing site licence conditions attached to a caravan site licence.

1.8.4 Charging a fee of £60 for administering the deposit of site rules, maintaining and publishing the site rules online.

1.8.5 Undertaking a consultation exercise with residents and site owners on the four larger relevant protected sites identified in 1.2.6 to determine their view regarding annual compliance monitoring of site licence conditions detailed in 1.3.5 and the

charging of a fee for this function. The findings of this consultation exercise to be reported in a further paper to this Board.

Background papers:

contact: Hazel Skinner

Nil

Steve Humphrey

Councillor Jill Anderson

Director of Planning, Housing &
Environmental Health

Cabinet Member for Housing

Screening for equality impacts:		
Question	Answer	Explanation of impacts
a. Does the decision being made or recommended through this paper have potential to cause adverse impact or discriminate against different groups in the community?	No	The charging of a fee is applicable to all applicants for a new licence or the transfer of a licence on a relevant protected site. Similarly the fee for the deposit of the site rules by the site owner on a relevant protected site is applicable to all.
b. Does the decision being made or recommended through this paper make a positive contribution to promoting equality?	No	Caravan site licence applicants already have equal opportunity to make a caravan site licence.
c. What steps are you taking to mitigate, reduce, avoid or minimise the impacts identified above?		N/A

In submitting this report, the Chief Officer doing so is confirming that they have given due regard to the equality impacts of the decision being considered, as noted in the table above.

Processing costs for a new caravan site licence application

	Action	Time (Mins) EHO	Time (Mins) TO	Time (Mins) Admin
1	Enquiry received and service request entered on computer system.			30
2	Obtain planning documents. Record type of development permitted and restrictions etc on computer worksheet. Print hard copies of planning documents.			30
3	Make up new caravan site/Park home site file and attach above documentation			20
4	Send out site application form with covering letter and enter action on computer worksheet.		15	
5	Contact applicant and make appt to carry out initial site inspection enter action of computer worksheet		10	
6	Carry out initial site inspection. Advise applicant as necessary on layout, spacing and other site licence conditions. Help applicant complete application form, if required. Enter record of inspection on computer worksheet.		30	
7	Travel Time		60	
8	Enter particulars on application form on to premises record on computer system. Scan and save application form to computer system and link to worksheet.			30
9	Check application valid e.g. all compulsory questions completed and correct fee included Check all particulars entered on computer premises record correctly	40		
10	Carry out LRS to verify applicant is owner of land			15
11	Examine electrical certificate and any other documentation submitted with licence for validity. Enter action on computer worksheet.		20	
12	Carry out checks with other council services e.g. Finance and external agencies e.g. other local authorities. Record Action on computer work sheet.		20	
13	Obtain next consecutive site licence number on park home licence spreadsheet and enter details of site against that number.			10
14	Prepare draft site licence and send to applicant with covering letter. Include any recommendations and works required		60	

	resulting from initial site inspection. Save draft licence and letter to Uniform and link to RP module.			
15	Discuss any feedback with applicant on proposed site licence conditions with applicant. If amendments requested seek authority with line manager to amend conditions.	60		
16	Upon expiry of consultation period amend site licence if required. Print out two copies of site licence and proof read.		60	
17	Site licence to be checked and signed by line manager	30		
18	Send out site licence to applicant with covering letter.		10	
19	Scan and save signed copy of site licence to Uniform system and link to RP module. Insert hard copy of licence to paper file.			20
20	Update public register of licensed sites.		15	
21	Upon occupation of site contact site owner to make appointment for licensing inspection		10	
22	Carry out full site inspection. Make note of any breaches of site licence conditions/ works required		60	
23	Travel time		60	
24	Record visit and details on computer worksheet		20	
25	Complete risk assessment spreadsheet to determine next routine visit.		10	
26	Enter date of inspection and next routine inspection on park homes inspection worksheet. Next routine inspection as scheduled inspection on premises worksheet.		10	
27	Send letter to applicant notifying them of outcome of licensing visit.		60	
28	Additional 1 Complicated Cases			
29	Additional 2 Production of drawings			
30	Additional 3 Resolve application form queries on site			

	Total (Mins)	130	530	155
	Total hours as a Decimal	2.2	8.8	2.6
	Cost £	70.4	237.6	28.6

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Processing costs for the transfer of a caravan site licence

	Action	Time (Mins) EHO	Time (Mins) TO	Time (Mins) Admin
1	Enquiry received and service request entered on computer system.			20
2	Send out application form and covering letter detailing fee required		15	
3	Upon receipt of application form, scan and attach form to computer worksheet. Attach hard copy to paper file. Enter action on computer database and associated details Generate acknowledgement letter and send to applicant.			30
4	Enter particulars on application form on to premises record on computer system			15
5	Check application valid e.g. all compulsory questions completed and correct fee included Check all particulars entered on computer premises record correctly	30		
6	Carry out checks with other council services e.g. Finance, and external agencies e.g. other local authorities		20	
7	Carry out LRS to confirm applicant is new owner of the site			15
8	Amend site licence print out and proof read		30	
9	Amended site licence to be checked signed by line manager	30		
10	Look up records of outstanding historic breaches, outstanding notices etc.		15	
11	Send amended site licence to site owner with covering letter. Send written notification of outstanding historic breaches and outstanding notices to new site owner. Add to actions to electronic worksheet.		20	
12	Scan and attached signed copy of site licence to electronic worksheet and attached signed hard copy to paper file.			20
13	Attach hard copy of covering letter and notification of outstanding historic breaches and outstanding notices etc to electronic and paper file			15
14	Amend park home site licence spreadsheet and public register of park home site		20	

	licences.			
15	General additions time taken with telephone conversations and correspondence with applicant on typical variation enquiry		15	
16	Additional1 Complicated Cases			
17	Additional 2 Resolve queries on site			
	Total (Mins)	60	135	115
	Total hours as a Decimal	1.0	2.25	1.9
	Cost £	32.0	60.75	20.9

TONBRIDGE & MALLING BOROUGH COUNCIL

STRATEGIC HOUSING ADVISORY BOARD

10 November 2014

Joint Report of the Director of Planning, Housing and Environmental Health and Cabinet Member for Housing

Part 1- Public

Matters for Recommendation to Cabinet - Non-Key Decision (Decision may be taken by the Cabinet Member)

1 HOUSING LIAISON PANEL REPORT

Summary

This report explains the outcomes of a successful programme of meetings with the Council's Registered Provider Partners at the Housing Associations Liaison Panel Meetings and in particular discussion about the Affordable Rent model. It describes steps for pursuing possible future policy directions, making representations to (and influencing the approach of) our Registered Provider Partners.

- 1.1.1 Members will be aware that the Council regularly holds meetings of the Housing Associations Liaison Panel, with selected Registered Provider Preferred Partners. This round of the Panel was held between March and June with Circle Housing Russet, West Kent Housing Association, Moat, Hyde Housing, Town & Country Housing Group, Golding Homes, and Guinness Partnership.
- 1.1.2 The meetings were held against a wider context of current and emerging housing and welfare reforms impacting both on the housing associations, the Council and more importantly our residents. Members of the Liaison Panel took the opportunity to discuss a wide ranging agenda with each partner, in relation to their own existing presence and future aspirations in the borough. This included affordability issues, organisational structure, opportunities for future investment in Tonbridge and Malling, our emerging Local Plan and Strategic Housing Market Assessment (SHMA), a review of the Council's Housing Allocation Scheme, the Troubled Families Programme, along with traditional housing management matters such as the approach to tackling antisocial behaviour.

1.2 **Future Investment Opportunities**

- 1.2.1 All of the housing associations were actively seeking to continue their programme of providing new affordable housing in the borough. This would, as before, be across a range of tenures but primarily now the new affordable rent tenure, in place of social rent. None of the housing associations felt it was currently appropriate to provide new homes for market rent, but some saw delivery for

outright sale as a means to increase crossed subsidy to assist the provision of more units for rent, and form part of a broader offer to meet housing need.

- 1.2.2 The Council outlined a need for continuing supply of some social rented accommodation, which was broadly acknowledged. This is because the Affordable Rent tenure for some locations within the borough led to very high monthly rents, with the grave concern being whether this leads to sustainable to tenancies or truly affordable accommodation for those that live within it. It is likely that this is particularly true for low income households that are only partial in receipt of benefit, (or none at all).
- 1.2.3 Some housing associations were seeking to move away from the S106 model of provision and instead target schemes that they had outright control of, to be more secure from changes in the market. In terms of tenure balance shared ownership remained a priority for all alongside homes for rent. All the partners were reporting a much more buoyant and positive development environment, with very clear signs of recovery to an almost “pre credit crunch” level.
- 1.2.4 When exploring future unit type requirements all the housing associations were conscious that welfare reforms and the spare room subsidy “bedroom tax” will incentivise some households to seek smaller homes that were not always necessarily available in the existing stock profile. There was also a continuing consensus across organisations that that four bed homes or larger for rent were likely only going to be provided in exceptional cases due to caps to housing benefit levels, and that the immediate focus would be on additional units that were predominantly two beds. Despite this challenge it was made clear that the Council would work with our Partners on initiatives that would assist the feasibility of delivering four bed homes.
- 1.2.5 At the point in time the panels were held, each partner was submitting bids for funding to the Homes & Communities Agency (HCA) to access the Affordable Homes Programme Round 2. Although the success or otherwise of each bid was unknown at that time, the very positive outcomes are now reported in my HCA Update Report to the Board.

1.3 Emerging Local Plan and Strategic Market Housing Assessment

- 1.3.1 The Council described to each partner our approach regarding the emerging local plan, and in particular the evidence base provided by the new Strategic Housing Market Assessment. For affordable housing this discussion involved the Council’s desire to see an increase in the provision of smaller units (mainly two bed accommodation) over the traditional larger units historically sought through the planning system. However, it was still acknowledged that there was a continued need for larger units, albeit a reduced number.
- 1.3.2 One of the main topics that was discussed was the issue regarding affordability and rent levels of new affordable housing. Members will be aware that the new Affordable Rent tenure is causing significant concern within the borough,

particularly when implemented at the full 80 per cent of market rents. Discussions at the panel enhanced our Registered Provider partners understanding of the strategic pressures affordability of accommodation presented to the Council and the need to safeguard where possible negative impacts against the most vulnerable households (including economically active households on low income) that could lead to unsustainable tenancies.

- 1.3.3 The Council was clear to each partner that the forward supply of affordable housing must recognise and be mindful of how Affordable Rent is implemented, with affordability being the key consideration in how this tenure is provided strategically in the borough moving forward. This would mean that in many instances the Council would not be looking to our partners to set a rental income for new units by at a charge of lower than 80 per cent of the local market rent.
- 1.3.4 Each partner was entirely supportive and sympathetic to the concerns Affordable Rent presents, and a commitment was given in each instance to continue to work in partnership to ensure affordable housing addresses the borough's identified housing need in the most sustainable and balanced way. However a cautious mind set is required as the HCA's conditions to access grant funding and the expectations from Government about future provision are very much focused on the provision of Affordable Rent homes where the housing association maximise the rental income to 80 per cent.

1.4 Housing Allocation Scheme

- 1.4.1 The Council asked each housing association how they felt the new Housing Allocation Scheme was being implemented, and the degree to which it was operating smoothly. Members will recall that the new scheme sought to simplify the allocations process and give increased weight to applicants with a local connection.
- 1.4.2 Members will be pleased to note that all the Council's partners acknowledged the changing policy context that the revised Allocation Scheme had been adopted within, and all felt that it was operating very well.

1.5 Welfare Reform Discussion

- 1.5.1 All the housing associations continued to see a real challenge with Universal Credit in terms of communicating to some tenants that rent and housing costs must be prioritised over other lesser living costs, in terms of the transition to Direct Payments and the need for household budgeting skills. A general trend was that they had not experienced the high levels of rent arrears originally feared, but that this had been achieved through the creation of several new bespoke officer roles to enhance financial inclusion and work with more vulnerable households. The panel were pleased to learn that the high degree of preventative work performed by our partners seemed to be reflected in the outcomes discussed.

- 1.5.2 The Council expressed a desire to continue to work closely with each of our partners through the ongoing impacts of welfare reform, with a particular focus on more vulnerable households.

1.6 Approach to ASB

- 1.6.1 The Council wished to hear from each partner their approach to tackling sustainability and antisocial behaviour issues, and we described our high expectations for this area of their operations.
- 1.6.2 The housing associations described their policies in this regard and the resource levels available, as well as (where relevant) the recent experience of challenges and successes in this area. The Council also took the opportunity provided by the panel to remind our partners to engage in the Troubled Families Programme, which they all noted.

1.7 Conclusions

- 1.7.1 The continued practice of meeting our Registered Provider Partners has proved invaluable at cementing the relationships we have with them. It is clear they also view this approach as an excellent opportunity to engage with Members and officers across a broad range of matters, and to strengthen their strategic partnership with the Council. This was particularly true of the inaugural meeting with Golding Homes, who Members will recall became a Registered Provider Partner to the Council earlier this year.

1.8 Legal Implications

- 1.8.1 None arising from this report.

1.9 Financial and Value for Money Considerations

- 1.9.1 Successful joint planning for the increased supply of affordable housing will assist avoid future revenue growth pressures on other less satisfactory forms of accommodation, including temporary accommodation.

1.10 Risk Assessment

- 1.10.1 The maintaining of excellent relationships with our Registered Provider Partners is critical to being able to robustly perform the Council's functions as the strategic housing authority, and deliver our strategic housing priorities.

1.11 Recommendations

- 1.11.1 It is **RECOMMENDED** that a review of the Borough Council's planning practice to consider the changing environment regarding the funding and provision of affordable housing be undertaken, within the context of the evidence that will support the new local plan and a report to be taken to a future PTAB accordingly.

1.11.2 It is **RECOMMENDED** a review of the Borough Council's approach to negotiating with and influencing our Registered Provider Partners to address concerns regarding the affordability and sustainability of tenancies for some household types in relation to the Affordable Rent model.

1.11.3 It is **RECOMMENDED** the Borough Council continue to engage with our Registered Provider Partners through the Housing Association Liaison Panel to ensure the existing social and affordable housing stock and future pipeline of affordable homes meets the Council's strategic requirements and addresses our identified housing need.

The Director of Planning, Housing and Environmental Health confirms that the proposals contained in the recommendation(s), if approved, will fall within the Council's Budget and Policy Framework.

Background papers:

contact: Chris Knowles

Nil

Steve Humphrey
Director of Planning, Housing and
Environmental Health

Councillor Jill Anderson
Cabinet Member for Housing

Screening for equality impacts:		
Question	Answer	Explanation of impacts
a. Does the decision being made or recommended through this paper have potential to cause adverse impact or discriminate against different groups in the community?	[Yes / No]	[Please explain your answer]
b. Does the decision being made or recommended through this paper make a positive contribution to promoting equality?	[Yes / No]	[Please explain your answer]
c. What steps are you taking to mitigate, reduce, avoid or minimise the impacts identified above?		

In submitting this report, the Chief Officer doing so is confirming that they have given due regard to the equality impacts of the decision being considered, as noted in the table above.

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TONBRIDGE & MALLING BOROUGH COUNCIL

STRATEGIC HOUSING ADVISORY BOARD

10 November 2014

Joint Report of the Director of Planning, Housing and Environmental Health and Cabinet Member for Housing

Part 1- Public

Matters for Recommendation to Cabinet - Non-Key Decision

1 PRESENTATION- HOUSING ALLOCATIONS SCHEME REVIEW

Summary

This report updates Member on the suggested revisions to the Housing Allocations Scheme and seeks Member endorsement for the way forward.

1.1 Introduction

1.1.1 Members will recall that the Council's Housing Allocations Scheme was reviewed in 2012/13 following the introduction of the Localism Act 2011 and went live in September 2013.

1.1.2 The revised policy has now been in operation for over a year. Whilst it has generally operated satisfactorily, it is timely to now review the scheme to address some of the operational and strategic issues that have emerged since its implementation; to consider recent government guidance; and to reflect changes in the housing market and economy.

1.1.3 The issues and proposed changes will be addressed with Members by way of a presentation at the meeting. Members will be asked to endorse the proposed content and timetable for revisions to the scheme.

1.1.4 A further more detailed report will be tabled at the next meeting of this Board in February 2015.

1.2 Legal Implications

1.2.1 The Council has a legal duty under Part VI of the Housing Act 1996 (as amended by the Homelessness Act 2002 and the Localism Act 2011) to produce a Housing Allocations Scheme that sets out how affordable housing in the Borough is allocated.

1.2.2 There is some discretion which allows authorities to frame the scheme to meet the needs of their District/Borough, however, emphasis is placed on ensuring that affordable housing goes to the most vulnerable and those most in housing need.

1.3 Financial and Value for Money Considerations

1.3.1 None at this stage.

1.4 Risk Assessment

1.4.1 Failure to properly assess housing need and homelessness would leave the Council open to legal challenge.

1.5 Equality Impact Assessment

1.5.1 See 'Screening for equality impacts' table at end of report.

1.6 Policy Considerations

1.6.1 The Housing Allocation Scheme touches upon a number of key corporate priorities including Housing, Health and Wellbeing, Community Safety and Children and Young People.

1.7 Recommendations

1.7.1 **CABINET** is **RECOMMENDED** to **ENDORSE** the proposed content and timetable for revisions to the Housing Allocations Scheme that is presented to Members at the meeting.

Background papers:

contact: Satnam Kaur

Nil

Steve Humphrey
Director of Planning, Housing and
Environmental Health

Councillor Jill Anderson
Cabinet Member for Housing

Screening for equality impacts:		
Question	Answer	Explanation of impacts
a. Does the decision being made or recommended through this paper have potential to cause adverse impact or discriminate against different groups in the community?	No	There is no change to the current policy at this time. A more detailed impact assessment will be required prior to drafting the revised policy and going out to public consultation.

Screening for equality impacts:		
Question	Answer	Explanation of impacts
b. Does the decision being made or recommended through this paper make a positive contribution to promoting equality?	No	There is no change to the current policy at this time. A more detailed impact assessment will be required prior to drafting the revised policy and going out to public consultation. .
c. What steps are you taking to mitigate, reduce, avoid or minimise the impacts identified above?		A more detailed impact assessment will be required prior to drafting the revised policy and going out to public consultation..

In submitting this report, the Chief Officer doing so is confirming that they have given due regard to the equality impacts of the decision being considered, as noted in the table above.

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TONBRIDGE & MALLING BOROUGH COUNCIL

STRATEGIC HOUSING ADVISORY BOARD

10 November 2014

Report of the Director of Planning, Housing and Environmental Health

Part 1- Public

Matters for Information

1 KENT ACCOMMODATION STRATEGY

Summary

This report describes to Members Kent County Council's (KCC) new Kent Accommodation Strategy, and discusses matters relevant to Tonbridge & Malling.

- 1.1.1 The KCC Kent Accommodation Strategy identifies how the provision, demand and aspiration for housing, care and support services will be met for adult social care across the County. The document's aspiration is that people should live independently in their own home receiving the right care and support but that if that option is no longer suitable, the right accommodation solutions have to be in the right places across the county.
- 1.1.2 These solutions are based upon provision being the right type, tenure, size, and in the right location. This aim is coupled within the Strategy with improving commissioning of services across each of the six adult social care client groups:
- 1) Older People (over 65 years);
 - 2) People with a Physical Disability;
 - 3) People with a Sensory Disability;
 - 4) People with Mental Health Needs;
 - 5) People with Learning Disabilities; and
 - 6) People with Autism
- 1.1.3 Kent County Council has a statutory responsibility to fund people who are eligible for care services and believes it has become essential to agree a strategic direction and provide clear market position statements to all providers who want to work and develop in Kent. This is because social care, along with health, is experiencing unprecedented change and will face many challenges in future. KCC are hoping that the foundation of their strategy is the necessity to form

partnerships and work coherently to ensure that the current and future needs of the clients eligible for services are met.

1.1.4 The over-arching objectives of the Accommodation Strategy are to:

- provide a detailed understanding of existing housing and care home provision across Kent for Adult Social Care client groups;
- provide a detailed understanding of existing and predicted needs of Adult Social Care client groups;
- to help plan for future housing and care home provision across Kent, to include re-modelling existing provision to meet identified predicted needs;
- to help shape the housing and care home markets across Kent to ensure there is a range of appropriate accommodation available for all adult social care client groups; and
- to enable KCC to adequately plan for any future capital and revenue housing and care home expenditure

1.1.5 It is KCC's intention that the Accommodation Strategy will complement local district and borough housing strategies and will ensure that all future provision delivered is co-ordinated and sustainable. However, it is bold in stating that "to deliver the community support services in an appropriate environment there will need to be a dramatic increase in the provision of extra care housing and residential and nursing care focusing on services and design for people with dementia. To deliver (that) vision, substantial private sector investment will be needed alongside the co-operation of district councils, housing associations and health partners".

1.1.6 The Strategy provides "District Profiles" for every local authority within Kent. For Tonbridge & Malling **[Annex 2]** the profile describes that for residential provision the borough accesses acute services from either Maidstone Hospital or Tunbridge Wells Hospital, with a community hospital in Tonbridge. Furthermore, that Strategy notes "the borough could benefit from the development of all types of services and the plans for extra care housing would be of huge benefit to the local population. The Tonbridge team place only 33 per cent of residential placements in the district and 17 per cent nursing. The remaining placements are in Maidstone, Tunbridge Wells and Sevenoaks. This demonstrates a shortfall of services".

1.1.7 The Strategy highlights weaknesses of provision in west Kent, namely residential care and especially affordable versions of such. The Strategy acknowledges and welcomes the ongoing work between Tonbridge & Malling Borough Council and the Abbeyfield Kent Society in seeking to enhance and redevelop several existing

sites within the borough for older person's accommodation and extra care provision.

- 1.1.8 Tonbridge & Malling's own Strategic Housing Market Assessment (SHMA) from earlier this year describes the same pressures in terms of the borough's ageing population and requirements for a range of supported accommodation for different client types.
- 1.1.9 In conclusion KCC recognise that they have been led by the market in terms of providing people with the care and support services they require, placing people where the services are available and not necessarily where people wish to live and receive them. The Accommodation Strategy seeks to challenge this approach, moving towards a more efficient method of commissioning services, supporting the shift towards the personalisation agenda.

1.2 Legal Implications

- 1.2.1 None rising from this report.

1.3 Financial and Value for Money Considerations

- 1.3.1 None rising from this report.

1.4 Risk Assessment

- 1.4.1 None rising from this report.

Background papers:

contact: Chris Knowles

Annex 1 Kent Social Care Accommodation Strategy,
Better Homes Better Choice

Annex 2 Kent Accommodation Strategy District
Profiles

Steve Humphrey

Director of Planning, Housing and Environmental Health

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Kent Social Care Accommodation Strategy

Better Homes: Greater Choice

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1. Acknowledgements

The outline of this Strategy was driven by a Steering Group and supports the suite of documents including Better Homes: localism, aspiration and choice, Better Homes: housing for the third age, Better Homes: accessible housing and Think Housing First. The steering group was chaired by Mark Lobban from Kent County Council and the following groups were represented:

Kent Housing Group	Tracey Kerly
Homes and Communities Agency	Heather Stoner
Kent Care Homes Association	Kevin Parker
NHS	Jay Edwins
Kent County Council Property and Infrastructure	Ros Adby
Public Health	Debbie Smith
Kent County Council Older Persons and Physical Disability division	Mike Powe, Jane Barnes
Kent County Council Learning Disability and Mental Health Division	Mark Walker
West Kent Housing Association (Registered Provider)	Deborah White
Horton Strategic Limited	Brian Horton
Kent County Council Commissioned Services	Melanie Anthony
Think Housing Limited	Joanne Purvis
Joint Policy and Planning Board (Housing)	John Littlemore
East Kent District Councils (Housing) representative	Bob Porter
West Kent District Councils (Housing) representative	Patricia Smith
The private sector through Court Royal Developments	Gary Reeve-Wing
Kent County Council Procurement	Theresa Barwell Ward
Kent County Council Strategic Commissioning	Christy Holden, Virginia McClane,
Kent Planning Officers Group	Rob Jarman

The drafting and co-ordination of this strategy was carried out by Rebecca Smith from the Kent Housing Group. Particular thanks go to Rebecca and to Kerry Parr of The Health and Housing Partnership who carried out the Evidence Base that supports the strategy.

Thanks go to the Kent Housing Group, Joint Policy and Planning Board (Housing) and the Kent Planning Officers Group for continued support and engagement throughout the development of the strategy and going forward the implementation.

Further thanks go to all who participated in the Workshops for Older People including the Clinical Commissioning Groups and wider district councils and those who will be participating as we progress through implementation and delivery.

Supported by:



Kent Planning Officers Group (KPOG)

July 2014

This document is an over-arching Accommodation Strategy that provides strategic aims and objectives. The Strategy is supported by a number of documents/information pages that will be linked to the main strategy document.

The Accommodation Strategy was developed when the Kent County Council structure included the directorate Families and Social Care (FSC). From 1 April 2014, the County Council realigned its directorates introducing Social Care, Health and Wellbeing. Families and Social Care became part of this directorate.

2. Foreword

Across Kent, those involved in health, housing and social care are starting to radically reshape the way services are delivered, majoring on preventative community and health and social care that support people to stay in their own homes as long as possible. Kent has a strong commitment to developing partnerships and the ongoing appetite to deliver change collectively is crucial to the success of this.

To deliver the community support services in an appropriate environment there will need to be a dramatic increase in the provision of extra care housing and residential and nursing care focusing on services and design for people with dementia. There also needs to be flexible and responsive services for the provision of enablement and observation/assessment beds.

To deliver our vision, substantial private sector investment will be needed alongside the co-operation of district councils, housing associations and health partners.

If we get this right, this an opportunity to deliver first class community health, housing and social care services to all.



Paul Carter

Leader of Kent County Council



3. Executive Summary

This Accommodation Strategy is unique in the respect that it will set out a Kent wide position, bringing together the aims of Districts, Boroughs and the County Council, Clinical Commissioning Groups and other key stakeholders, encouraging an integrated approach to all opportunities. The Accommodation Strategy sets out the strategic direction for, and will help to enable the delivery of, suitable housing and care home provision for all KCC Adult Social Care client groups with reference to Kent's Children who may require access to housing opportunities either through being a care leaver or through transition if they have disabilities.

This document will provide clarity about the current levels of housing and care home provision across Kent, it will identify where there are gaps in provision, consider the future housing and care home accommodation needs of each of the adult social care client groups, and identify how and where these needs will be met going forward. The development of this Strategy will also provide clear Market Position Statements about how services will be commissioned in the future.

This clarity will positively inform and support District and Borough Councils in demonstrating how they will meet a range of housing needs, across the identified client groups, at a local level, both in the short term and in future years.

The over-arching objectives of this Accommodation Strategy are to:

- Provide a detailed understanding of existing housing and care home provision across Kent for Adult Social Care client groups;
- Provide a detailed understanding of existing and predicted needs of Adult Social Care client groups;
- To help plan for future housing and care home provision across Kent, to include re-modelling existing provision to meet identified predicted needs;
- To help shape the housing and care home markets across Kent to ensure there is a range of appropriate accommodation available for all adult social care client groups;
- To enable KCC to adequately plan for any future capital and revenue housing and care home expenditure

The KCC Adult Social Care client groups are:

- Older People (over 65¹ years)
- People with a Physical Disability
- People with a Sensory Disability
- People with Mental Health Needs
- People with Learning Disabilities
- People with Autism

¹ Access to Housing for Older People is commonly determined as 55+

To meet the objectives of this Accommodation Strategy and to support the vision of KCC in terms of social care provision, the approach to access and delivery of housing and care support services has to radically change.

The role of commissioning services for all adult social care clients is to:

- Improve their health and social care outcomes, to move away from complex and difficult to understand systems to simplistic pathways to housing and care and support provision,
- To respond to the increasing demand upon all services not only as a result of an ageing population but due to the multiple or complex needs of clients,
- Manage reducing budgets as a result of a reduction in central government funding,
- Achieve best value.

Historically KCC have been led by the market in terms of providing people with the care and support services they require, placing people where the services are available and not necessarily where people wish to live and receive them. This Accommodation Strategy will challenge this approach, moving towards a person centred approach and a more efficient method of commissioning services, supporting the shift towards the personalisation agenda.

The personalisation agenda is one of the most significant shifts in the transformation of social care and support, with a core principle to provide services based upon the needs of an individual, for services to be of a high standard and with recognition that the levels and types of services will vary significantly between individuals within defined adult social care client groups.

KCC is fully aware of the current financial climate and how it is impacting upon its partners, such as health, housing and residential care providers. It is recognised that organisations are providing services in an environment of reduced government funding with increasing build and design standards. This is coupled with a time of great change in relation to income with the introduction of the Welfare Reform Bill and the Care Act 2014 and the impact this will have across all the client groups, whether local authority or privately funded.

KCC recognise that meeting the current and future accommodation needs of adult social care clients will not always be met through new development, but through innovative and efficient re-modelling of existing stock, for example re-modelling of older sheltered housing schemes to deliver Extra Care Housing.

KCC seeks to encourage innovation in terms of design, whilst ensuring that there are an agreed set of Minimum Design Standards. Minimum Design Standards for both [Extra Care Housing](#) and [Care Homes](#) have been developed across a number of key partners, they are not prescriptive but do provide guidance about what is expected for developments within Kent.

The ambitions regarding innovation, evolution and a change in how services are provided are applicable to the Care Home market within Kent. There are pockets of the County where historically low property values have led to an increased/oversupply of Care Homes, these too may no longer be fit for purpose or of the right standard. KCC, Care Home providers, and all relevant stakeholders, such as the NHS (via Clinical Commissioning Groups) will need to engage and have well timed conversations about current and future business models of Care Homes. The Care Home providers will be expected to develop a range of innovative and high quality care and support options that allow people to meet their personal aspirations whilst maintaining links to their local community/support network.

Increasingly we will need to ensure that there is a wide range of accommodation solutions available to meet all needs across each of the client groups, and one of the ways we can do this is to develop more diversity in the market. This could include working with organisations from the private, public, voluntary and social enterprise sectors. KCC welcomes ideas and innovation from any group that thinks they could improve the way that people's needs are met. An example of this is the KCC proactive approach to the [Community Right to Challenge](#).

Care Home providers and registered providers are encouraged to make early engagement with KCC to avoid unnecessary closures of accommodation for vulnerable people, avoiding unnecessary negative impacts upon residents and the local community.

Asset management and collaboration, identifying where there is an opportunity to use land or existing buildings to provide much needed accommodation, is critical; KCC, Local Planning Authorities and public sector organisations will need to work in partnership to identify and bring forward these opportunities. Timely engagement prior to the planning application stage will allow partners the opportunity to maximise the knowledge and resources available to bring forward strategic developments.

The success of the objectives within this Accommodation Strategy will depend upon the understanding, commitment and partnership working of all those with a role or responsibility for improving the accommodation solutions and overall outcomes for each of the adult social care client groups. (See [Appendix Q](#) for a list of stakeholders and their roles and responsibilities.)

The development of the Strategy was completed when the County Council structure included the Families and Social Care (FSC) directorate. From April 2014, the County Council realigned its directorates introducing the Social Care, Health and Wellbeing directorate.

4. Document format and navigation

The Strategy and attachments are intended to be dynamic and evolving as we collectively learn more about the services, provision and individuals in Kent, implement commissioning strategies and develop new opportunities across the County.

The overarching strategy is supported by a number of documents, statements and plans, connected to the main document by a series of links. This document is designed to be online so that the most recent version is available.

The purpose of this Accommodation Strategy is to provide key messages to the market about supply, demand and intended future commissioning. As we focus on specific services and locations, Market Position Statements will be developed. The presentation of the document is intended for providers and developers to see how Kent looks as a County, broken down further into each district and also cutting across by client group.

There are a number of influences that requires the Strategy to be fluid. As services are developed across the whole sector, the impact on [What Influences Capacity and Delivery](#) will need refreshing. As KCC and the NHS work through towards integration the impact of community service provision will most certainly affect the requirement for building based services, including community hospital provision. The availability of land will vary between districts and how the private sector responds will require frequent review of the Strategy.

Case Studies are provided on innovative developments including [Health partnerships](#) and [Extra Care Housing](#).

[Strategic Messages, Key Findings and the Financial Impact](#) have been provided for each of the individual client groups, including [Kent's Children](#).

There has been a lot of research and discussion in the development of a number of recent strategies and documents which has provided the information on [How we know what people want](#).

The [District Profiles](#) will be the most frequently reviewed documents being adjusted as services are commissioned and decommissioned. The [Evidence Base](#) was completed at a point in time and was invaluable in understanding and determining the expected provision required by 2021. As we gather more knowledge, a refreshed needs assessment will be required and at that point a further forecast can be undertake for services to 2031.

The [Implementation and Monitoring](#) of the Strategy will include the development of a detailed plan for each client group.

This Strategy complements and [Links to Other Strategies](#) including the [KCC Adult Social Care Transformation Programme](#).

Helpful referencing is provided through the [Stakeholder Roles and Responsibilities](#) and [Glossary](#).

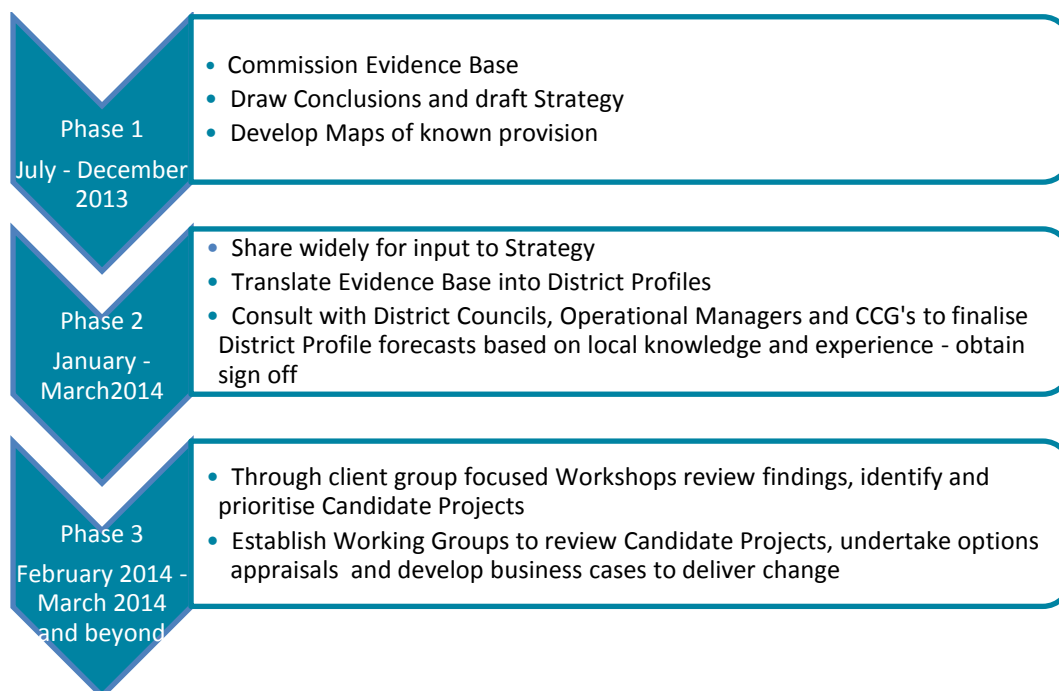
5. Time frame

The development of this Accommodation Strategy has been led by the Director of Commissioning at KCC in partnership with key stakeholders across Kent through the establishment of a Partnership Steering Group. Representation on this Group included KCC Families and Social Care (FSC) Commissioning and Operational Leads, Health, Kent Care Homes Association, Kent Local Authority Planning and Housing, the Homes and Communities Agency, Registered Providers, Private Developers and Supporting People.

The development of the Accommodation Strategy is through a three phase approach. Phase One commenced in the spring of 2013 with an agreed objective to produce an Accommodation Strategy that would be used to provide market position statements coupled with providing better outcomes for the identified adult social care client groups.

Phase Two is about using the evidence base, the current and future demands upon services and working with all relevant partners to establish where additional provision is required, where it is in excess and the type of accommodation that is needed to support the vision of the right service, for the right amount of time in the right location.

Phase Three will be the implementation phase. This will involve in depth workshops where professionals share their knowledge and experience of the area and using the evidence base to identify candidate projects. These workshops will identify pieces of work that will be taken forward and by developing options appraisals and business cases will attempt to address the over or under provision. These workshops will focus on the different client groups.

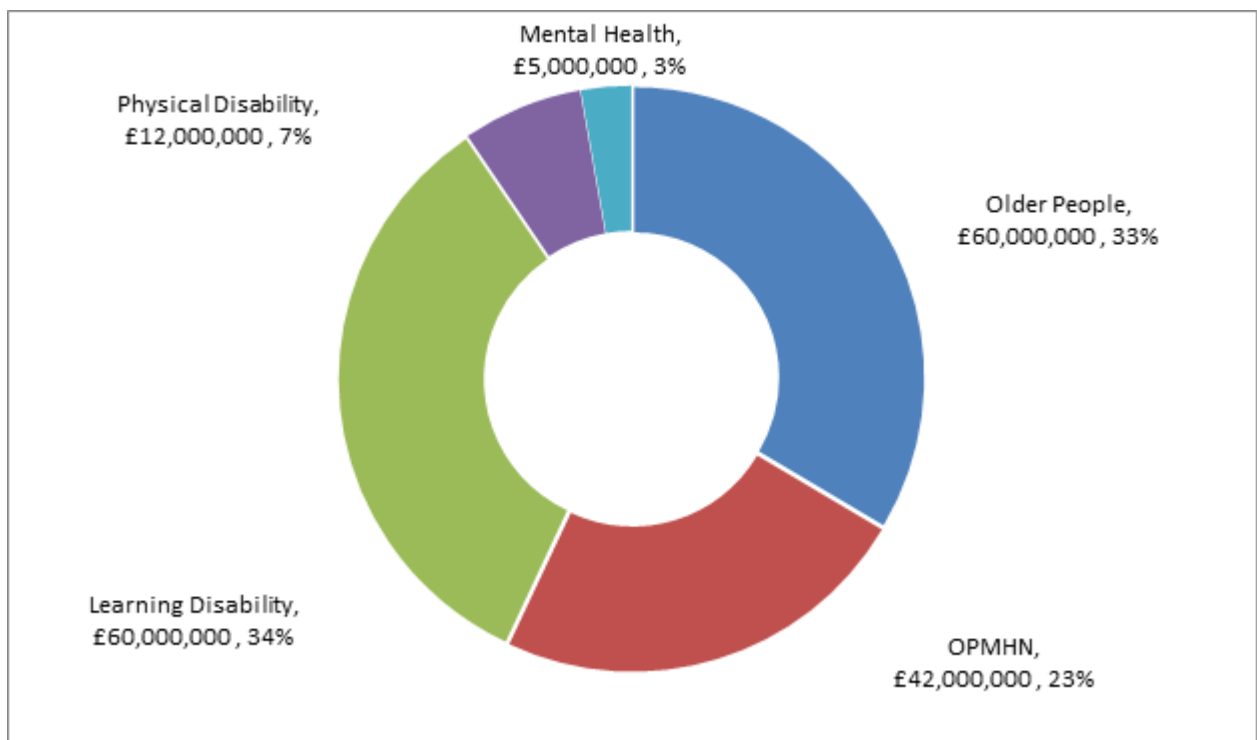


6. Why do we need an accommodation strategy?

KCC has a statutory duty to provide financial support to identified vulnerable adults who meet the eligibility criteria for care and support set by the County Council. Statutory responsibility for housing is with the twelve Kent District and Borough Councils. However housing provision with care and care homes attract people with eligible needs, and where a model of care provided is not in line with KCC strategic direction the consequences for Kent include increased numbers of empty units, out of County placements and increased resource pressure on all statutory services, which cannot continue.

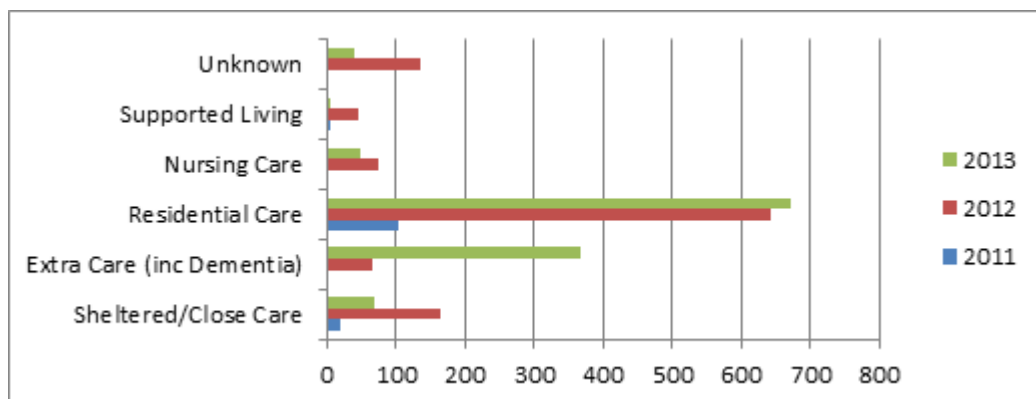
Kent has a growing care market with planning applications being submitted frequently for care homes or housing with support schemes for all client groups. To date this has been largely uncoordinated and has been market led.

The graph below is the amount of money that KCC has spent on residential and nursing provision across the client groups during the financial year 2013/14



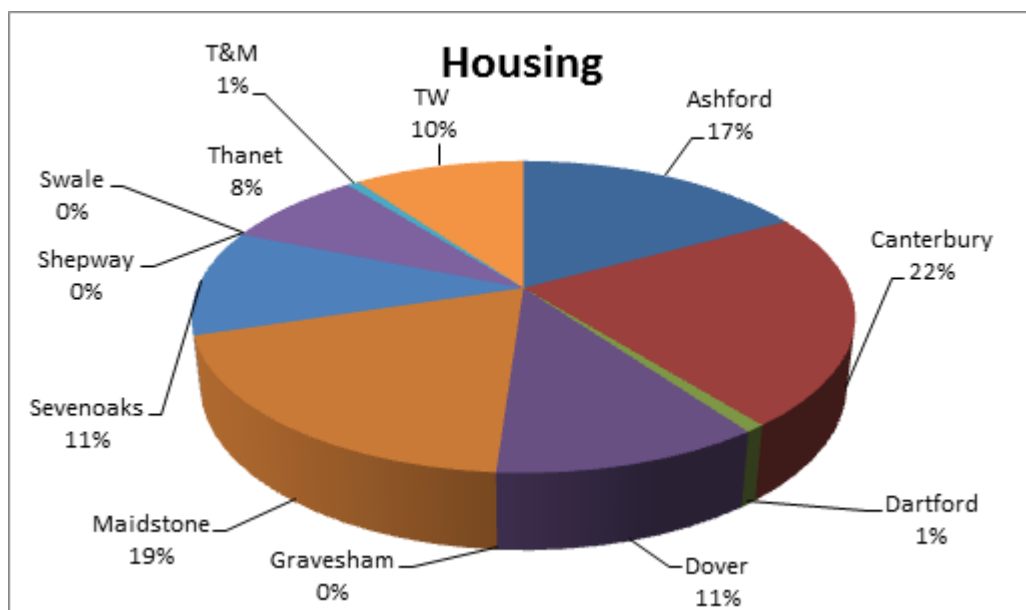
Graph 1 shows the number of applications received from 2010. KCC Families and Social Care (FSC) is asked to comment on planning applications and this has been a difficult task given the absence of a holistic review of needs and demand for the client groups. KCC FSC has known for some time that the direction should be to develop more housing options to reduce the burden on expensive care services such as residential care and with the introduction of the Care Act it is clear that there will be far more importance to provide housing options to both local authority funded clients and the self-funded market.

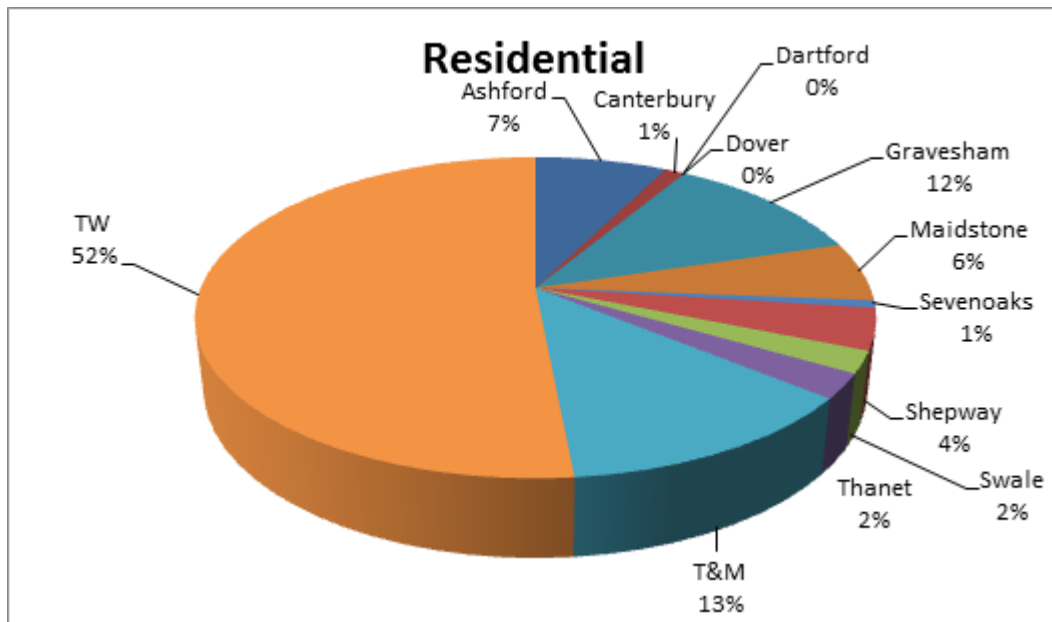
Graph 1: Planning Applications for care provision 2011-2013 = 2445 units/beds



Graphs 2 and 3 show the district and type of application received. These applications are largely without any influence from KCC and it is clear to see how an uncoordinated approach can influence behaviours from case managers when placing clients in residential care when compared to the evidence report that supports the Accommodation Strategy.

Graphs 2 and 3: Planning applications grouped by type and district





The evidence base does show a shortage of care provision in West Kent; however there is a requirement for affordable services in Dartford and Sevenoaks rather than just what is reflected here for Tunbridge Wells. It is accepted that not all applications have been successful.

Families and Social Care, in recent years, has been selective on the new care homes it has supported based on alternative provision in the market. However, this has been at the cost of new developments with modern design standards. FSC will be actively encouraging new care homes for older people in an attempt to redress the balance of ageing provision. Further analysis has shown that, for instance, the average care home in Kent has 35 beds (32 beds in the east of the County and 40 beds in the west of the County). Research undertaken by HPC Healthcare Property Consultants Limited analysing the CQC data between April 2011 and September 2013 showed that the average size of a care home registering for older people nationally is 57 beds and the average size of a care home de-registering for older people is 28. This compares to the South East Region of homes with 57 beds registering and homes with 25 beds de-registering. This is a consideration in the future planning of provision in each area.

A recommendation from the Kent and Medway Housing Strategy² was to develop a protocol for older person's accommodation as it had identified housing an ageing population as a key concern for Kent and Medway. Research undertaken by DTZ³ for the protocol Better Homes: Housing for the third age⁴ reviewed two predictive models that are most frequently used to answer the following questions:

- What is the demand for extra care housing and how much should be provided?

² Kent and Medway Housing Strategy – Better Homes: localism, aspiration and choice (2012 – 2015)

³ DTZ – Better Homes: Older People's Housing Needs and Aspirations

⁴ Better Homes: Housing for the third age

- What is the demand for Sheltered Housing and should it be decommissioned or remodelled?
- What is the demand for residential care, and how many people might be appropriately re-housed in extra care housing?

This report was analysed along with the two predictive models in the evidence base supporting the Adult's Accommodation Strategy and applies the findings to the existing provision in Kent.

This Accommodation Strategy is an over-arching document that provides strategic aims and objectives and is supported by and linked to a number of key documents and influences, including:

- The Evidence Base
- District Profiles, contextual and data tables
- Maps of existing supply
- CCG evidence for community care reviews, intermediate care provision and community hospitals (supporting the 2 year operating plan)
- Understanding what can influence capacity in area
- Understanding the impact of the Care Act and how this will affect the self-funded market
- Policy documents, Protocols and Frameworks developed
- Links to other Strategies

7. Policy Context

There are a number of strategies and frameworks within Kent that this Accommodation Strategy will have links with, form the evidence base for and support. These are listed as [Appendix G \(links to other strategies\)](#).

KCC is currently undergoing a council-wide transformation programme ([Facing the Challenge](#)). KCC is also working closely with its adult services transformation programme partners, Newton Europe, to create better outcomes while spending less money.

The Care Act 2014

The Care Act suggests that 1.4 million people nationally will need care and support over the next twenty years. This Accommodation Strategy is key in avoiding 'the next big housing crisis' to ensure that people are provided with the choice of accommodation to support their current and future care and support needs, which will have a positive impact for the many people on housing waiting lists as currently demand outweighs supply.

This Strategy is a document that responds to the aspirations of the Care Act; which highlights the importance of preventing and reducing the demands upon services and giving back control of managing personal care and support needs to the individual. The Care Act seeks to reform and drive up the quality of care, offering a modernised system that responds to need, promotes wellbeing and enables people to pursue education, employment and other opportunities that help them realise their potential. These are aspirations that KCC and its partners are seeking to achieve for the residents of Kent.

The Care Act, published in May 2013, introduces wide ranging reforms to the system of adult social care and will have far reaching implications for individuals, providers and local authorities. The Bill is expected to be enacted during 2014, along with up to thirty accompanying Regulations.

The Care Act introduces a number of new duties and powers and makes some changes to existing duties and processes. The new legal framework will be implemented from April 2015 but some of the key changes (care costs cap and raising the capital threshold) do not commence until April 2016. It is important to focus on the cap on care costs and the increase in the capital threshold within this Accommodation Strategy. These two specific elements of the Care Act impact upon commissioning priorities and the future availability of services for people, particularly self-funders, who will need to be assessed as eligible for adult social care and who previously would not have needed an assessment.

There will be an absolute cap on the amount a client of a service will have to pay for their care and support costs (in both residential and non-residential settings) based on

their unmet eligible needs (i.e. eligible needs that the council must provide for because they are not being met in any other way). This will initially be £72,000 for people over state pension age. It is expected that people who develop care and support needs below this age will have a lower cap; people who develop needs before the age of 18 are expected to receive free lifetime care to meet eligible care and support needs.

The amount that counts towards the cap will be the total amount the local authority calculates it will cost to meet the unmet eligible care and support needs regardless of whether the client is solely paying these costs themselves or whether the payment is split between them and the local authority. A self-funding client will be able to access care services at the rate determined by the local authority and will seek to find the best suited service at an affordable cost. This means that self-funding clients who would have previously chosen residential care possibly too early who choose to contact the County Council for an assessment will need to be directed to suitable alternative provision of 24 hour care services. This is also why this Accommodation Strategy has a greater focus on mixed tenure developments.

8. Financial considerations and opportunities

In a financial climate where sources of funding have and continue to reduce, the challenge is for KCC and its partners to deliver the vision and objectives of this Accommodation Strategy. This Strategy is the main source of identifying specialist housing needs for people who use Social Care services and must be recognised at District/Borough and Parish levels via the Local Plans and Neighbourhood Plans, as well as Land Allocations Supplementary Planning Documents.

KCC commissioners and providers will have to consider the impact of the personalisation agenda upon their business models with increased choice and control over purchasing by individuals. This means that people will be able to choose who delivers their services and whether, particularly for extra care housing and supported accommodation, they will buy in to the services offered on site.

Value for Money and efficiency will be a focus of any review of service and as we progress through the journey of integration, how the services can be commissioned to realise efficiencies and make the best use of available resources.

Using extra care housing as an example, research and evaluation undertaken across the Country demonstrates that this model benefits many. There are revenue financial benefits to the County Council, additional provision of accessible housing for older people supporting the district council housing strategies and reducing the need for Disabled Facilities Grants and better health and social care outcomes for individuals. The case studies (which can be found in the Appendices) provide further detail on the different models and benefits along with an estimation of the financial impact on KCC revenue budgets where a shift in provision from residential care to extra care housing is embraced.

Various forecasting tools were considered in the development of the [Evidence Base](#) and these have been considered. Further analysis has been undertaken balancing the a) the view of professionals working in the County and experiencing the gaps in service provision, b) the service ratio per head of population, c) the need to modernise services, d) the increase in population and e) the impact on investment in community services. The forecasts are presented in the [District Profiles](#).

The current [Affordable Housing Programme](#), administered by the Homes and Communities Agency is a £4.5bn funding programme that will end in March 2015, with the majority of the programme providing affordable rent and shared ownership homes. Between 2015-2018 the next Affordable Housing Programme will offer a reduced funding programme of £2.5bn, a significant reduction in Government funding coupled with an expectation to continue the growth of the social and market housing sectors. The majority of the new programme will be made available as Affordable Rent and affordable home ownership to meet local need, the Homes and Communities Agency is also committed to working with Providers to deliver housing that meets local

priorities and housing needs of all client groups within a community, including vulnerable and older people in both main stream and specialised housing. Registered Providers will therefore have to explore all funding sources and review business plans to assess the appetite to develop housing that responds to the housing need for each of the adult social care client groups.

District planning authorities in Kent are considering the introduction of a new planning charge, the Community Infrastructure Levy (CIL). Introduced by the Planning Act 2008, it came into force on 6 April 2010 through the CIL Regulations 2010. The money raised through levying a CIL can be used to fund a wide range of infrastructure that is needed as a result of development. This includes transport schemes, flood defences, schools, hospitals and other health and social care facilities. KCC's priorities for CIL are schools, transport and the needs of older people. However, it is understood that the accommodation needs of older persons will be in part supported by resources identified through Section 106 planning gain process.

Planning gain through Section 106 agreements has been used to provide affordable housing and links have been made with relevant stakeholder organisations with an interest in housing and social care. There are examples of this approach being used in Kent.

Government has introduced 'self-financing' for Local Authorities with a Housing Revenue Account (HRA) that still hold their own housing stock, this has allowed local authorities to retain their income generated locally and where appropriate re-invest the money at a local level. This change in the subsidy system has encouraged local authorities to review their business plans, encouraged investment and development using their own assets and in Kent, these authorities have challenged the Department of Communities and Local Government to consider further raising the Housing Revenue Account (HRA) debt cap to allow continued investment into new housing supply.

The Care and Support Specialised Housing Fund has a number of key outcomes that include 'improving the appeal of specialised housing options available by increasing the variety, quality and number of units available' and 'improving joined up working at a local level between local authorities, housing developers (private and affordable), health professionals, social services and local planners'. In Kent the allocation of this funding is critical to meeting the objectives of this Accommodation Strategy, providing a long term solution to housing and care needs, avoiding where possible unnecessary placements into residential care.

In Kent there is growing activity and work streams in relation to the South East Local Enterprise Partnership (SE LEP) and in December 2013 the SE LEP submitted to the Government a preliminary submission of their Strategic Economic Plan. Within this plan were 9 Asks of Government, linked to Chapter 7 Enabling Housing Growth. Ask 9 is relevant to this strategy, it is to *'agree to channel NHS prevention funding to the*

SE LEP to target specific housing developments for specialist older persons that are tele-health and tele-care enabled across priorities locations.'

This Ask of Government builds upon the previous NHS Care and Support funding programme that was administered via the Homes and Communities Agency, targeting schemes which supported the work of the HAPPI research and dementia friendly communities. The intended outcome is to mainstream construction of older persons housing across tenures to support the ageing population, ensuring that accommodation is ready for ageing and can support independence and wellbeing for later life, providing a choice of good quality desirable accommodation types that older people would choose to move to or downsize into in preparation for later life.

Further information

South East LEP Growth Deal and Strategic Economic Plan (web pages about the plan)

<http://www.southeastlep.com/our-local-growth-deal-and-strategic-economic-plan>

<http://www.southeastlep.com/about-us/activities/262-developing-a-growth-strategy-and-prioritising-investment-in-the-south-east>

South East LEP Growth Deal and Strategic Economic Plan (PDF document to download)

http://southeastlep.com/pdf/South_East_LEP_%E2%80%93_Growth_Deal_and_Strategic_Economic_Plan.pdf

9. Current position and direction

Through the development of this Strategy, evaluation of the Evidence Base and engagement with key stakeholders, there have been a number of emerging themes which have formed the conclusions of this Strategy. A summary of the current position and future direction across Kent is detailed below, however there will be local variations and therefore the [District Profiles](#) and emerging Market Position Statements will provide greater information:

Client Group	Current Position	Future Direction
Older People including Dementia	<ul style="list-style-type: none"> • Over-provision of residential care • Under-provision of dementia nursing care • Under-provision of extra care • Average size of a care home in Kent is 40 beds • Evidenced efficiencies through extra care housing • Community hospital provision older and smaller not getting best value • Inefficient rehabilitation and enablement model for intermediate care 	<ul style="list-style-type: none"> • Increase provision of extra care housing and other models • Increase provision of nursing and dementia care homes • Increase fit for purpose modern care homes and as a result reduce older converted care home provision • Investment in Community Services, both health and social care, to prevent reliance on long term residential services • Greater use of tele-technologies across all provision
Learning Disability	<ul style="list-style-type: none"> • Growing care home market that is not supported strategically by KCC • Other local authorities placing people in Kent providing issues for ordinary residence • Varying availability of supported accommodation • Lack of choice and availability of alternative provision resulting in the only option for people to be placed in residential care • Needs of individuals not clearly understood 	<ul style="list-style-type: none"> • Provision of some specialist residential provision targeted to move people into independent living • Undertake detailed review of the needs of individuals to determine whether they are in the best place for them • Understand and make provision for the range of needs of people in care homes • Undertake detailed commercial understanding of sector • Develop provision as an alternative to residential care

	<ul style="list-style-type: none"> Needs of people in residential care currently range from very low to very high 	<ul style="list-style-type: none"> Greater use of tele-technologies across all provision
Physical Disability	<ul style="list-style-type: none"> Some specialist residential provision across the County Varying waiting lists for DFG's across the County Wide ranging needs of individuals difficult to predict Specialist provision developed for access across the Country means local provision is impacted 	<ul style="list-style-type: none"> Through development contributions, increase the supply of wheelchair accessible housing Undertake detailed review through workshops on the current activity and models and research service provision around the country for best practice Promote use of tele-technologies across all provision
Mental Health	<ul style="list-style-type: none"> The market believes there is a need to develop more residential care, this is not supported strategically by KCC Some interest from the market to develop large supported accommodation schemes, determined as more than 12 units, this is not supported strategically by KCC Supported accommodation with assured shorthold tenancies effectively working to progress people through services 	<ul style="list-style-type: none"> Develop more supported accommodation in some areas of the County Adequate provision of supported accommodation in some areas at the current point in time, will need a further focus as the move to decommission further residential care provision is appropriately managed Undertake a review of the care and support provision to make sure best value is achieved
Autistic Spectrum Disorder	<ul style="list-style-type: none"> Insufficient provision for those that challenge services Continued use of services for people with learning disabilities or mental health needs as a lack of alternative suitable services 	<ul style="list-style-type: none"> Develop more supported accommodation with specialist design and tailored care and support services
Children	<ul style="list-style-type: none"> Over use of bed and breakfast accommodation 	<ul style="list-style-type: none"> Promote the need for younger people to hold tenancies

10. Conclusions

KCC is clear about the over-arching position that will benefit the residents of Kent. This is based upon the range of national and local policy objectives impacting upon how, where and when services are commissioned and provided to those who require them.

This Accommodation Strategy concludes that KCC want to see:

- Responsible, flexible and integrated commissioning of services to respond to current and future need
- More people residing in accommodation that meets their individual accommodation and care and support needs, evidenced by cross agency needs assessments
- More Extra Care Housing, exploring the opportunities to develop mixed tenure models of extra care housing
- More Supported Accommodation (learning disability, mental health needs and those with an autistic spectrum disorder)
- A reduction in the reliance on care home settings
- A greater focus on preventative services designed to keep people at home longer
- Regular review of placements into care homes when this is the immediate appropriate accommodation solution
- Flexible business models in both care homes and housing to adapt to the need for short and long term re-enablement needs
- A range of housing options available for all the adult social care client groups
- A commitment to avoid isolation and ensure integration within a community
- A commitment to review existing provision across all accommodation types, to re-model/develop to more specialised provision where required, undertaking cross agency needs assessments
- Innovative design and technology ready accommodation
- Partnership working and delivery of accommodation solutions across District and Borough Council boundaries and Clinical Commissioning Groups

Appendices

A] What influences capacity and delivery?

There are a number of factors that will influence the capacity and delivery of the outlined objectives within this Accommodation Strategy, including the choice and availability of good quality appropriately placed accommodation solutions for all adult social care client groups. An increase in Older People demography for example, will increase the capacity requirements for Care Homes in an area, as will inappropriate geographical placements, increasing the capacity requirement in one area and decreasing it in another. A more preventative focus on enablement, Telecare and outcome focused homecare services will allow independent living and also reduce the capacity for Care Home provision.

Additional factors, such as the potential closure of Care Homes or NHS Community Hospitals, or new developments will influence capacity and delivery in Kent. Using the evidence base to make informed decisions about the number type and placement of alternative suitable accommodation solutions will reduce any potential negative impact across Kent and satisfy some or all of the capacity issues within an area.

KCC acknowledge that some clients with severe or complex needs will still require Care Homes, but this type of accommodation should be flexible to adapt to any change in need, reducing the likelihood of unnecessary movement and the impact this may have on both the client and the capacity within a particular area. An informed understanding of current placements is required before decisions about future provision of some accommodation types can be made, for example determining whether current placements in a Care Home setting for clients with Learning Disabilities or Mental Health needs are appropriate.

Intermediate Care and Community Hospitals

Intermediate care is defined as a range of integrated services to promote faster recovery from illness and maximise independent living - (Halfway Home 2009). Intermediate care services should be targeted at older people who would otherwise face unnecessarily prolonged hospital stays or inappropriate admission to acute inpatient care or long term residential care. It should be time-limited, normally no longer than six weeks and frequently as little as one to two weeks.

Joint commissioning of services can assist with Health and Social Care agendas and bring together full integration. Community hospitals exist in most districts in Kent and provide support to older people. The age and condition of the community hospitals will be part of the consideration of the options appraisals for each identified project area to address the issues that this Strategy has identified as part of Phase Three. A review of community hospitals in Kent has been completed by Health and aims to ensure bed based services are flexible to meet current and future demand, delivered in modern facilities close to the communities in which the client lives.

Intermediate Care can be provided in care homes and community hospitals. In Kent there are significantly more beds than the national average as determined by an audit in 2013 commissioned by the NHS. The challenge in Kent is to ensure that these beds are not used as a reactive solution and that instead the beds are used as a genuine intermediate care option. This Accommodation Strategy supports the vision for more integrated care across the whole system, identifying people before they go into crisis, supporting the aim to use a step up model to access community beds and allow people to remain independent at home for as long as possible.

Intermediate Care is not about the provision of beds, more the efficiency of the service. The success of Intermediate Care largely depends on the efficiency, throughput/length of stay and responsiveness of the individual teams. (One bed with a 13 week stay means it can only be used by four people a year, improve the efficiency and have a four week stay and it can be used by 13 people a year). KCC Public Health Team has identified, in line with national trends, many Kent residents have two or more long term conditions (some have up to eight). We know that 45% of people using Intermediate care services nationally currently require a bed based service as a result of a hospital admission or to prevent a hospital admission.

As the Kent population rises over the next few years this means we may require more beds unless we do something different. Risk stratified data in South Kent Coast, for example, showed that people went from acute to community beds in response to the pressure the acute hospitals were under. If we continue to work towards integrated services, identifying people before they go into crisis, we can put more services around the individual in their own home and use a step up model to access community beds. By using this model it could reduce the need for short term beds by 30%.

The current model of short term provision in care homes can be expanded as long as the care worker understands the role of enablement and additional support is provided, such as the physiotherapy inputs. This is an emerging model in Kent whereby extra care housing can be utilised as a short term flat with nominations managed by KCC with the first flat of its type opening later in 2014.

Land Availability

The availability and cost of land in Kent for development purposes will vary across the County. The West of the County is considered more affluent and therefore land costs are high, whilst the East of the County is less affluent. Limited land supply and high costs coupled with the reducing ability of developers to secure development finance and public funding will challenge KCC and its partners to consider and influence how the use of all public land or assets is determined in the County. All stakeholders will need to become more innovative about the use of existing provision to meet the current and forecasted demands upon housing and care accommodation solutions and services for the adult social care client groups. This challenge is linked to the [Kent and Medway Housing Strategy](#), which highlights that “The public and private

sectors need to consider how they can work together to support economic growth, through the collective use of and disposal of public land assets”.

It is again key for links at District/Borough and Parish level, through use of Land Allocations Supplementary Planning Documents to increase the opportunity and encourage developers and providers to provide the appropriate number and design of accommodation units to meet forecasted need.

The role of the private rented sector

There is significant interest, from both the private and public sector, in the establishment of an institutionally-funded private and affordable rented sector in England. The key issue in attracting institutional (and sizable private) equity is one of scale. The objective is to secure a sector that eventually becomes a bespoke asset class within which investors are willing to invest in the same way that they do with other property asset classes.

In Kent we have identified and recognise the potential for institutionally-funded investment by private sector organisations into the building of new homes for rental in the private and affordable sectors. The growth of the private rented sector and identified need for affordable rented homes has attracted interest from the institutional investment community. This provides an opportunity for public sector organisations to develop models for working in partnership with developers and investors to facilitate the delivery of new private rented and affordable rented homes.

As an example, KCC has entered into an innovative land deal to enable sizable institutional investment through the Kier Kent Initiative. This Accommodation Strategy provides clarity and confidence to the investment community to identify projects for investment that respond to Kent's identified strategic priorities.

KCC also accepts that linked to the private rented sector is the use of Housing of Multiple Occupation (HMO), and that there is a place for HMO's within the spectrum of an accommodation pathway. KCC would have a view about the placement of vulnerable client groups within this type of accommodation and could have local discussions with all relevant organisations about the appropriateness and suitability. If developments of HMO's are considered in the future then they would need to refer to the current HMO Amenity Standards.

B] Case studies:

Townlands Community Hospital, Henley-On-Thames

Proposals for a new community hospital to replace a dilapidated health facility on the Townlands site in Henley-on-Thames have been through various iterations for more than 15 years. Townlands Hospital sits on a 6.5 acre site of prime land value, close to Henley town centre. The original site included listed buildings that had to be retained. Successive business cases were not able to progress for financial reasons, and at one point the hospital was identified for closure. However, in 2010 Oxfordshire Primary Care Trust sought commercial advice on how to secure the investment required for a new modern and safe health care facility. This led to an innovative solution that delivered significant value for money to the NHS.

The whole site was split into three sections. The first section, the site of the original hospital, was sold freehold. The listed buildings were refurbished, and the additional development around them was designated as private older people's housing, including extra care. The second section was sold on a long lease to Order of St John to build a care home, which included facilities for patients with Alzheimer's disease.

The income from these two transactions was used as a pre-payment on a lease to a developer to build and maintain a new community hospital. The tenants of the new hospital include a community services foundation trust, an acute foundation trust and a national hospice operator.

The commercial transaction made innovative use of the intrinsic value of surplus land in order to modernise the estate. The commercial approach to designing the site generated significantly greater income than the original value of the dilapidated buildings.

Case Study - Orford Jubilee Neighbourhood Hub, Warrington

Opened in May 2012, the Orford Jubilee Neighbourhood Hub brings together leisure, library, and lifestyle services, which transferred from Warrington Borough Council into a non-profit community interest company called LiveWire (LiveWire 2013). Leisure, NHS and library staff work under one roof, providing a wide range of services for the local community, including stop smoking and healthy weight services, a crèche, swimming lessons and reading groups. The development, which is the only 2012 Olympic legacy facility built outside London, is the result of a £32 million regeneration initiative and a successful partnership between Warrington Borough Council and Warrington Primary Care Trust. In total, more than 20 organisations were involved in the project – all with different funding and governance arrangements. (Fulcrum 2013).

C] Strategic messages, key findings and financial impact

The National Planning and Policy Framework (NPPF) outlines the Government's main objective, which is to deliver sustainable development via the planning system that will promote strong, vibrant and healthy communities. This is to include an increased supply of housing to meet the needs of present and future generations.

Below are links to the user specific strategies. The Accommodation Strategy is expected to deliver a picture of what it will look like to deliver services in Kent from the view of both the district/locality or by client group. The links below are for organisations interested in how the market will take shape by client group. The [District Profiles](#) will paint the picture of the district.

[Kent's Children](#)

[Older People](#)

[Dementia](#)

[People with Learning Disabilities](#)

[People with Mental Health Needs](#)

[People with a Physical and/or Sensory Disability](#)

[People with an Autistic Spectrum Condition](#)

D] How Do We Know What People Want?

During the last few years the Kent Housing Group and Joint Policy and Planning Board (Housing), in conjunction with a number of stakeholders, including KCC, have developed a suite of protocols, including the [Better Homes: Accessible Housing](#) and [Better Homes: Housing for the Third Age Protocol](#). These protocols have been developed with input from the clients accessing the services through focus groups and case studies, details of which are relevant to this Accommodation Strategy.

In terms of people with physical and/or sensory disabilities key findings of the Better Homes: Accessible Housing have included 'disability is not just about wheelchairs and can cover a broad spectrum of needs', that adaptations are key, but the time between assessment and installation can be a lengthy process and that how they look within a home setting is important. Having access to information at the right time is important as is signposting and support to access services as this will assist an individual to make informed choices about the type of accommodation that will meet their needs. This Accommodation Strategy seeks to provide a better understanding of the housing needs of those with a physical or sensory disability, providing guidance on design and encouraging the involvement of clients in the development of new accommodation, and signposting to enable clients to make informed choices about their current and future needs, all points which are referred to in the Better Homes: Accessible Housing Protocol.

Research for the Better Homes: Housing for the Third Age Protocol, which focuses on older people highlighted that there is a lack of clear information and guidance about the different types of older people's accommodation available, the cost of it and any eligibility criteria for it and this is a barrier for older people living in Kent and Medway. The research by the Social Innovation Lab for Kent also found that many older people will avoid making decisions about accommodation and care until they reach crisis point, indicating that more work is required by all stakeholders to engage with older people to promote all the housing and care options available to them, for example GP Surgeries and libraries disseminating information to older people, in particular owner occupiers whose knowledge of alternative options may be limited.

Live It Well, for Kent and Medway 2010-2015 engagement concluded that people with mental health needs have a desire to become and live within a community, not to be stigmatised or isolated. The engagement also found that there is a requirement for improved signposting and support for those with mental health needs who want to make informed choices, especially with regards to expenditure of personal budgets, in line with the personalisation agenda. Having out of hours or 24 hour support available to those who may require it was another finding through the engagement process, essential for those who may find themselves at crisis point.

Similar to the other engagement work in Kent with other adult social care clients, the Valuing People Now work concluded that those with learning disabilities want to be

part of a community in which they feel settled, to have access to information about the services, education/training, employment pathways or support they may require now or at a future time. They also have a desire to live independently and that understanding their housing options is important.

E] District Profiles

The figures and forecasts in the district profiles are not designed to be targets for each Local Authority to deliver. The development of different accommodation and services will assist KCC in meeting objectives in terms of the transformation agenda and efficiencies, in line with the vision of this Accommodation Strategy. Monitoring the impact of this Accommodation Strategy will be through developing more accommodation whilst delivering efficiency savings.

KCC and its partners a long history of delivering and developing innovative accommodation solutions across the spectrum of vulnerable people in Kent and will welcome any opportunity to continue this partnership working.

Download: [District Profile information](#) (PDF)

Download [District Profile data](#) (MS Excel)

F] Implementation and Monitoring

The Accommodation Strategy is an evolving dynamic document. Focus has been made through its development on the Older Person's services and the Workshops have identified a number of candidate projects for exploration.

Market Position Statements will be developed and published in due course.

It is expected the priority of focus will next be on the Learning Disability services as there will be an emerging plan for delivering the vision for people with learning disabilities. Through the next six months detailed work will take place to identify the detailed strategy, Market Position Statements and candidate projects.

Delivery of the Accommodation Strategy will be monitored and governed by the KCC Adult Transformation Board with a communication strategy developed to report progress to Kent Housing Group and the Health and Wellbeing Board.

This Accommodation Strategy has been delivered by KCC in development with a number of key stakeholders who will all be responsible and take ownership of the delivering the visions and objectives identified. On completion of the evidence base and Strategy, Phase Three will commence.

Phase Three is focusing on 'options appraisal' and 'business cases' and will involve a number of key stages. It will encompass all the work from Phase One and Two and use the evidence to discuss at a local level how, where and when the required type and number of accommodation solutions will be delivered.

[Maps](#) have been developed by district and client group detailing the current supply of accommodation against deprivation. Through Phase Three these maps will be utilised and supported by SHAPE, an interactive mapping tool, to overlay with other services including GP provision and populations.

District profiles for each Kent local authority area have been developed and these are in two parts. Part one is written context that includes development and progress, part two is the specific data sources and forecasts using a range of assumptions which may be different for each district and CCG area. These [district profiles](#) have been ratified and agreed by all stakeholders.

KCC and all relevant partners will come together to consider potential 'candidate projects' in Phase Three. These are going to be areas where there is potential to use the evidence base to reduce/increase or remodel existing provision, including working across local boundaries where appropriate. This may also include the identification of where services or accommodation solutions can be 'clustered', ensuring the provision of more services across more than one location and a more efficient commissioning process.

Phase Two will also consider the needs of those who are currently resident in an accommodation type. There should not be an assumption that clients who are resident in a care home setting or sheltered housing scheme are in the right type of accommodation. This will have an impact upon ensuring there is the right type and amount of accommodation across Kent.

Download: [Evidence Base](#)

G] Links to other strategies

There are a number of strategies and frameworks within Kent that this Accommodation Strategy will have links with, form the evidence base for and support, these include the following:

- Facing the Challenge: Delivering Better Outcomes <http://kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/facing-the-challenge>
- Kent and Medway Housing Strategy <https://shareweb.kent.gov.uk/Documents/community-and-living/Regeneration/KFHS%20Refresh%20FINAL.pdf>
- Better Homes: Housing for the Third Age Protocol <http://www.kenthousinggroup.org.uk/uploads/OPFrameworkFINAL2.pdf>
- Better Homes: Accessible Housing Protocol <http://www.kenthousinggroup.org.uk/uploads/PandDProtocolFinalNov13.pdf>
- Kent Looked After Children Strategy 2011 - 2014 <https://shareweb.kent.gov.uk/Documents/childrens-social-services/children-in-care/Looked%20after%20Childrens%20Strategy.pdf>
- Valuing People Now https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/250877/5086.pdf
- Kent LD Partnership Strategy 2012 – 2015 <https://shareweb.kent.gov.uk/Documents/adult-Social-Services/learning-disability/LD%20Partnership%20Strategy%202012-2015.pdf>
- Mental Health Live It Well Strategy https://shareweb.kent.gov.uk/Documents/adult-Social-Services/mental-health-services/live_it_well_strategy_%20final.pdf
- Housing Mind the Gap <http://www.kentippbhousing.org/uploads/ThinkHousingFirstNov13.pdf>
- Sufficiency Strategy <https://shareweb.kent.gov.uk/Documents/childrens-social-services/children-in-care/KCC%20Sufficiency%20Strategy%202013-2015.pdf>

Whilst this Strategy started in early 2013 as an Adult's Accommodation Strategy led by FSC and supported by Kent Housing Group. Subsequently:

- Supporting People commissioned a needs analysis to identify their priorities and commissioning intentions and Commissioned Services will be brought under the direction of Strategic Commissioning from April 2014
- Children's services were required to undertake a 16-24 Vulnerable Young Person's needs analysis and Strategy in response to the recommendations of the Sufficiency Strategy for the suitability of accommodation
- CCGs are reviewing the Community Hospital provision which may impact on the availability of existing or new care home provision for intermediate care

- Facing the Challenge is reviewing all KCC in-house older persons residential care provision as part of a Market Engagement and Service Review and FSC is reviewing in-house learning disability respite provision.
- KCC realigned its services into the Social Care Health and Wellbeing directorate. There will be emerging Strategic Priority Statements and Visions to support the strategies and Transformation

HJ KCC Adult Social Care Transformation Programme

The KCC Adult Social Care Transformation Programme Blueprint sets out the key objectives to 2015;

“Our objective is to improve the social care outcomes for the people of Kent, whilst moving Families and Social Care (Adults) to a position where, by 2015, it can operate on a significantly reduced budget.

People are at the heart of adult social care activities, receiving integrated services that are easy to access, of good quality and that maximise their ability to live independently and safely in their community.”

KCC recognise that there are external factors which impact upon the cost of delivering care services in Kent. These factors, including those residents who source, manage and self-fund their social care services outside of the social care system, make it difficult to understand the current market position of the whole social care sector. These also impact upon how to commission appropriately for future provision of care services.

For KCC to meet the competing objectives of providing high quality appropriate housing and care and support to the adult social care client groups whilst reducing the overall expenditure, it is paramount that those who require the social care services are doing so in the right place for the right amount of time and at the right cost. This Accommodation Strategy will assist in the delivery of the Transformation Programme objectives in terms of having an evidenced understanding of the current demographics and use of services in the County and using this to make informed predictions about the impact of demographic changes, changes in health, changes in income levels and where people will want to access housing, care and support services in Kent both in the short and long term future.

There are six Transformation Themes, all of which have elements relevant to the development of this Accommodation Strategy;

- 1. Prevention, Independence and Wellbeing**
- 2. Supporting Recovery, Maximising Independence, Assessing at the Right Time and Right Place**
- 3. Support at Home and in the Community**
- 4. Place to Live**

Sufficient and suitable housing that offers a real alternative to residential and nursing care, with dedicated support including 24/7 on site support and technology for mixed tenure that encourages balanced communities.

This is about having an attractive offer for all adult social care client groups, that their short and long term housing and care and support needs are considered and

managed appropriately. This is also about integration within a community, using technology to support independence where appropriate and also to recognise that all adult social care clients should have the opportunity to explore and consider all forms of housing tenure that are currently available to other Kent residents.

5. Every Penny Counts

6. Doing the Right Things Well

The detail for point 4 has been left in as this directly relates to this Strategy, however they would all impact.

I] Kent's Children

KCC's Specialist Children's Services provide services for Children in Care (CIC), Children on the edge of Care, Care Leavers and Children with Disabilities.

This Accommodation Strategy has to recognise that there is a link between Children and Adult Services, and that it is important to ensure there is an appropriate transition of services and support to improve the outcomes of this client group when they become adults.

Since 2010 there has been a growth in the Kent's population of children and young people (0-19) from 350,500 in 2010 to 360,400 in 2012 and it is projected to grow to 366,300 by 2015. Ashford, Maidstone and Dartford are three districts in Kent with the highest forecast 0-19 population growth; this is coupled with a corresponding 4.5% growth in Kent's Children in Care population, meaning there will be an extra 82 CIC by 2015.

In accordance with national requirements, KCC have produced a Sufficiency Strategy (2013-15) with the aim to assess and address the placement needs of current and future CIC and care leavers, improve their outcomes due to having a better understanding of their needs and current provision.

The scope of the Sufficiency Strategy is not just about making good placements but also to co-ordinate a range of activity across Children's Services, including support families to stay together if it is safe to do so, minimising the need for children to come into care or to support their timely return to their families.

There are ten priorities for Kent's CIC and Care Leavers, priorities eight and nine are of particular reference to this Accommodation Strategy:

- *Supporting children and young people in care to make a successful transition into adulthood through the provision of good quality leaving care services which promote stability of relationships, education, training and employment, suitable accommodation and support.*
- *Work with Adult Services to ensure clear pathways are in place for young people requiring services as adults.*

There are children and young people (aged 16+) who are disabled, known to youth offending and unaccompanied Asylum Seekers who are currently receiving support from KCC or residing in specialised accommodation, both of which will continue to be requirements once they move from childhood into adulthood. Managing this transition to ensure that the outcomes for these children and young people is crucial and must be a consideration going forward.

The Children and Families Bill will see a transformation of the system for children and young people with special educational needs (SEN), including those who are disabled,

so that services consistently support the best outcomes for them. The Bill will extend the SEN system from birth to 25, giving children, young people and their parents' greater control and choice in decisions and ensuring needs are properly met.

The Staying Put guidance published in 2013 commits a local authority to enable Children in Care to stay in foster placements until they are 21, if appropriate.

KCC will work with its District Council partners to refresh old, and introduce new, protocols that focus on the Child in Care or leaving care with an aim to live independently in decent accommodation.

The focus on the Learning Disability client group in the next six months will identify areas of priority in Children's services to make sure there is a seamless pathway through transition and that messages are consistent to families about maximising an individual's potential to live independently.

J] Older People

In common with national trends Kent has an ageing population with people generally living longer and remaining healthy, fit and active for far longer than previous generations. This increasing trend is and will continue to place demands upon housing and care and support services available.

KCC recognises and fully supports independence amongst the older population in Kent and people's desire to live in their own home for as long as possible. However this does not necessarily mean that it is appropriate to remain in their existing family home.

Housing for the Over 55's

The majority of people aged over 55 in Kent are likely to be in general good health, economically active and in some form of paid employment. The number of people aged over 55 is set to increase dramatically over the next twenty years, an estimated population increase of nearly 50% from 490,000 in 2008 to 720,000 by 2031. There has been a huge rise in the number of over 55's who are owner occupiers and this number is set to grow with three out of four people aged over 55 being a homeowner by 2031.

The increase in the over 55 population and the amount of potential equity held by this client group will have a significant bearing upon the housing aspirations and expectations should they consider moving from their current family home to specialised accommodation. Older people have many different needs and aspirations for their accommodation solutions in later life and so a good mix of accommodation types is required to meet these varied needs and aspirations. Encouraging "younger" older people (those aged up to 65 and those without any existing care needs) to move from existing accommodation will present a real challenge to local authorities and housing providers.

Housing, care and support needs for older people can be met in a variety of settings, specialist supported housing, Extra Care Housing, other care settings and also via floating support services or home care in mainstream housing. The Care and Support Bill stresses that it is key to have a better understanding of what is on offer. Without suitable attractive offers of alternative housing and care home solutions, older people will remain in potentially unsuitable, hard to maintain housing. This will result in the poor health and wellbeing of an individual, coupled with an increased demand upon health and social care services.

The offer of alternative accommodation needs to be attractive, well designed and allow integration into an existing community. The accommodation offers will need to appeal to a range of ages and needs, including a variety of care needs. The accommodation should not feel clinical; it should be bespoke, flexible and offer choice where possible.

Innovative design is critical in meeting the diverse needs and aspirations of society today.

By 2030 population estimates indicate that the number of older people over 85 years old will be twice what it is now, therefore housing care and support services need to be designed to be 'age proof' and enable people to plan adequately for a secure later life.

Extra Care Accommodation

As previously stated Extra Care Housing needs to be an attractive option of alternative accommodation for those currently living in general needs housing. Extra Care Housing can easily support the prevention agenda and reduce the number of hospital admittances and long term stays. The care and support services within Extra Care accommodation need to be equipped to meet the additional needs of older people, for example Learning Disabilities or Mental Health Needs, having the flexibility that will prevent an unnecessary and more costly move into residential care, which may not be the preferred choice of client accessing a required service.

Technology is a key design element of Extra Care accommodation. These buildings have to be technology ready to ensure that the focus upon a person centred approach to services are not affected by the lack of technology, which could lead to an unnecessary placement in residential care.

Extra Care should offer short-term or recuperative placements for those who leave hospital and require a period of re-enablement and assessment for a good recovery. Short-term provision would allow professionals and the client an opportunity to make better informed decisions about current and predicted future housing care and support needs. This could prevent unnecessary placements into a residential care setting. Consideration should also be given to using Extra Care accommodation to provide bookable respite for carers who have responsibility for providing care to a range of client groups.

Download: [Extra Care Design Principles](#)

Care Homes

For some older people, living in housing, even where care is provided may not be suitable. Some people will still require, or choose to live in a residential setting. Therefore KCC needs to ensure that appropriate high quality care home provision is available across the County for those that need it.

Currently in the East of the County there is an oversupply of residential beds for older people and in the West of the County there is an oversupply of older persons nursing beds. The demand for services and residential settings in the West of Kent from self-funding clients restricts the choice and availability for older people funded by KCC for both residential and nursing care beds. KCC has to work with providers to create a balance in the type and availability of the accommodation to ensure that older people

do not remain in unsuitable, hard to manage accommodation or that they are isolated from their community or support network due a placement away from their current community.

KCC want to reduce the numbers of older people being placed into residential or nursing care by providing genuine alternative choice and make better use of accommodation such as Extra Care Housing. In some instances, residential care settings can have a negative impact upon the wellbeing of an individual. They can deteriorate quite rapidly, so preventing unnecessary placements before this level of care is required is critical.

Care Homes provide an essential service in its short term provision where commissioned. Business models could be developed whereby the service offered for people requiring step up/step down short term beds could be an intensive enablement service with proper facilities to assess an individual's ability to get them back home. This could include a separate kitchen designed for individuals to be assessed at making a sandwich, for instance.

There will also be a requirement to develop more services capable of offering bariatric provision.

Download: [Care Home Design Principles \(Older People\)](#)

[Care Home Standards](#)

Financial Implications

During the period 2013/14, KCC paid approximately £330 per week for standard residential care for both the hotel/management costs and provision of care. This cost is fixed until a point where a client's needs change and they require a different residential service. The services offered by care homes, such as the provision of cooked meals, mean that a client access the service can lose their independent living skills very quickly may also become institutionalised.

In 2014, KCC will be determining a fair cost of care for residential services reviewing the actual costs of provision.

When considering the standard residential care model in direct comparison to someone moving into extra care for the 2013/14 period, the latter model will provide a tailored care package which would adjust depending on their needs of the individual and the costs would be considerably less. Research shows that a client in residential care would receive between 10 and 14 care hours per week, resulting in an average cost of £12 per hour for an average package of 12 hours per week; this would cost KCC £144 per week for the client rather than £330 per week. Clients receive a financial assessment by KCC to contribute towards the cost of their care and this will differ between people in residential care and those who are living in the community.

Therefore, it is assumed that the net cost to KCC for residential would be approximately £250 and for extra care would be approximately £100 per week showing a saving to KCC of £150 per week per client.

This strategy looks to develop 2,542 additional extra care housing units across Kent, of which a third would be designated a direct replacement to residential care. This could cost £6.8 million less than current revenue expenditure from KCC budgets alone.

KCC is actively developing extra care housing schemes and some of the arrangements include a rent free flat in order that KCC and partners can deliver short term step up/step down services, assessment services and intermediate care. Additionally, the nominations agreements mean that KCC along with the registered provider and the district council has direct control over who enters the extra care, maximising the use of the schemes and financial savings as detailed above.

K] Case Study: Housing LIN and evaluation of East Sussex extra care housing

The Housing LIN has commissioned a lot of research into extra care and, more recently an evaluation of extra care in East Sussex was undertaken. Extracts of both are detailed below.

The Housing LIN Housing Viewpoint 21 states:

- Where it is appropriate postponing entry into residential care for one year saves an average of **£28,080 per person** (National evaluation of POPPs. Personal Social Sciences Research Unit for Department of Health (2010))
- Adaptations can reduce the need for daily visits and reduce or remove costs of homecare (savings range from **£1,200 to £29,000 a year**) (Better outcomes, lower costs. Heywood et al (2007))
- Benefits that could result from a reduction in care needs within an extra care housing setting. For example, a movement from low support needs to very low support needs equating to a potential saving of over **£5,000 annually per person**. (Establishing the extra in Extra Care: The costs and benefits of living in extra care housing. ILC-UK (2011))
- Where a block amount is charged for care provided at higher FACS levels of care, ILC-UK found that 26% of those who enter on a higher support package experience a decrease in care needs within 5 years. this equates to a potential annual saving for residents who rely on social services contributions, and who move from a higher care package, of **£5,432.60 per person** or; Taking an average scheme of 60 housing with care apartments for older people, this potentially results in annual revenue saving on home care of **£326,000 per annum**. Establishing the extra in Extra Care: The costs and benefits of living in extra care housing. ILC-UK (2011)

The Business Case for Extra Care Housing in Adult Social Care: An Evaluation of Extra Care Housing schemes in East Sussex states:

“After passing a strategic milestone in the development of extra care housing in East Sussex early in 2012, (the completion of one extra care scheme in each Borough and District) Commissioners decided to take a step back and commission an independent evaluation of extra care housing. This tested two key hypotheses with the aim of providing a clear evidence base to inform future decisions related to financial investment in extra care housing. The hypotheses were as follows and were overwhelmingly upheld:

- Extra care housing is a preventative model, supporting independence and avoiding admissions into residential care;
- Extra care housing is a more cost effective model of care delivery than other models, including residential care and care in the community.

- *The result of this evaluation, undertaken between November 2012 and January 2013, has delivered very positive and encouraging outcomes for the further development of extra care housing. This has given pause for thought about the future strategic direction of extra care housing in the county and the role played in this by the County Council.*
- *The most significant findings include the following:*
- *When assessing where residents in the schemes would live if they were not living in extra care housing, 63% were judged as needing residential/EMI/nursing care;*
- *The enabling design and accessible environment of extra care housing supported self-care and informal family care, thus increasing independence;*
- *The evaluation outcomes strongly support the preventative nature of extra care housing;*
- *The importance of the on-site restaurant was emphasised, not only for nutritional and health impacts, but also as a social hub and springboard for social activities.*

The financial impact of the findings was considerable, with the evaluation indicating that the cost of extra care housing was on average half the gross cost of the alternative placements. When analysing the individual client data it became clear that, using the financial framework developed in East Sussex, the best impact and financial returns were delivered by clients at the high end of the medium dependency care band, i.e. between 10 to 14 hours per week of care at the point of entry (there are differing care hour requirements in the dependency levels across the county).

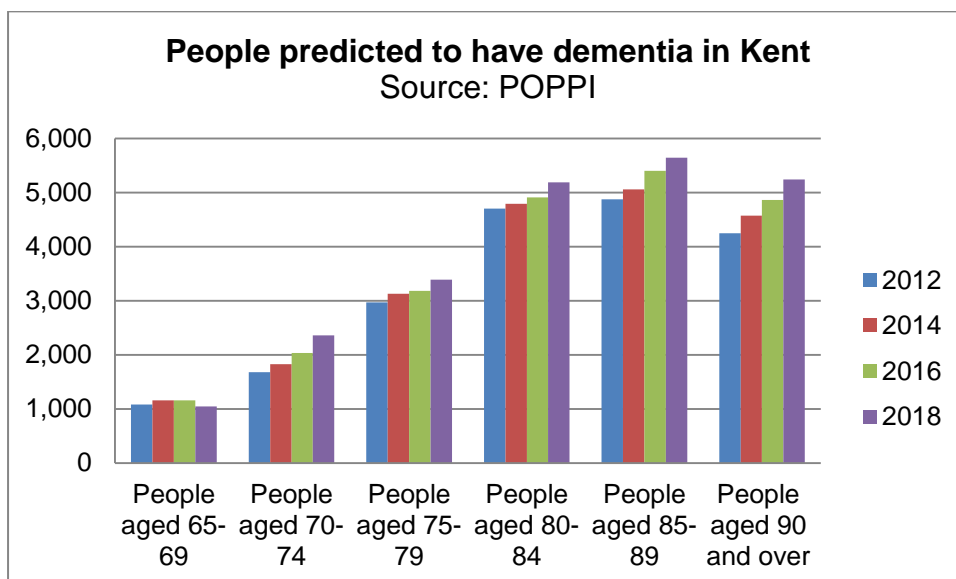
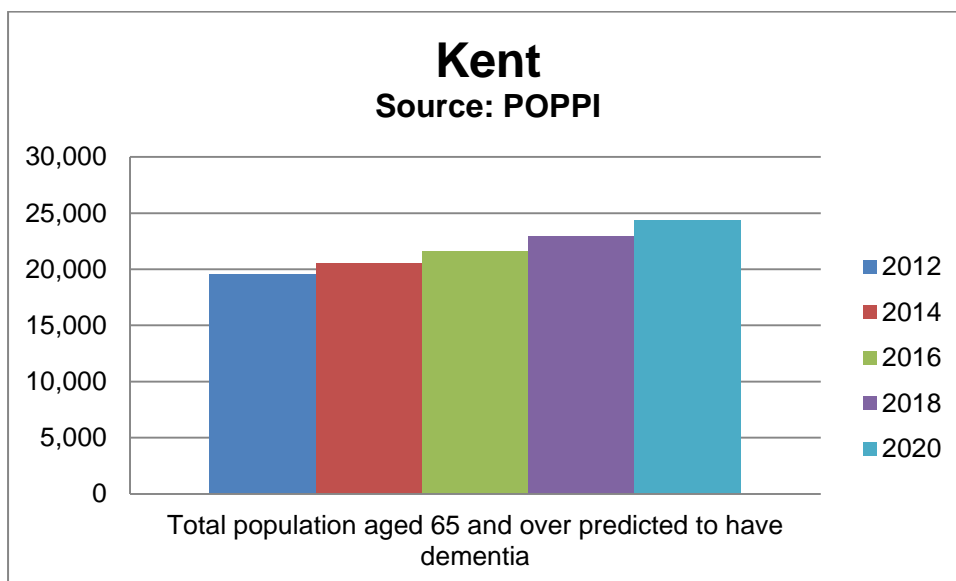
Capital invested in the schemes by the Council was recovered, depending on the scheme and size of contribution, between 1.5 and 3.3 years.”

Key findings from the evidence base for Older People

- Approximately 20,700 people receive a service funded by KCC, the highest population of 75+ and 85+ live in Canterbury, Dover, Maidstone, Shepway and Thanet
- 21% live in care home (2,850 in residential and 1,500 in nursing)
- The supply of residential and nursing care in Kent totals 11,930. KCC fund 4,350 people (36%), the remaining 7,580 (64%) beds are used by those who fund their own care, by other local authorities or beds are vacant.
- During 2013/14 1,240 people were placed in residential care in Kent and 70 outside of the County. For nursing care 840 placements were made in Kent and there were no outside of County placements. The highest placements made were from Canterbury, Maidstone, Shepway and Thanet, which is linked to their larger older people populations.
- 1% live in extra care housing or another form of supported accommodation
- Sheltered Housing in Kent is classed as mainstream housing

L] Dementia

The Alzheimer’s Society predicts that the current number of people with dementia in the UK, 800,000, is expected to rise to 1 million by 2021. In Kent over 15,900 people over 65 years are estimated to have dementia and this is expected to rise 24,314 by 2020 with nearly 6000 people being over the age of 90 years. In 2009 the Department of Health published [Living Well with Dementia](#), a national dementia strategy that set out proposals for raising awareness of the illness, improving the care for sufferers and encouraging early diagnosis. The Kent Joint Strategic Needs Assessment completed in 2010 suggested that over a third of people in Kent with dementia would be resident in a care home setting but that increasing support at home services could reduce residential care admissions by 28%.



KCC recognise that dementia is going to become more prevalent in each client group and want to avoid unnecessary movement between accommodation types as this can be detrimental to a person who has this illness. Providers will need to be considerate of dementia services across provision for all adult social care client groups, adopting a flexible approach to services and support, recognising that reducing care home admissions will place added demand on the services provided by care homes offering respite services and services provided by carers, including assessments. Dementia is not an illness that effects just older people, early onset dementia can affect people as young as 50 and KCC need to work with providers to prevent unnecessary placements into residential care settings, which could lead to a rapid deterioration in health and wellbeing. There needs to be a focus around providing specialised housing and care/support packages to support people in managing the first stages of this illness.

A good majority of people with dementia can and do live in their own home and will aspire to remain living independently for as long as possible, within a community and network that they have a connection to. KCC recognises and supports this aspiration and agree that in some cases the home should be the most appropriate place for a person to manage the consequences of dementia.

It is the joint role and responsibility of both KCC and the housing providers with stock and with those who develop accommodation within Kent to work together to improve the outcomes for those with dementia. Recognition of the current and growing issues linked to dementia are critical for both improving the outcome for the person and the potential to reduce the associated costs for KCC when providing support and placing people into a residential care setting.

The informed use of technology within a home, and/or adaptations, will increase the independence and safety of a person with dementia, delaying an unnecessary and costly placement into residential care. There are many design features that can be used positively to ensure that homes become as dementia friendly as possible, meeting the Prime Ministers Challenge for the development of more [dementia friendly communities](#). Across Kent project work to develop dementia friendly communities has commenced, with a dedicated team leading this work for KCC.

Specialist housing, such as extra care housing schemes can support a person to maintain their chosen lifestyle. The provision of well-designed housing coupled with access to care and support allows the accommodation to be 'care ready' and this flexibility allows the services to quickly adapt to a person's requirements as their needs change, including managing dementia.

For some people with dementia a residential or nursing care home is the appropriate accommodation, the challenge in Kent is for these residential settings to tailor their services appropriately to meet the accommodation and care needs of a dementia sufferer.

<http://www.alzheimers.org.uk/>

Financial Implications

People suffering with dementia can be supported in many different settings with access to care or support services. Technology is advancing for people with dementia and can support people who have early diagnosed dementia with reminders and prompts or those who are at risk of wandering through the use of chair, bed and door sensors. The alerts can be directed to care or support providers, family or carers depending on the level of dementia and vicinity and response of physical support.

People with dementia can be supported in extra care housing if they are moved early enough to become familiar with their new surroundings and networks. In some cases people will need to move into specialist residential or nursing care homes and there are advances in design that make it easier for people to be supported with good outcomes. Specialist extra care services exist elsewhere in the Country and are being considered at various locations throughout Kent.

The higher costs associated with people living with dementia is more to do with the staffing for services. People with dementia require more intensive physical interaction in the form of activities and engagement.

The worst place someone with dementia can end up is in hospital. Their local networks and familiar surroundings are no longer a comfort and raise anxieties and confusion. Therefore, the best outcomes for someone with dementia would be to remain in their own home. Community services, from both social care and health, will be under review with a focus on targeting the right interventions to keep people with dementia in familiar surroundings. This support also focuses on the carer.

The financial implications for people with dementia are linked closely to quality and outcomes. Some services may appear costly but retain people in the service for longer with better GP support and less requirement to direct people to hospital.

There will be a focus on developing purpose built and designed care home provision for dementia residential and (less so) dementia specific nursing provision. Equally there will need to be dementia specific extra care housing developed across the County.

M] People with a Learning Disability

In 2001 the Government set out its vision and expectation for people with learning disabilities in the Valuing People Now document, the vision that 'people with learning disabilities are entitled to the same aspirations and life chances as other people'. In Kent, the vision for people with learning disabilities is for them to live independently in their own communities maximising their potential for independent living.

In Kent, as is the situation nationally, people with learning disabilities have historically had little or no choice about with whom and/or where they live. It is widely accepted that the challenge is to provide a range of suitable housing options, across tenures, that people with learning disabilities will choose to live in, with access to the appropriate level of support as required. Across the localities in Kent there remains a high demand/requirement for supported living options. This can be in the form of single units of accommodation, shared houses and more specialised accommodation and services for those with challenging behaviour and/or physical and sensory needs. The use of supported housing is one option to support the outcome of independent living for this client group. Although a preferred model of provision is for single units of accommodation within a small scheme or building, having no more than ten units together, consideration should be given to shared units, one or two units together, as this will broaden the spectrum of options.

Residential care is frequently considered the most appropriate solution for people with complex needs or challenging behaviour, however there are excellent examples whereby supported housing developments manage people better to live more independently. In Kent the charity MCCH have successfully developed five state of the art self-contained flats, each tailor made for the residents and all are fitted with assistive technology to ensure greater independence and safety. This is an excellent example of how all stakeholders, including the client and their family/support network can work together to achieve the objective of a providing an opportunity of independent living. This scheme is supported by a specialist care and support provider to bring the elements together successfully.

For people with learning disabilities who are living with family the access to 'short breaks' accommodation is important. Although KCC do have specific accommodation in Kent to meet this need, the challenge is for housing and care home providers is to consider innovative and flexible use of existing or new accommodation to meet the continued demand for 'short breaks'. Availability of Short term placements to allow for a period of assessment would also prevent people with learning disabilities being placed unnecessarily into residential care. This is a better outcome for the client and a potential reduction in expenditure for KCC. There is also need to consider access to suitable accommodation for clients with learning disabilities (for very high needs and mild learning disabilities) who may find themselves at a point of crisis, to time offer the

transition of services and support and prevent inappropriate placements which could be detrimental to a clients' wellbeing.

It is accepted by KCC and other agencies that there will be continued need for some residential care provision for people with learning disabilities who have a range of needs who for a period of time will find the environment of a registered setting the right one to meet these. This provision will look very different from the current offer and care home providers will need to be flexible about the accommodation and support provided, to enable them to adapt their care provision to cater for changing requirements, this will include flexibility for clients with learning disabilities who age and may also have physical disabilities or mental health needs, such as dementia.

Looking ahead there are two big challenges KCC and stakeholders face. Firstly it is how to identify and manage the number of children with complex needs, who are now living longer and will become the responsibility of KCC Adult Social Care; ensuring that there is adequate provision to deal with an increase in demand for housing care and support. Secondly, there are many middle aged people with learning disabilities in Kent who are currently living with an elderly carer. Some of these people may not have the skills to equip them to live independently should their elderly carer themselves require support or pass away, but their level of care need does not warrant a placement into residential care. Identification and provision of the right type, number and location of accommodation is critical to ensure all stakeholders are supporting independence for an expected growth in demand for housing care and support within this adult social care client group.

All services for people with learning disabilities need to be person centred and the subsequent placements into housing or residential accommodation should take into account the current and potential future care and support needs to ensure the best possible outcome for the individual.

The strategy document due by October 2014 will have a more detailed plan with the direction for Kent services for people with a Learning Disability very clearly stated.

Financial Implications

The cost of care for people with learning disabilities in residential care ranges considerably, based on individual need. KCC has developed many supported accommodation schemes with registered providers, care providers and district council partners. KCC has greatly improved understanding the needs of individuals with learning disabilities, including their accommodation needs and is now introducing ways within the review process to monitor people's future accommodation needs.

It is recognised that in some instances if people move from residential care to supported living, at least initially, costs may increase while clients adjust to their new arrangements. This is largely due to the institutional nature of current residential care provision and people need targeted and intensive support for a short period. However,

the long term outcomes for people greatly improve their quality of life and over time, through review of needs, the care packages will adjust to the client's needs and increased independence.

Key Findings from the evidence base for People with a Learning Disability

- Approximately 5,010 people receive a serviced funded by KCC
- 25% live in residential care and 19% in supported accommodation
- The highest proportions of people in residential care live in Canterbury, Dover, Shepway and Thanet. There are less people living in residential care in the West of Kent, and this directly relates to supply
- 38% of those with a learning disability who live in residential care are placed in the district in which they lived previously, 32% are placed in a neighbouring district and 30% in a non-neighbouring district. There is an assumption that placements are linked to supply as opposed to choice.
- During 2013 54 people with a learning disability entered a residential care setting
- There are 670 people with a learning disability across Kent who have registered a housing application

Download: [Care Home design principles \(Learning Disabilities\)](#)

NJ People with Mental health needs

Supported housing forms an important part of the mental health care continuum. The focus within supported housing for mental health clients is generally to support and encourage as many people as possible to move into independent living arrangements. Such accommodation may also have the flexibility to allow a model of floating support to be accessed when required. Supported housing can therefore often be seen as a stepping stone for many people into independent living, rather than becoming a permanent home for life.

For any individual who has mental health needs, the assessment of housing care and support needs should include a clear exit strategy, that further promotes the aim of supporting independent living and the option and choice for the client to move in to general needs accommodation, where appropriate.

In Kent the vision is to move away from the use of shared accommodation for clients with mental health needs and to strongly influence that any new developments or re-modelling of existing shared accommodation are single units of accommodation. This is already beginning to happen in Mid Kent. Currently, the preferred model of provision for this accommodation is six to eight one bed two person flats in a scheme, with one flat available as use of a communal area where support can be provided. Specific work will be required to review if this is the optimum model both in terms of accommodation and care.

In Kent there are 262 clients funded by KCC who currently reside in residential care homes, a further 240 clients are living in supported accommodation and a 130 people live at home provided with a community service. Compared to England the population in Kent with mental health needs is approximately 10% lower than the national average. Although there is a good provision of accommodation designated for those with a mental health needs across Kent, there is potential to increase numbers in some pockets of the county, especially in the East of Kent. Moving forward it will be necessary to review the use of any existing shared accommodation in Kent and how this can be re-modelled to provide single unit accommodation, including and in some areas providing intensive supported accommodation.

KCC recognise that as with other adult social care client groups for some people with mental health needs a residential care home setting is the right accommodation solution, however in future the nature of the care service will need a more enabling focus. It is also recognised that the risk of institutionalisation should be considered and mitigated against at regular intervals. People with mental health needs in Kent who are currently living in a residential care home have the ability to develop skills to live independently. More accommodation across the county is required to meet this demand for 'move on' accommodation. Within the next two years at least 31 of the 262 people with mental health needs will be ready to leave their current residential care home setting and aspire to live independently.

Financial Implications

Since 2003/04, the strategic direction for people with mental health needs has been to identify suitable housing solutions with adequate care and support services rather than traditional residential alternatives. It is recognised that there are some people that require residential services but numbers are reducing with the introduction of the complex needs panel. With this client group, people are able to receive a range of services from specialist organisations tailored to individual's needs. Services, both residential and supported housing, should be offered under short term arrangements with intensive care and support services encouraging move on to more individual services and links to the findings of the Supporting People needs analysis and emerging commissioning plans.

In February 2014 the Department of Health published "Closing the Gap: Priorities for Essential Change in Mental Health", a document that references how models of settled accommodation can be used to support recovery and reduce the likelihood of future episodes of mental health illness. *"To help define models, we would like to allocate up to £43 million from the Care and Support Specialised Housing Fund (CASSH) to support the construction of a small number of housing projects for people with mental health problems or learning disabilities. These projects will be designed in close conjunction with mental health and learning disability policy experts and representatives of clients.*

Our ambition is to receive bids from potential developers by 2015 and we would hope to see some homes available by 2017. By using some of the Care and Support Specialised Housing Fund to encourage developers to think specifically about homes that can support people who have a mental illness or learning disability to live safely and more independently for longer we can help showcase some good practice for future developments."

<https://www.gov.uk/government/publications/mental-health-priorities-for-change>

Key Findings from the evidence base for People with a Mental Health Need

- Approximately 3,500 people receive a service funded by KCC
- 6% live in residential care and 7% are living in supported accommodation
- The highest proportion of people who live in residential care live in Canterbury, Shepway or Thanet, the lowest numbers are in the West of the Kent. These numbers relate directly to supply
- 76% of people who live in residential care are placed in their district of origin or neighbouring district, 24% are placed in a non-neighbouring district, and the majority of these latter placements are in West Kent.
- During 2013 only a small number of people with a mental health need entered residential care, seeking supported accommodation as an alternative.

- A high number of people on the housing waiting lists across Kent have identified a mental health need. However, periodically there is a review undertaken by the Complex Needs Panel that RAG rates people who are currently in secure, semi secure or supported accommodation to assess their ability to move on to more appropriate accommodation.
- Not all those registered with housing need have a specialist housing requirement.

O] People with a physical and/or sensory disability

Meeting the needs of people with a physical and/or sensory disability is a challenge for both KCC and its stakeholders. Broad and diverse needs across this client group will mean that a “one size fits all” approach cannot be taken when considering housing care and support solutions.

People with any disability have the right to be full members of a community in which they live. This means having the same control and choice about their current and future accommodation and care that allows them to be as independent as they wish to be.

It is the responsibility of all relevant stakeholders to consider and implement innovative ways to provide more choice for this client group and to reduce the gap between supply and demand. Housing care and support services need to evolve and become more flexible in managing the complex and sometimes multiple health issues that may need to be addressed when considering those with disabilities.

Historically housing provision for those with disabilities has been met through the use of residential care settings. Although for some this is the appropriate accommodation and care solution in some cases such placements are likely to have been due to the lack of available suitable accommodation and not the choice of client.

Kent does not currently operate an Accessible Housing Register and this does make it difficult to understand the overall housing need of those with a physical and/or sensory disability. In Kent there are also inconsistent approaches to how adaptations to existing stock are recorded. Limited numbers of family and general needs accommodation that can cater for these clients coupled with finite resources to carry out adaptations, means that further work and commitment to address these issues is necessary.

The provision and use of adaptations and assistive technology is paramount to the vision of supporting independence. People with disabilities are less likely to require alternative accommodation if their current accommodation can be adapted to meet their needs. Signposting to relevant agencies, including the voluntary sector and adaptation and assistive technology may also prevent unnecessary admissions to hospital and/or placement into a residential care home setting. Disabled Facilities Grants (DFG) funding is now included in the [Better Care Fund](#) and provides opportunities for integrated working with Health and District/Borough Council colleagues

As the availability of housing within the public sector reduces, through reduced funding and limited access to land, KCC and stakeholders need to engage with landlords in the private rented sector to work with them and support them to consider whether their properties are suitable or could be adapted to meet the needs of those with a physical and/or sensory disability.

Financial Implications

It is difficult to ascertain what the specific financial benefits are in relation to developing services for people with a physical disability given the far ranging needs of this client group. However, people with a physical disability with needs such as mobility issues require adapted accommodation and there are financial benefits in developing wheelchair accessible accommodation. Similarly, with the Older Person's Protocol, a recommendation from the Kent and Medway Housing Strategy was to develop a protocol for people with Physical and Sensory Disabilities. This protocol, [Better Homes: Accessible Housing](#) aims to provide a baseline level of guidance to enable a consistent approach to the delivery of accommodation in Kent and Medway to meet the housing needs of these clients, including providing guidance around access to funding and innovative design. The protocol was launched on 6 December 2013.

Key Findings from the evidence base for People with a Physical Disability

- Approximately 6,000 people receive a service funded by KCC
- 6% are living in residential or respite care and 4% live in supported accommodation
- The highest proportion of people living in residential care live in Canterbury, Shepway and Thanet. The figures for this client group are small and the numbers are directly related to supply
- 69% of people with a physical disability are placed either within their district of origin or neighbouring district, 31% are placed in a non-neighbouring district. There is an assumption that placements are linked to supply as opposed to choice.
- There are 260 applicants across the Kent housing registers who require wheelchair accessible housing, there are many more who require adaptations to their existing home

Better Homes: Accessible Housing Protocol

The [Better Homes: Accessible Housing Protocol](#) has many useful website links about the needs and design standards/good practice for those with physical and sensory disabilities.

P] People with Autistic Spectrum Conditions

Autism is a spectrum condition, a lifelong development disability that can affect sufferers in different ways, mainly affecting how a person communicates and relates to the people and environment around them. Asperger syndrome is a form of autism.

The Autism Act 2009 and the subsequent Adult Autism Strategy for England published in 2010 set out a number of key actions and recommendations with the aim to improve the lives of adults with autism. These key actions and recommendations include ensuring that 'individuals are living in accommodation that meets their needs' and 'improving access to the services and support people need to live independently within the community'.

In Kent it is estimated that 14,000 people have an Autistic Spectrum Condition (ASC). Of these 14,000 over 7,000 would be described as 'high functioning' but may not have a formal diagnosis or be known to KCC, their local housing or health authority. Although in Kent there are good examples of supported housing developments that have been designed to support clients with an ASC these are limited in number and historically the housing care and support needs of this client group has been met through placement in accommodation designated for clients with a learning disability or mental health needs. KCC recognise that such placements, where complex and challenging behaviours have to be managed, do not provide the best outcome for a client and is not an appropriate use of finite resources.

Looking ahead the preferred model of accommodation for those with an ASC is supported housing, with no more than 8 units in any one scheme. Schemes must be technology ready to respond to the varying needs of this client group, to ensure that where possible a person with ASC can live as independently as they wish to.

Financial Implications

"Nationally the estimated cost of autism is £28 billion per annum. This averages out at £500 each year for every man, woman and child in the Country and £95,000 per person per year through benefits, social housing, lack of wage as examples. It has been estimated that if we include the cumulative impact of service use, the need for accommodation assistance and low employment rates someone with high functioning autism or AS the lifetime cost is £3.1m" (*DH Practical Guide for CCG's*, 2013)

People with a condition on the autistic spectrum and who are eligible for KCC services generally receive services that do not meet their needs. Currently support for this client group is provided in a number of ways, for example floating support via Supporting People, third sector organisations and family or community networks. These are valuable support pathways, however the sustainability of services such as floating support are in question due to reduced Government funding. Mitigating the consequences to a reduction in these support services is crucial to the vision of supporting independence and reducing the over reliance on residential care home

settings. Investigation into public spending on autism by The National Audit Office concluded that failing to invest appropriately in specialist autism services was a 'false economy', therefore all stakeholders have to consider how such services can be commissioned and delivered through partnership arrangements going forward. This investment is negligible in comparison to significant savings to commissioning budgets across the care pathway.

Q] Stakeholder Roles and Responsibilities

Who are they?	What is their role?
Elected Members	Elected Members provide local leadership on housing and planning and set the local strategic direction. They can act as great ambassadors and advocates for accommodation for people with disabilities, particularly where there is concern amongst local residents about proposed development.
Parish Councils	Parish Councils have a critical role in ensuring that the local community is involved and informed about the development process and can help facilitate communication between local residents, Developers and Local Housing Authority officers. They may be involved in the development of Neighbourhood Plans for their local community. They are also a statutory consultee within the planning process.
Homes and Communities Agency	The Homes and Communities Agency (HCA) is a Government body responsible for housing and regeneration across England, which provides funding for the delivery of new affordable housing.
Developers	Developers can be either public sector or private sector. Developers will purchase the land, commission the architect and construction company to design and build a new development and submit the planning application.
Registered Providers	<p>Registered Providers of social housing provide affordable housing to people at below market rents and include both not-for-profit Registered Providers and stock-owning Local Housing Authorities. Registered Providers also purchase properties directly from the developer.</p> <p>Registered Providers will commission the architect and construction company to design and build a new development and submit the planning application. The Registered Provider ultimately manages the affordable homes once they are built and occupied. They also aim to make the best use of existing adapted stock and aim to allocate it to a person in need of the adaptations.</p>
Local Housing Officers	<p>Local Housing Authorities have a housing enabling role and are responsible for making sure the needs of their communities are met. Officers will make sure a proposed development fits in with their overall housing strategy and can provide data to assess local need. They can help with engaging the community and promoting the benefits of development to local residents.</p> <p>Local Housing Officers also advise on the social housing allocations process and administer Disabled Facilities Grants (DFG's). LHA allocation policies can also ensure that people moving from existing social housing who no longer need the adaptations have sufficiently high priority to be</p>

	moved to free up the property.
Local Planning Officers	<p>Local Planning Officers from District and Borough Councils create local planning policy and determine what development takes place based on Member decisions.</p> <p>They can provide pre-application advice on potential sites, design and quality of proposed developments and process the final planning application. Building Control Officers also check compliance with the building regulations.</p>
Landowner	The Owner of land identified as a potential site has a crucial role to play in releasing that land for development. Landowners can range from local individuals to Parish Councils, District and County Councils and land-owning institutions such as universities and the Church of England.
Care Home and Nursing Providers	Care and Nursing Home Providers deliver in-house care and support services to people in residential care, supported living schemes, and domiciliary care within their own homes.
Social Services	<p>Social Services commission social care requirements in accommodation. They can also assist with design standards where adapted housing is being considered and can provide support for developments that strategically fit the population needs requiring care and support.</p> <p>Occupational Therapy Teams in Social Services provide assessment, advice, equipment and adaptations for disabled people living in their own homes.</p>
GPs and Commissioners of Health Services (Clinical Commissioning Groups)	New accommodation for people with disabilities will impact on local GP and health services. GPs and health commissioners would be able to support new developments if brought in at an early stage and could also help shape services as they develop. Health and Wellbeing Boards and Clinical Commissioning Groups (CCG) also help to determine local health and care priorities. The Kent Health and Wellbeing Board has oversight of all health care and public health activity in Kent, providing advice and information to the seven CCG's who have responsibility for commissioning services to improve health and wellbeing.
NHS Hospitals	National Health Service Hospitals are run and managed by NHS Trusts, who ensure that hospitals provide high quality health care and that money is spent efficiently.
Kent & Medway Partnership Trust	KMPT provide a wide range of services for people experiencing mental health problems across Kent and Medway. They also provide some learning disability services and a range of specialist services.
Home Improvement Agencies	Home Improvement Agencies provide advice, guidance and support to older people, disabled and other vulnerable people. They can undertake repairs or assist people through the DFG process, to help them continue to

	live as independently as possible in their own home.
Kent & Medway Care Alliance	KMCA is a collaborative social enterprise with the aim to help shape the future of social care and health in Kent and Medway. Roles include advocacy, analysing and sharing data related to the demand for care services, representing care providers in local discussions, providing training and understanding about opportunities to improve care home business models.
Trade Association	A Trade Association can provide support to an organisation that requires advice on particular issues related to their industry.
Third Sector	The Third Sector is the voluntary or community sector that can provide accommodation solutions for disabled people. For example, the Royal British Legion Industries (RBLI) in Kent provides purpose built accommodation for adults with a physical disability over the age of 18 and an assisted living scheme for ex-service personnel and their dependants over the age of 65.
Private Rented Sector	The Private Rented Sector is a provider of accommodation. Some provide accommodation to people with disabilities that can offer supported living solutions and bespoke specialist care services.

RJ Useful Website Page

Kent And Medway Housing Strategy:

www.kenthousinggroup.org.uk/The_Kent_Forum_Housing_Strategy_2012_to_15.aspx

Better Homes: Housing For The Third Age:

www.kenthousinggroup.org.uk/uploads/OPFrameworkFINAL2.pdf

Better Homes: Accessible Housing:

(See Annex B for Useful Informative Web Pages)

www.kenthousinggroup.org.uk/uploads/PandDProtocolFinalNov13.pdf

HCA – Affordable Housing Programme 2015-18:

www.homesandcommunities.co.uk/ourwork/affordable-homes-programme-2015-18

Housing Learning And Improvement Network:

www.housinglin.org.uk/

Housing Mind The Gap:

www.kentippbhousing.org/uploads/ThinkHousingFirstNov13.pdf

Dementia Links:

www.alzheimers.org.uk/

<http://dementia.stir.ac.uk/>

www.kingsfund.org.uk/sites/files/kf/field/field_pdf/is-your-care-home-dementia-friendly-ehe-tool-kingsfund-mar13.pdf

Live It Well Web Page:

www.liveitwell.org.uk/

Closing The Gap (Mental Health):

<https://www.gov.uk/government/publications/mental-health-priorities-for-change>

Better Care Fund:

<https://www.gov.uk/government/publications/better-care-fund>

Nice:

www.nice.org.uk/

CQC:

www.cqc.org.uk/

SJ KCC Web Pages

Accessible Housing Strategy:

<https://shareweb.kent.gov.uk/Documents/council-and-democracy/policies-procedures-and-plans/policies/accessible-housing-strategy.pdf>

Bold Steps for Kent:

[www.kent.gov.uk/your_council/priorities, policies and plans/priorities and plans/bold_steps_for_kent.aspx](http://www.kent.gov.uk/your_council/priorities,_policies_and_plans/priorities_and_plans/bold_steps_for_kent.aspx)

Facing the Challenge: delivering better outcomes:

<https://democracy.kent.gov.uk/documents/s42234/Facing%20the%20Challenge%20-%20delivering%20better%20outcomes.pdf>

Supporting People Commissioning Plan 2012-2015:

<http://consultations.kent.gov.uk/consult.ti/EducationProvision/consultationHome>

Kent Looked After Children Strategy 2011-14:

<https://shareweb.kent.gov.uk/Documents/childrens-social-services/children-in-care/Looked%20after%20Childrens%20Strategy.pdf>

Valuing People Now:

www.kent.gov.uk/adult_social_services/your_social_services/services_and_support/learning_disability/national_strategy.aspx

Kent Learning Disability Partnership Strategy 2012-2015:

<https://shareweb.kent.gov.uk/Documents/adult-Social-Services/learning-disability/LD%20Partnership%20Strategy%202012-2015.pdf>

Mental Health Live It Well Strategy:

[www.kent.gov.uk/your_council/priorities, policies and plans/priorities and plans/social_care_and_health/live_it_well_strategy.aspx](http://www.kent.gov.uk/your_council/priorities,_policies_and_plans/priorities_and_plans/social_care_and_health/live_it_well_strategy.aspx)

KCC Sufficiency Strategy:

<https://shareweb.kent.gov.uk/Documents/childrens-social-services/children-in-care/KCC%20Sufficiency%20Strategy%202013-2015.pdf>

TJ Glossary

Affordable Housing	Housing which is either for sale or rent, or a combination of both, at below current market values provided to specified eligible households whose needs are met by the market. Typically, it takes for the form of low cost home ownership or below market rent.
Accessible Housing Register	A housing register designed to enable social housing landlords to collect, store and display information which will be relevant and important to disabled people looking for housing.
Affordable Housing Programme (AHP)	Aims to increase the supply of new affordable housing in England.
Better Care Fund	The Better Care Fund will provide £3.8 billion to local services to give elderly and vulnerable an improved health and social system
Better Homes: Accessible Housing	Kent-wide Framework developed by the Kent Housing Group and Joint Policy and Planning Board to help facilitate and enable the delivery of high quality housing for people in Kent and Medway that have a physical and/or sensory disability.
Better Homes: Housing for the third age	Kent-wide Framework developed by Kent Housing Group and Joint Policy and Planning Board to help facilitate and enable the delivery of high quality, aspirational accommodation for older people.
Bold Steps for Kent	KCC's Medium Term Plan, setting out the authority's priorities until 2014/15.
Care and Support Fund	The main aim of the fund is to support and accelerate the development of the specialised housing market, particularly at a time when the wider economic factors may place limitations on the growth of this market.
Care Home	A residential setting where a number of older people live, usually in single rooms, and have access to on-site care services. A home registered simply as a care home will provide personal care only, help with washing, dressing and giving medication. Some care homes are registered to meet a specific care need, for example dementia or terminal illness.
Care Act	A reform of the law relating to care and support for adults, the law relating to support for carers, to make provision about safeguarding adults from abuse or neglect and to make provision about care standards.
Clinical Commissioning Group (CCG)	NHS organisations set up by the Health and Social Care Act 2012, to organise the delivery of NHS services in England.
Closing the Gap (DoH)	A document identifying the priorities for essential change in Mental Health.

Community Infrastructure Levy (CIL)	New levy that local authorities can choose to charge on new developments in their area. It can be used to support development by funding infrastructure that the council, local community and neighbourhood want.
Community Right To Challenge	Enables communities to challenge to take on local services that they feel they can run differently and better.
Department for Communities and Local Government (DCLG)	Government Department that sets policy on supporting local government communities and neighbourhoods, regeneration, housing, planning, building the environment and fire.
Disabled Facilities Grant (DFG)	Grants issued by local authorities to disabled people to adapt their homes to enable them to continue to live there.
Enhanced Sheltered Housing	The provision of Sheltered accommodation where the resident has access to an on-site warden 24/7 to call upon in an emergency. This warden is not a carer able to undertake personal care tasks.
Equity Release	A way in which older people that are asset rich but cash poor can raise money against the value of their home.
Extra Care	Self-contained properties, which are available to rent or buy. Sometimes known as 'very sheltered' or 'assisted living' Extra Care housing provides on-site care and support, sometimes up to 24 depending on the needs of residents, and can include support for people with dementia. An emergency all-response scheme is also provided. Access to at least one main meal is normally available, as is access to some form of domestic help. A range of communal facilities such as a lounge and gardens are normally available and schemes normally include shops and recreational facilities, which may be open to the wider community.
Facing the Challenge: Delivering Better Outcomes	<i>Facing the Challenge: Whole Council Transformation</i> made clear our commitment to meeting the financial challenges KCC faces over the medium term through taking a transformative approach through: Focussing on commissioning outcomes; Redesigning services around the needs of customers and the outcomes we want to achieve; Embed a focus on early intervention to better manage future demand; Integrating services and functions around clients groups to improve the customer experience.
Fair Access to Care Services (FACS)	Prioritising eligibility for care and support.
Floating Support	Service provided by the Supporting People Programme to help support vulnerable people who live in their own home but need help managing with daily life, such as those who have recently moved in from supported housing.

Homes and Communities Agency	The national housing and regeneration agency for England. A non-departmental public body sponsored by the Department for Communities and Local Government.
Houses in Multiple Occupation (HMO)	This term is generally used to describe accommodation such as a house split into bedsits, a house or flat share where each tenant has their own tenancy agreement or student living in shared accommodation.
Housing Needs Assessment	Studies carried out by local housing authorities to assess future local housing requirements, in particular in relation to affordable housing.
Housing Revenue Account	System of local authority housing finance.
Intermediate Care	Describes a wide range of services which focus on prevention, rehabilitation, re-enablement and recovery, usually for people aged over 65.
Joint Policy and Planning Board (JPPB)	A Kent-wide forum where strategic issues requiring joint working between health, housing and social care can be raised and measures to address them developed.
Kent Choice Based Lettings Partnership (Kent Homechoice)	A Kent-wide partnership between local housing authorities and private registered providers enabling people on Housing Register to bid for available social rented properties.
Kent Forum	A single body made up of democratically accountable representatives from across the public sector in Kent
Kent Housing Group (KHG)	A Kent-wide forum which serves to represent the collective voice of Kent's housing bodies.
Kent Supporting People	Programme which helps vulnerable people in Kent to have a better quality of life by providing housing-related support services and helping them to move back to living independently.
Lifetime Homes Standards	A set of 16 design criteria that provide a model for building accessible and adaptable homes.
Live it Well	Live It Well, which covers 2010-2015, sets out a vision for promoting mental health and well-being, intervening early and providing personal care when people develop problems, and focusing on helping people to recover.
Local Housing Authorities	Authorities with direct responsibility for delivering housing within their area. In Kent this is the Districts and Boroughs and Medway.
Local Housing Strategy	Statutory document produced by local housing authorities setting out their future local housing priorities, including key housing issues such as affordable housing and property condition.
Local Lettings Plan	Agreed local plan for the allocation and letting of homes with an agreed location. Often used for new developments to ensure that a good balance of community is achieved.
Local Planning Authorities	Authorities with direct responsibility for delivering planning within their areas. In Kent, this is the District and Boroughs and Medway.
Mixed-use Development	Schemes which combine residential and commercial buildings on one development site.

Move-on Accommodation	Longer-term, settled housing that vulnerable people move into when they leave supported housing or temporary accommodation.
Move-on Toolkit	Guidance produced by the JPPB to help provide support and information for vulnerable tenants who move from supported housing into the private rented sector.
National Planning Policy Framework (NPPF)	National framework for the planning system in England, which has consolidated all previous national planning policies.
Neighbourhood Plan	The Localism Act introduced new rights and powers to allow local communities to shape new development by coming together and preparing neighbourhood plans.
Nursing Care	NHS-funded nursing care is care provided by a registered nurse, paid for by the NHS, for people who live in a care home.
Personalisation Agenda	Individuals will receive their own budget and can decide how, who with and when they want to spend that budget, in order to meet their needs and achieve their desired outcomes.
Planning Gain	Refers primarily to the increase in the value of land which results from planning permission being granted on that land. A levy or tax may be applied to direct some of the planning gain to the public sector.
Policy Framework for Later Life	Kent-wide Strategy that sets out how people in Kent want to live their later lives and what they want from public and community services and facilities.
Private Registered Providers	Non-local authority providers of social and affordable housing, including rent and low cost home ownership options.
Private Developments	Self-contained properties, normally privately owned. On-site care or support services are not provided. Larger developments may include shops and recreational facilities. Residents can buy in care if they require it.
Registered Providers	All providers of social and affordable housing.
Residential and Nursing Care	Individual rooms within an overall care home, where there is a weekly charge either to the individual, the local authority or both. Care homes provide the highest level of on-site care and support, both for personal care and for nursing needs if required. Some care homes specialise in particular types of illness such as dementia.
Respite Care	Temporary care for patients that provides relief for the permanent care giver.
Section 106 Agreement	A legal agreement under section 106 of the 1990 Town & Country Planning Act between a planning authority and a developer, which ensure that certain extra works related to a development are undertaken. They tend to be used to support the provision of services and infrastructure, such as highways, recreational facilities, education, health and affordable

	housing.
Self-Financing Housing Revenue Account	HRA Self-financing started in April 2012. Self-financing means local housing authorities can retain all the money they receive in rent which enables them to plan and provide services to their current and future tenants.
SHAPE	SHAPE is a web-enabled, evidence-based application which informs and supports the strategic planning of services and physical assets across a whole health economy.
Shared Equity	Scheme whereby a person buys a property using a low cost loan provided by the government, which buys the government a stake in the equity of the property.
Shared Ownership	Form of low-cost home ownership, whereby a person buys a share of their home and pays a rent on the remaining share.
Sheltered Housing	Self-contained properties, which are available to rent or buy. Normally managed by an on-site manager. Emergency call response scheme is provided for residents, some form of communal facilities such as gardens are normally available. Residents can buy in care if they require it.
Social Care	Provision of social work, personal care, protection or social support services to children or adults in need or at risk, or adults with needs arising from illness, disability, old age poverty.
Social Innovation Lab for Kent (SILK)	Social Innovation Lab for Kent was set up in 2007, with two central tasks. First, to provide a creative, challenging environment for a wide range of staff to work together on some of the toughest challenges the county faces. And second, through drawing upon cutting edge practice in the sectors of business, design and the social sciences, SILK set out to embed a way of working across the council that puts people – citizens – at the centre.
South East Local Enterprise Partnership (SE LEP)	The South East Local Enterprise Partnership (SELEP) brings together key leaders from business, local government, further and higher education in order to create the most enterprising economy in England through exploring opportunities for enterprise while addressing barriers to growth. The SE LEP covers Essex, Thurrock, Kent, Medway and East Sussex.
Strategic Housing Market Assessment (SHMA)	A cross-boundary study of the operation of Housing Market Areas.
Successful Communities	Communities with a mix of tenure, income levels and household types, supported through appropriate infrastructure and community development initiatives and resources.
Supported Housing	Accommodation provided to vulnerable people assessed by the local authority as being in

	need of residential care.
Telecare	Innovative technology project piloting the use of specialised equipment to help people in Kent with chronic diseases to better manage their own health needs.
Under-occupation	Where a household has decreased in size and their property is now too big for them.
Unlocking Kent's Potential	KCC's Framework for Regeneration. This sets out an overarching assessment of the key opportunities and challenges facing the County over the coming years emphasises the links between economic growth, improved skills levels, better quality housing, effective transport infrastructure and the needs to adapt to the changing demands of a growing population.
Valuing People Now	Government Strategy for people with learning disabilities which say that people with learning disabilities have the same rights and choices in life as any other person.
Welfare Reform Bill	Introduction of a Universal Credit to replace a range of existing means tested benefits and tax credits for people of working age, starting in April 2013

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Accommodation Strategy

Better Homes: Greater Choice



District Profiles

(May 2014)

Accommodation provision by District/Borough Council in Kent

The following pages provide an outline of current and agreed activity in each district or borough in Kent.

ASHFORD

Baseline Provision & Increasing Capacity and Choice – 2013 – 2031

Local Context

Ashford is an identified growth area, an area that has both large urban and rural areas, with a population of 117,956. The borough remains a stock holding authority and has committed to investing into the improvement of its existing stock.

A new Housing Framework was adopted by their Full Council in July 2013, this new Housing Framework referenced detail about supported housing for different client groups. With the exception of Autism all the adult social care client groups identified for the purpose of the Accommodation Strategy are included within this Housing Framework, there are not specific targets about the number or type of accommodation required to meet future need, Ashford will seek to respond in a flexible manner, responding to the needs of the client groups when appropriate opportunities arise.

Current Position

Since 2008 Ashford Borough Council have completed and planned new build for the following properties:

- Lifetime Homes: 953
- Wheelchair Accessible: 90
- Supported Housing: 115
- Sheltered Housing: 99
- Extra Care: 142

Planned Development/Re-modelling

There are two extra care schemes, one rural and one urban, with planning approval, these will provide 100 units of accommodation for older people and are due for completion by 2015. Farrow Court, an existing sheltered scheme is subject to a two phase rebuild that will provide 92 extra care units (including 8 recuperative care units) and there will be a third phase that will provide 12 learning disability units. Phase one (31 units) will be completed by January 2015, including a new elder care day centre (double current capacity) and other, more extensive communal facilities; phases two and three are due for completion in autumn 2016.

A further extra care scheme in rural Ashford is at the pre application stage, this scheme, if planning approval is granted will offer between 40 – 60 units of accommodation, completion of this scheme is not yet agreed due to the current stage of the discussions. Ashford Borough Council have the desire for rural schemes to be 'hubs' and 'spoke' where the support may be based at one development but covers a number of smaller schemes.

There is also provision of 7 wheelchair housing units due for completion in summer 2014. Additional provision for vulnerable groups will also be agreed as various developments come forward in the borough. In particular there will be opportunities to provide a range of supported accommodation as part of the urban extensions of Chilmington Green and Cheesemans Green, based upon location to local services and demand at the time.

In Ashford there is also a programme of re-modelling to eight existing sheltered schemes over a period of between 15 – 18 years, this will be financed using headroom within their Housing Revenue Account. When completed, these schemes will provide extra care provision for older people in a mix of one and two bed accommodation.

Ashford Borough Council have identified a need for wheelchair accessible housing for younger adults and/or families with physical disabilities, in some cases this accommodation will need to be linked to existing extra care provision, making useful links and Telecare technology.

In Ashford, to provide choice to residents (across tenures) who experience difficulties managing in their own home due to a disability or infirmity, adaptations are discussed and where appropriate installed in cooperation with the occupational therapy team, enabling people to remain living in their own home. Incentives to encourage older people to downsize, from their existing council owned accommodation to smaller more manageable accommodation are offered. This benefits both the resident in moving to accommodation that is easier to manage and more affordable (e.g. heating) and increases availability of family-sized homes.

Residential Provision and Intermediate Care

The William Harvey Hospital services Ashford and the surrounding area for acute care and is supported by Westview in Tenterden as step up/step down provision for intermediate care and respite. Additionally, through the winter of 2013/14 Health commissioned 20 beds at Halden Heights in High Halden and there is a County-wide provision of a bariatric bed in Woodchurch commissioned by KCC.

Ashford benefits from a range of residential care services for older people, however the team frequently place residents in Shepway. The average size of a care home is 35 beds which is a matter of consideration when planning provision into the future.

KCC and the CCG are focusing work on community services and urgent care. The drive is to keep people out of hospital or discharge them safely when medically fit. The community services review will identify how and when services are available. The provision of meals and homecare is also being reviewed and in the years to come there will be transformed services designed to keep people out of hospital and away from long term institutional care.

Ashford does not have adequate provision of nursing care although the team manage to place people within the district more successfully than residential.

Quality of services is a factor in the availability and confidence of a service to meet the needs of an individual and additional focus from KCC and the CCG is developing with care homes to increase their service quality.

CANTERBURY

Baseline Provision & Increasing Capacity and Choice – 2013 – 2031

Local Context

Canterbury, with its population of 151,145 is the only city within the Kent County Council boundary, the stock in the city is one of four in Kent managed by East Kent Housing, and management was transferred in 2011. Within the Canterbury City there are a number of coastal towns, each of which is very distinctive from each other.

Within their Housing Strategy Canterbury City Council commit to assisting vulnerable people and the provision of supported accommodation, the top priority groups for new services include:

- young people at risk
- people who have mental health as well as substance misuse problems
- People fleeing domestic abuse
- Vulnerable single people.

Canterbury aspire to provide suitable accommodation for this group and recognise this provision has to be clearly evidenced, as a enabling authority Canterbury City Council are not always aware when it is appropriate for mainstream general needs housing to meet the accommodation needs of the adult social care client groups.

Current Position

Since 1993 Canterbury has collated the following information about adaptations within their stock, although it is important to highlight that these adaptations may not all remain in situ through void periods or tenants choice:

- Wheelchair Use: 2247
- Other Physical Disability: 2278
- Visual Impairment: Not Known
- Deaf:26
- Deaf/blind: Not known

Since 2006 approximate 145 homes have been developed to the Lifetime Homes Standard. In Herne Bay, Canterbury City Council has enabled the development of 6 one bed flats in Central Parade Herne Bay, for people with mental health needs.

Planned Development/Re-modelling

Canterbury are working with a developing housing association partner to develop 4 wheelchair accessible housing units at the Chantry Club, the completion date is not yet confirmed. A further 6 flats for clients with mental health needs in Cavendish Road, Herne Bay are being developed with a view to offer a two year fixed term tenancy to assist in the supporting independence and move on agenda, the expected completion of these is the end of 2013.

Canterbury City Council are currently in discussion with KCC FSC about the potential to re-model two of the four existing enhanced sheltered schemes to become “dementia friendly”, the other two schemes could be considered for re-modelling to provide suitable accommodation solutions for

another client group/s. These considerations will form part of the Housing Revenue Account Strategy review.

Currently there are limited sites for development in Canterbury, it is anticipated that once the current Local Plan is update in 2014 more opportunities for development will arise.

Residential Provision and Intermediate Care

Canterbury has acute hospital provision at Kent and Canterbury Hospital and specialist services at St Martins for people with mental health needs. There is one community hospital in Whitstable and one in Herne Bay which focus services on rehabilitation. Pressure on these services is high and additional short term provision is frequently sought utilising services in Faversham if needed. The Whitstable and Tankerton Community hospital was built in XXXX and a review is being completed into the long term future of this locally valued service. There is evidence to show a requirement for a purpose built unit in the area to support the health and social care agenda.

Canterbury has a high provision of residential care homes for people with learning disabilities. There is a need for a mental health supported housing scheme in the Canterbury city area.

Canterbury has the highest number of dementia residential provision although dementia diagnosis rates need improving. There are daily issues in the quality of services in the locality. Both Health and Social Care work together to improve the quality of services but in many cases the levels are not maintained. There are high numbers of safeguarding in care home provision, which although should not be seen necessarily as a negative, the safeguarding and quality issues are linked.

The average size of a care home in Canterbury is 30 beds which is a matter of consideration when planning provision into the future.

The model of care in the community hospitals needs reviewing and improving. The current model can foster dependency and the right people are not being directed into the services causing delays in moving people home. The review of community services by the CCG is critical in planning the future service provision. The model of care and access routes have to be part of a successful and clear route map.

There is a shortage of bookable respite and short term care across the locality so commissioning plans will be developed to allow access to different provision.

DARTFORD

Baseline Provision & Increasing Capacity and Choice – 2013 – 2031

Local Context

Dartford, like Ashford is an identified growth area, situated 20 miles east of London with a population of 97,365, bordering both the Kent and London boundaries. Dartford has retained its own housing stock.

The current Housing Strategy in Dartford is due for review in 2014, so although the current document does reference clients with learning or physical disability or mental health needs there are no evidenced housing needs identified within the Housing Strategy. Dartford Borough Council does have a specific Housing Strategy for older people and a Housing Policy for vulnerable people.

Current Position

The most recent Strategic Housing Market Housing Assessment (SHMA) highlights that the growing older person population in Dartford could have their housing need met through supported housing or extra care housing solutions. It is also recognised that the existing housing stock in Dartford does not meet the needs of a majority of clients with physical disabilities and that more provision of lifetime homes in the public and private (market) sector could help to address these needs.

A 2006 Housing Needs Survey indicated that there was a need for 2470 extra care units over a three year period; however, demand has not met the anticipated supply required.

In Dartford there are currently 15 fully wheelchair accessible units of accommodation, 1570 adaptations have been recorded in the existing stock, this is both minor and major adaptations, some to assist those with visual and sensory impairments.

Future Developments in Dartford include a minimum of 40 extra care units in Stone; this will be delivered through the PFI process on the former Manorbrook residential care home site. Dartford successfully operates a healthy waiting list for one of its existing extra care schemes, with Case Managers understanding the concept of extra care and making suitable referrals.

In the autumn of 2013 Dartford re-modelled a number of units within an existing sheltered scheme, changing 16 one bedroom flats into 10 family sized units de-designated for general needs housing.

Planned Development/Re-modelling

Due for completion in April 2014 is the development of council owned land at Littlebrook Manor Way. This will provide 1 fully accessible purpose built wheelchair 2 bed unit of accommodation alongside 5 general needs properties.

Residential Provision and Intermediate Care

Dartford has acute hospital provision at Darent Valley Hospital. There is one community hospital in Dartford which focuses services on rehabilitation. The Livingstone Community hospital was built in 1894 and a review is being completed into the long term future of this locally valued service. Any potential reprovision of this service will need to be determined for local use against targeted economies of service delivery.

Dartford has a number of residential schemes for people with learning disabilities, mental health needs and standard residential care for older people and the capacity to develop more accommodation such as extra care housing.

Dartford currently has 10 purpose built enclosed supported housing schemes (sheltered housing) for older people and one open scheme, totalling 469 units. A further 3 open schemes totalling 113 units are gradually being de-designated into general needs accommodation as supported clients move out.

The average size of a care home in Dartford is 48 beds. However, there are two large care homes with 75 beds and 179 beds respectively and removing these from the average shows the remaining homes have an average of 32 beds. This is of concern for the future planning of care home provision.

Dartford has a high number of nursing beds although Gravesham and Sevenoaks have insufficient nursing beds. There have been quality and safeguarding issues in the area and work is taking place to provide additional support to the care home sector through joint health and social care projects. Recruitment of care workers can be an issue to the proximity of Bluewater and London.

DOVER

Baseline Provision & Increasing Capacity and Choice – 2013 – 2031

Local Context

Dover is a coastal district that has three main towns, Dover, Deal and Sandwich and a population of 111,700. The Council owned housing stock within Dover is one of four that is managed by East Kent Housing, who took over the management in 2011. Dover is part of one of the more advanced Clinical Commissioning Groups (CCG's) and has the only integrated Team for Health and Social Care for Older People, with the appointment of an Integrated Manager.

Demographic projections within the Accommodation Strategy Evidence Base show that the number of people living in the district aged 65 and over is expected to increase by 35% between 2011 and 2021 and by 72% between 2011 and 2031. This is the second highest projected increase in Kent. Most older people receiving care and support services fall in the over 75 category and this number is also projected to increase significantly. A significant proportion of this growth is expected to occur in Walmer, Middle Deal and Sandwich Wards.

Dover District Council has an adopted Housing Strategy and a Housing Strategy for Older People both for the period 2010 – 15. The strategy action plan does include specific targets relating to the provision of extra care housing for older people (including wheelchair accessible housing); supported housing for people with mental health needs and that affordable housing is built to Lifetime Homes Standard. Dover District Council is also committed to working with partners to implement the Learning Disability Action Plan. There are no specific actions related to clients with sensory or autism.

While the Council's Housing Strategy has not specifically identified a need for market retirement housing this may provide a viable housing option for some older households. There has been less market retirement housing developed in the district than some neighbouring areas although McCarthy & Stone is currently developing 32 'Later Living' apartments in Whitfield.

The Housing Strategy does identify a need for affordable rented housing generally and for extra care housing for older people.

Current Position

In Dover there are two extra care PFI schemes; one for older people which has 40 units, the other is for clients with learning disabilities which have a total of 7 units. These were delivered through the Better Homes Active Lives Kent PFI project

Planned Development/Re-modelling

A second Kent PFI project, Excellent Homes for All, should deliver a further 40 units of extra care housing for older people in the district by April 2015. A further 81 units of extra care units for older people on a site in Sholden has recently been granted a planning consent and is also scheduled for completion early in 2015/16. The potential development of 8 units of wheelchair accessible units, as part of the affordable housing provision within larger residential developments, is currently still at the negotiation stage with developers. Dover District Council will seek to include specialist wheelchair units within affordable housing developments where there is an identified need and where it is viable to do so.

The Council has previously identified a need for supported housing provision for vulnerable young people.

The Council currently provides 287 units of fully sheltered housing with a housing related support service managed by East Kent Housing. The units benefit from a community alarm service as do a further 257 units of semi-sheltered housing. East Kent Housing has recently undertaken a review of the sheltered housing support service it provides for the Council and 2 other councils in East Kent. The review has recommended a restructuring of service delivery to provide a service which will promote independent living and improved well-being, ensure Supporting People objectives are being met and achieve greater service efficiency. Consultation with tenants regarding the recommended service changes is due to start shortly.

The review has identified some sheltered housing schemes across East Kent that may no longer be fit for purpose and Dover District Council is currently considering the re-modelling of a sheltered scheme which has shared facilities. If re-modelled this scheme could be suitable for a specialist dementia care unit. These discussions are at the early appraisal stage.

Residential Provision and Intermediate Care

The Queen Elizabeth Queen Mother hospital in Thanet and the William Harvey Hospital services Dover for acute hospital provision. There is one community hospital in Deal which focuses services on rehabilitation. Dover benefits from a large number of standard residential care homes but could benefit from the development of nursing homes that are built to modern day standards.

Services provided at Deal Hospital include the provision of intermediate care beds, however currently they are utilised for step down acute discharges and very little availability for step up admissions from the community. The CCG is working with the current provider to review admission criteria for these beds to ensure step up intermediate care beds become available at Deal Hospital. Additional rehabilitation beds have been commissioned in Deal during 2013/14, the CCG is reviewing this model to inform future re-ablement schemes. There are no inpatient beds currently located within Dover and the District Council would like to see a provision of services which enables people to receive the care and support they need within their local communities. There are service developments in extra care housing to utilise a flat and to pilot operating short term care provision in a housing setting. Following a review and if successful this model could be rolled out further.

A joint review of intermediate care undertaken in 2013 by the CCG recommended that more intermediate care should be provided within patients own homes wherever possible and did not specify additional capacity was required. Instead with more appropriate use of existing bed capacity and more proactive management of patients at risk of acute hospital admission the same level of beds should be sufficient, however the review recognised the need for flexible bed / accommodation options would be required.

The average size of a care home in Dover is 31 beds. This is cause for concern when considering long term provision. There is a need to develop nursing provision with the independent sector across the district of Dover. There is also a need to develop services in Sandwich where there is a high population of older people.

Additional services are required for a supported accommodation scheme for younger people with mental health needs and extra care provision for older people with dementia.

GRAVESHAM

Baseline Provision & Increasing Capacity and Choice – 2013 – 2031

Local Context

Gravesham Borough Council is a stock holding local authority, with an estimated population of 101,800, with a high density of black, minority and ethnic residents.

Gravesham Borough Council have a current Housing Strategy (2009-13) which prioritises the needs of three clients groups within its action plan, these are older people, people with a physical disability and those with mental health needs and which will be revised in 2014-15.

Current Position

Completions with regards to lifetime homes and wheelchair accessible housing have been collated from 2013-14.

Gravesham saw its first extra care scheme opened in 2011. Owned and managed by the Abbeyfield Kent Society, the development of this extra care scheme and other planned developments will be meeting the growing demand within the borough. Specific BME developments within Gravesham would be welcomed but would need to be reflective of the whole BME population, not just for one specific group.

Planned Development/Re-modelling

Planning is permitted for 70 units of extra care due for delivery in March 2015, of these 70 units there is potential for 10 to be designated for adults with learning disability. Seventeen units for Active Elderly and 2 wheelchair accessible bungalows are due for completion in March 2015 with 35% of the homes on this development reaching lifetime homes standard.

There are 18 1 bed flats for over 55's to be developed over two schemes, 6 are in development from September 13 and 12 are awaiting planning approval. The 12 unit scheme will be delivered by Gravesham Borough Council on Council owned land.

There are four 2 bed roomed bungalows due for development over two sites, two will be complete by May 2014 with the remaining two being delivered by summer 2015. Two of the bungalows will be delivered by Gravesham Borough Council on Council owned land.

An additional 25 units for over 55's are subject to planning permission, permission is subject to Section 106 and finalisation of the legal stage in this process.

There are no plans to remodel any existing stock in Gravesham.

Residential Provision and Intermediate Care

Gravesham Community Hospital was developed in 2006 and has care home provision to one side. Gravesham Place offers short term care for older people. Gravesham could benefit from more provision of nursing care with modern facilities.

The average size of a care home in Gravesham is 40 beds. The district will benefit from the planned developments at Gravesham Community Hospital and Gravesham Place. Equally the work planned to support care home providers jointly delivered by health and social care staff will look to having an increased support service within the locality.

MAIDSTONE

Baseline Provision & Increasing Capacity and Choice – 2013 – 2031

Local Context

Maidstone is the County town of Kent, with an estimated population of 155,143.

The 2011 census stated that there were 63,447 households in Maidstone of which 16,878 included a person aged over 65 years old. The tenure split is detailed in the table below:

	All households in the Borough	% of all households in the Borough	Households with person aged over 65	% of households with person aged over 65
Owned	44,700	70%	13,575	80%
Shared Ownership	671	1%	51	1%
Social Rented	8,066	13%	2,144	13%
Private Rented	9,256	15%	775	4%
Rent Free	754	1%	333	2%
Total Households	63,447		16,878	

The above table highlights that only 13% of persons aged over 65 are in social rent accommodation. The Borough Council transferred its housing stock to Golding Homes (formerly Maidstone Housing Trust) in 2004 and they currently manage the majority of the social rent stock in Maidstone as detailed in the table below:

	All registered providers in Maidstone Borough	Golding Homes owned	% owned by Golding Homes
General Needs	7,123	5,236	74%
Supported Housing	217	6	3%
Older Persons	1,191	1,034	87%
Low cost ownership	599	11	2%
Total affordable stock	9130	6287	69%

In addition to the social rent stock there are also 1,548 registered privately managed units within the Borough:

Care Home – Older people	502
Care Home - Nursing	539
Retirement / Sheltered Housing	507
Total	1,548

Within the current Housing Strategy (2011-15) Maidstone highlight increasing choice and improving quality of life for vulnerable people as one of four key priorities, this strategy is due to be reviewed as the Council's Local Plan is further developed.

Current Position

Maidstone is a non stock holding local authority but does work closely with support providers to assess need and look at existing stock provision for various client groups. Maidstone are members of the Mental Health Forum, through this forum Maidstone have recognised the need to seek alternative, self contained accommodation for existing mental health clients who are living in shared accommodation which are no longer fit for purpose. Two new replacement mental health

self contained schemes have now been developed, providing a total of 19 one bed flats, completed in early 2012.

Maidstone Borough Council have, with KCC FSC identified a need for wheelchair accessible housing for younger adult and/or families with physical disabilities. Money from Section 106 agreements could be used to develop accommodation with enhanced basic standards of 'lifetime homes'.

A further extra care scheme was completed in 2012, providing 57 (one and two bed) units for persons aged over 55, who have a social care need and have a local connection to the Maidstone Borough Council and Kent area. This is in addition to the previous extra care scheme of 40 (one and two bed) units, plus 6 units of learning disability accommodation delivered back in 2009 through the Private Finance Initiative with KCC.

Very recently completed in Maidstone town centre is a scheme comprising of 10 one bed flats and 16 two bed flats for clients aged 50 years and older.

Maidstone, along with Ashford and Tonbridge and Malling Borough Councils, recently commissioned a new Strategic Housing Market Assessment (SHMA). This predicted a significant increase in the older person population with the total number of people aged 55 or over expected to increase by 24% over just 10 years (2011-2022). Maidstone recognises the potential impact upon the private sector housing stock and has identified the requirement to address the needs of the ageing population as a priority area of work.

Planned Development/Re-modelling

According to the recently published SHMA the growing older population will lead to an increase in specialist housing solutions, with it suggesting a 105% growth in the older population with dementia and an 84% increase in the older population with mobility problems. This suggests a requirement for around 125 additional housing units to be specialist accommodation each year to 2030.

Planning permission has recently been granted for a 64 bed residential care home with 13 close care bungalow / apartments on the same development.

Proposals are being considered for flats over existing retail shops to provide a further 50 independent living units along with communal and amenity space for people aged over 65.

There are two remaining shared facilities mental health schemes (12 units) of which need to be replaced with new self-contained accommodation, and the Council are working with the support provider and KCC's Accommodation Solutions Team to secure funding and identify suitable site opportunities.

The retirement village delivery concept is being explored further with Family Mosaic, who are keen to work in partnership with the council to deliver a mixed tenure scheme comprising of private sale, affordable rent and shared ownership, complete with community facilities. A feasibility study will be required to determine suitable and appropriate site locations and viability.

The use of SIGnet (Spatial Intelligence Geographic network) will be reviewed which is a free resource developed by the Homes and Communities Agency to bring together data from organisations such as

Ordnance Survey, the Office for National Statistics, Local Authorities, and the Environment Agency in a single place, allowing it to be viewed on a map and printed as plans or spreadsheet tables.

Users of SIGnet are able to analyse the data, for example looking at investment compared with land supply, planning constraints and local infrastructure when deciding where to build new and affordable homes in their communities; or map empty homes hotspots showing the relationship with population statistics such as housing need and indices of deprivation.

The council are continuing to carry forward a capital programme to support the delivery of affordable housing and will target investment towards local identified needs and strategic priorities, which may include supported housing schemes for specific client groups.

Opportunities to work in partnership with Registered Providers to secure investment towards affordable housing delivery will be considered via the new Affordable Housing Programme 2015-2018. The council will also consider bidding directly for grant, utilising its Investment Partner Status with the Homes and Communities Agency.

Residential Provision and Intermediate Care

Maidstone does not have a community hospital but does have acute provision at Maidstone hospital. One ward is currently being utilised for short term rehabilitation on the Romney Ward and this is under review. The Dorothy Lucy Centre, a KCC owned residential care home, offers short term care and this service is being reviewed due to the long term future of the service and building. Built in the 1980's, the Dorothy Lucy Centre has small rooms that cannot accommodate people requiring hoists and two carers comfortably therefore the service provision needs to be reviewed.

The average size of care home in Maidstone is 40 beds. This is of concern for future planning. There are 18 care homes across the district and only 4 have more than 60 beds. There is planned provision for nursing care and extra care in a rural village that would support the local community and a care home being built in the town. There is also an expected growth in population across the district in the coming years.

SEVENOAKS

Baseline Provision & Increasing Capacity and Choice – 2013 – 2031

Local Context

Sevenoaks is in the west of the County and is considered to be a largely affluent district in Kent, bordering Greater London, Surrey and East Sussex with an estimated population of 115,400; the area has coverage of approximately 142 square miles. The main towns are Edenbridge, Sevenoaks and Swanley and there are also a number of small villages and settlements within the district.

The Housing Strategy in Sevenoaks identifies the six adult social care client groups as 'vulnerable' and identify that the majority of older people wish to remain independent for as long as possible, that many learning disability clients are cared for by ageing parents, that it is important to seek wheelchair accessible housing as part of affordable housing development where need has been identified and that shared ownership and other similar models should be available for older people to assist with competing agendas such as under occupation.

Sevenoaks have undertaken a district wide learning disability study and undertook a district level housing stock/needs analysis for older people in 2013.

Sevenoaks District Council has transferred all of its stock to West Kent Housing Association, with whom they work closely with. Moat Homes is also a key housing association partner in this District.

Current Position

There is a range of wheelchair accessible accommodation in the District. Most recently developed (2013) were two 4 bed units which have been built to wheelchair standards in Edenbridge. A supported housing scheme for blind students in Sevenoaks Town was decommissioned due to under utilisation and remodelled for other specialist provision. A supported housing scheme for vulnerable younger people is also being progressed in central Sevenoaks.

Sevenoaks will be considering where possible the option to designate general needs housing units to more specific vulnerable groups, this is to prevent the over reliance on the small number of designated units for the vulnerable client groups.

Sevenoaks are partners with Dartford Borough Council with an extra care scheme in Wilmington and have access to 20 flats at Emily Court. Due to the distance between Wilmington and Sevenoaks, the majority of applicants come from Swanley to this scheme.

Planned Development/Re-modelling

Completion of a re-modelled sheltered housing scheme in Bonney Way, Swanley is due in early 2014. This is for older people to include 22 social/affordable rented one and two bed units. A further 22 flats designated for older people will also be completed on the St Andrew's Court site in Swanley in early 2015/16. There are pre planning application discussions regarding the potential provision of 55 units, including 30 much needed and welcomed bungalows for older people. If this scheme progresses, a sustainable lettings plan would give priority for local people.

Also in Sevenoaks are 19 leasehold flats designated for older people, these are due for completion in autumn 2014. As part of West Kent HA's Emerald Strategy at Whiteoak Court in Swanley there is

consideration to develop a dementia pod to sit alongside the existing sheltered housing scheme; this would be a good use of the existing land and available resources on this site.

Residential Provision and Intermediate Care

Sevenoaks District has two community hospitals in Sevenoaks and Edenbridge. Acute services are accessed at Tunbridge Wells Hospital.

The average size of care home is 40 beds. This is for consideration when planning future provision. Sevenoaks teams struggle with local affordable services. The private market attracts higher costs for services with people able to self fund at those levels. Affordable services are required for individuals that require state funding and regularly have to be placed outside of the community to access services. The Care Bill will go some way to addressing the imbalance.

Existing Levels of Need for Vulnerable Groups

The Council's most up to date information on housing need is taken from the Sevenoaks District Housing Register which has been amended to reflect changes in legislation and Localism.

Below are numbers on the register at March 2014 for the following Groups:

- Hearing Impairment: 13
- People who consider they are isolated without any support: 11
- People who consider they have an issue with alcohol: 11
- People who consider they have an issue with drugs: 6
- People who have a difficulty with literacy: 15
- People with a Learning Disability: 16. SDC have identified that many individuals with a learning disability registered on the housing register for security purposes only. They are not seeking rehousing in the immediate future but are registered for the time when parent carers can no longer meet their needs.
- People with a mental health issue: 54. The experience of SDC services is that the criteria for the existing mental health schemes is too restrictive and prevents individuals being referred. The complexity of the needs of those with mental health issues approaching the service has increased and there is a requirement for dual diagnosis schemes that provide 24hr support and can accommodate the needs of people who are not yet abstinent.
- People with a permanent physical disability: 47
- People with a visual impairment: 10
- People who are ex offenders: 4
- People who are experiencing domestic abuse: 11
- Young person leaving care: 3
- People requiring Sheltered Housing: 63. The Council has needed to open up its housing register to enable older people without a local connection or a housing need to register applications for sheltered/emerald housing along with other housing which has been specifically designated for those aged 55 plus.

SHEPWAY

Baseline Provision & Increasing Capacity and Choice – 2013 – 2031

Local Context

Shepway District is a largely coastal area with an estimated population of 108,200; there are three main towns in the District; Folkestone, Hythe and New Romney. Management of the housing stock, like Canterbury, Dover and Thanet is undertaken by East Kent Housing, this management responsibility was transferred in 2011.

Within the Shepway District Council Housing Strategy (2011-16) there is reference to a number of issues highlighted within this Accommodation Strategy, older people and their wellbeing in their current home, supporting independent living for the identified 20% of all households in the district accommodating at least one person with a long-term disability or illness, recognising the shortfall in 'move on accommodation' for residents with mental health needs and that 20% of the districts accommodations should be to a lifetime homes standards, where feasible.

The East Kent SHMA completed between April 2008 – June 2009 indicated that the ageing population and those with long-term limiting illnesses are likely to have major impacts on the future housing and planning policies in Shepway.

Current Position

Within Shepway the following information indicates adaptation levels:

- Wheelchair use: 139
- Other Physical Disability: 358
- Deaf: 3
- Visual Impairment: Not Known
- Deaf/Blind: Not Known

In a recent development 5 new build properties have been built to the Lifetime Homes Standard.

Shepway District Council have identified, with KCC FSC a need for wheelchair accessible housing for younger adults and/or families with physical disabilities, working with developers using Section 106 money to assist in the delivery of 'lifetime home standards'.

Planned Development/Re-modelling

Shepway District Council proposes to review the existing sheltered housing provision in the near future.

Residential Provision and Intermediate Care

Shepway district is serviced by the William Harvey Hospital in Ashford for acute provision. There is an over-provision of standard residential care with people regularly moving from Ashford to access. The average care home is 27 beds. This is one of the lowest average sizes in the County.

Shepway will need more fit for purpose residential and nursing homes in future. There are a high number of converted Victorian properties that are unable to accommodate the more complex individual that we are seeing in today's care homes. This translates very quickly to quality in care and safeguarding issues.

Health and Social Care are looking at the support that can be provided into care homes to enable them to have access to rapid response to improve quality and maintain people in the community rather than accessing acute services.

The CCG has commissioned additional rehabilitation beds in Hythe during 2013/14. The CCG is evaluating the on-going needs of this type of model in the future.

Broadmeadow provides 20 beds for intermediate care and a review of the model of care is underway. The service was built in 2007 and meets modern standards. It was extended recently to accommodate a dementia specific short term residential and day care service.

Shepway has the highest proportion of residential care homes for people with a learning disability. There are a number of services for people with learning and physical disabilities on the Romney Marsh but fewer older persons services which will need addressing.

SWALE

Baseline Provision & Increasing Capacity and Choice – 2013 – 2031

Local Context

The district of Swale consists of three distinct areas; Faversham, Sittingbourne, and the Isle of Sheppey, with an extensive rural hinterland. The total district estimated population is 137,700. The District Council transferred its housing stock to Swale Housing Association (now AmicusHorizon) in 1990.

Swale Borough Council have a current Housing Strategy (2010 – 2015) which identifies the challenges related to the identified adult social care client groups within this Accommodation Strategy. There is specific reference to the growing ageing population and the need to ensure an adequate range of tenure options and improve access to appropriate accommodation for this client group.

Improving choice and independence through the provision of a range of high quality well designed housing options is identified as key for those clients with a disability; this can be a physical, sensory or a learning disability.

Progress to Date

Since 2011 there have been 7 new build wheelchair units completed within the Swale Borough, and over the same period 41 homes have been built to the Lifetime Homes Standard or adapted.

Planned Development/Re-modelling

An existing scheme in the Swale Borough, Wyllie Court has now been demolished and an extra care housing scheme is due for completion in 2014, at Regis Gate there are going to be 15 shared ownership units and 36 affordable rent units.

Residential Provision and Intermediate Care

Swale District has three community hospitals in Sheppey, Sittingbourne and Faversham. Acute services are largely accessed at Medway Maritime Hospital. Swale also has three KCC owned care homes in Sheppey, Sittingbourne and Faversham. Doubleday Lodge in Sittingbourne will close in September 2014. Blackburn Lodge in Sheerness and Kiln Court in Faversham are under review and offer both long and short term care. Kiln Court has a specialist dementia wing for short term care and services the Canterbury district when required. The Isle of Sheppey will need particular consideration in Phase Two as its geographical location means that its local communities are not easily serviced by provision elsewhere within the Borough.

Faversham is part of the Canterbury and Coastal Clinical Commissioning Group so separates out from the rest of the Swale district for health and social care commissioning. Swale CCG covers Sheppey and Sittingbourne and is closely linked to Dartford Gravesham and Swanley Clinical Commissioning Group forming a North Kent focus.

The community hospital provision is currently under review across the County. The services offered to older people should focus on rehabilitation. Pressure on these services is high and additional short term provision is frequently sought, this is due to the model of care that can foster dependency.

Faversham Cottage Hospital was built in XXXX and the review is being completed into the long term future of this locally valued service. Modern service provision and facilities is required.

There is a shortage of bookable respite and short term care across the locality so commissioning plans will be developed to allow access to different provision.

THANET

Baseline Provision & Increasing Capacity and Choice – 2013 – 2031

Local Context

Thanet is a coastal district, with an estimated population of 134,300 and pockets of deprivation. There are three main towns in the District; Margate, Broadstairs and Ramsgate and the district has a large older population in the areas of Westgate and Birchington.

Thanet District Council's Housing Strategy (2012-2016) has a Strategic Priority to 'Enable vulnerable people access to good quality housing and to live independently.' The Housing Strategy action plan details ambitions and targets relating to some of the adult social care client groups including to achieve a better understanding of the need of older people and those with a physical disability.

Thanet District Council is currently consulting on a new Local Plan which will guide decisions on development, infrastructure and other investment in the district to 2031. The Plan will address the housing and other social and community facilities required. The current provision and projected needs of adult social care client groups identified as part of the Accommodation Strategy will thus provide important baseline information for the Plan.

Current Position

Thanet are part of the Private Finance Initiative Scheme Excellent Homes for All. Thanet will benefit from 40 units of extra care and 9 units for mental health clients. The project is currently still at the procurement stage, but the expected completion of the units is summer of 2015. They have also previously delivered 5 new build homes utilising HCA funding and these were all built to Lifetime Homes Standards, where possible this would be replicated.

Thanet District Council has capitalised on the one existing extra care scheme within its district and operates a healthy waiting list for new tenants; the enhanced housing schemes are also operating very successfully, with Case Managers understanding the concept of these schemes, making suitable referrals.

Planned Development/Re-modelling

Thanet District Council does not currently have plans to remodel any of the housing stock; however they are considering a new build programme following the completion of their Housing Revenue Account Asset Management Strategy. The district council will look at the housing need and aspire to meet any specialist need where possible.

Residential Provision and Intermediate Care

The Queen Elizabeth Queen Mother hospital offers acute services to Thanet and beyond. Thanet has an integrated service at Westbrook House offering intermediate care. The model of care is being reviewed. The development of services for people with mental health needs in Ramsgate will go some way into meeting the needs of the user group when it is built.

Thanet suffers with older smaller converted care homes which can result in higher quality and safeguarding issues. The average size of a care home in Thanet is 32 beds. This is cause for concern when considering long term provision. There is a need to develop nursing provision with the independent sector across the district of Thanet. There is also a need to develop services for younger people that require accessible or adapted housing provision with and without dedicated care staff for the scheme. There are high numbers of nominations to extra care schemes for people who are in their 30's and 40's as it is the property that is required rather than, necessarily, the care provision.

Wheelchair accessible housing will need to be promoted and developed on new larger sites. Consideration to smaller units where people may require access to 24 hour care and the economies of delivering in a block would be helpful but further analysis on this model would be required including whether this really is what the client group would aspire to.

TONBRIDGE AND MALLING

Baseline Provision & Increasing Capacity and Choice – 2013 – 2031

Local Context

The estimated population in this borough is 121,100, bordering Maidstone, Sevenoaks, Tunbridge Wells, Gravesend and Medway. Tonbridge & Malling has three broad areas, Snodland and Aylesford to the North, the Malling Rural area across the central aspect, and Tonbridge to the South, The borough, like Sevenoaks and Tunbridge Wells is situated in the West of the County and is considered to have areas of relative affluence along with pockets of deprivation. The Council transferred its stock in 1991 to Tonbridge & Malling Housing Association, now Russet Homes, which is part of the Circle Group.

Instead of providing details about specific groups the Housing Strategy for Tonbridge and Malling is an over-arching document that places focus upon ‘vulnerable households’, and the action plan for the Strategy references the need to monitor accommodation for older people. The adopted Affordable Housing Supplementary Planning Document has further guidance on the delivery of provision for those with a learning disability, mental health needs and other vulnerable groups.

Tonbridge and Malling, along with Maidstone and Ashford Borough Councils jointly commissioned consultants to prepare Strategic Housing Market Assessments for their respective areas in 2013; the reports will be available in early 2014.

Current Position

Tonbridge and Malling has seen the delivery of a new MCCH Autism Scheme in Hildenborough, this is 5 unit state of the art scheme for clients with autism. There is also a new Learning Disability Scheme in West Malling, offering 7 flats for learning disability clients.

The adopted Affordable Housing SPD highlights targets of 10% for developing lifetime homes and wheelchair accessible housing for affordable units.

Planned Development/Re-modelling

The Abbeyfield Kent Society are seeking to expand two of their existing sites in Tonbridge and Malling, this expansion will provide additional accommodation for older people and those with mental health needs, focusing mostly on dementia along with Extra Care units. These expansions are both at pre-application discussion stages.

This will involve a likely conversion and expansion of existing residential care homes, providing an increased number of extra care housing units; possibly inclusive in the next second bid round of the HCA’s Affordable Housing Programme.

Residential Provision and Intermediate Care

Tonbridge and Malling access acute services from either Maidstone Hospital or Tunbridge Wells Hospital, with a community hospital in Tonbridge. The borough could benefit from the development of all types of services and the plans for extra care housing would be of huge benefit to the local population.

The Tonbridge team place only 33% of residential placements in the district and 17% nursing. The remaining placements are in Maidstone, Tunbridge Wells and Sevenoaks. This demonstrates a shortfall of services.

The average size of a care home in Tonbridge and Malling is 44 beds which is higher than most. There is also a provider of residential/nursing care and extra care actively developing provision in the district and is in discussion with the borough and county council with these developments.

TUNBRIDGE WELLS

Baseline Provision & Increasing Capacity and Choice – 2013 – 2031

Local Context

Tunbridge Wells is in the West of Kent, similarly to Sevenoaks and Tonbridge and Malling it is considered to be a significantly affluent area of Kent. The town is located to the top of the district, close to the border of the County East Sussex, with vast rural areas to the south of the area. The housing stock in Tunbridge Wells is largely managed by Town and Country Housing Group, the stock was transferred through the LSVT process.

The current Housing Strategy for Tunbridge Wells (2012-17) has highlighted 'responding to the needs of vulnerable people to support independent living'; this is reinforced by a number of key action points in the strategy action plan.

Tunbridge Wells are committed to promote and provide a range of housing options for older people, to continue funding the Home Improvement Agency and to fund and use DFG for aids/adaptations to assist in independent living. As an LSVT local authority they are also committed to working with their stock transfer housing association Town and Country Housing Group to monitor, review and find options to meet the needs of vulnerable clients who are on the joint housing register.

Current Position

Over the last four years 170 DFG's have been granted to those with a physical disability, 16 for those using a wheelchair, 1 adaptation for a sensory impaired resident and 1 for an autistic client. Over the period 2012/13 there have been 45 new build properties built to the Lifetime Standards and 6 built to wheelchair standards.

There are two shared housing schemes in the borough, one of these is for clients with mental health needs and the other provides accommodation for clients with mild learning disabilities and is also used as move on accommodation for homeless clients.

There are two extra care schemes currently in development, one is in Hawkhurst and will deliver 48 units of accommodation through the PFI process. The other is at Crofton Lodge and will deliver 18 units.

Planned Development/Re-modelling

The main provision for older people in the Borough will be provided for by the re-modelling of existing and out-dated sheltered housing schemes owned by Town and Country Housing Group, (TCHG)

These schemes will provide independent living for the over 60's and/or those with physical disabilities aged over 55 in 1 and 2 bedroom self contained flats. Termed 'sheltered housing plus' although having some communal areas such as a lounge, small kitchen, a hairdressers and a warden during office hours, they will not provide 24 hour care or meals which an extra care facility normally will.

Planning permission has been granted for the re-development of MacDonald Court, Paddock Wood to provide 39 sheltered housing plus 1 and 2 bed flats and at Major Clarks House, Cranbrook for 24 units.

In addition 83 sheltered housing plus units are to be provided by TCHG as part of the Sherwood regeneration project and at the former Kent and Sussex hospital site developed by Berkeley Homes.

We are not aware of any other re-development or new provision of older persons housing by other housing associations in the Borough.

For wheelchair users the regeneration of existing TCHG estates at Sherwood, Ramslye and Cranwell Road will provide 7 fully adapted properties. In addition we will seek 10% of new affordable housing units developed to be built to wheelchair standards. Although not policy this will respond to housing need where new development is planned

As regards future development of supported housing MCCH have planning permission to re-develop their scheme known as 'The Pines' on the Pembury Road for clients with learning disabilities. We are not aware of any other new supported housing scheme proposals in the Borough.

Residential Provision and Intermediate Care

Tunbridge Wells are serviced by the new Tunbridge Wells Hospital. There is a community hospital in Hawkhurst that focuses services on rehabilitation. Short term affordable care services are required, particularly closer to the acute hospital.

The local team struggle with finding affordable residential and nursing services to the County Council and frequently place outside of the borough and in some cases the County.

The average size of a care home in Tunbridge Wells is 38 beds. This needs to be considered when planning future services. The care market is active in the borough and further discussion is needed with Strategic Commissioning Officers at KCC earlier to ensure support for developments in the areas that are needed.

Services at Hawkhurst Community Hospital are being reviewed. There is a nursing home development in the village and an extra care scheme being developed. Both new schemes could support the intermediate care requirements for the borough.

TONBRIDGE & MALLING BOROUGH COUNCIL

STRATEGIC HOUSING ADVISORY BOARD

10 November 2014

Report of the Director of Planning, Housing and Environmental Health

Part 1- Public

Matters for Information

1 HCA UPDATE

Summary

This report describes the Homes & Communities Agencies (HCA) recent announcement of capital grant allocations through their Affordable Homes Programme 2015-18 to schemes being delivered within Tonbridge & Malling.

- 1.1.1 At the last meeting of this Board I reported on the Homes & Communities Agency's bid round for the forthcoming Affordable Homes Programme 2015-18. This process is how our Registered Provider Partners engage with the funding body to potentially access grant money for affordable housing on new developments. The assessment process included the Council giving the HCA detailed feedback on each of the twelve bids for this borough in relation to how they meet local needs and priorities, along with an overview of deliverability through the planning system.
- 1.1.2 Members will be delighted to learn that Tonbridge & Malling have seen considerable levels of success in relation to the Affordable Homes Programme 2015-18. The HCA has allocated over £7 million of capital grant funding to our Registered Provider Partners to construct new affordable homes in the borough. To put this figure in context the next highest allocation within Kent is to Swale Borough Council, who have been allocated £4 million.
- 1.1.3 Tonbridge & Malling also see the highest number of affordable units proposed across the 2015-18 programme, with two hundred and eighty three homes allocated funding. To put this figure in context, the next highest in Kent with two hundred and thirty five homes is Medway Council. For a more local comparison, neither Sevenoaks District Council nor Dartford Borough Council received any capital funding from the HCA. Tunbridge Wells Borough Council has been allocated £1.39 million for fifty three homes.
- 1.1.4 An overview summarising the HCA's funding decisions for the local authorities within Kent (ranked by highest allocation) and featuring Tonbridge & Malling at the top is contained in Table 1 below.

1.1.5 Table 1 Allocations Within Kent Ranked In Order

Local Authority	Grant Funding	S106 Nil Grant units	Affordable Rent Units	Shared Ownership Units	Total Grant Funded Units
Tonbridge and Malling	£7,126,969	21	162	121	283
Swale	£4,074,000	4	84	52	136
Ashford	£2,990,500	33	156	16	172
Thanet	£2,024,379	0	92	0	92
Medway Towns	£1,863,000	161	119	116	235
Maidstone	£1,457,173	118	113	63	176
Tunbridge Wells	£1,390,000	0	28	25	53
Gravesham	£1,134,000	69	67	34	101
Shepway	£1,090,000	18	31	18	49
Dover	£910,000	0	26	0	26
Canterbury	£778,000	0	26	16	42
Dartford	£0	95	64	86	150
Sevenoaks	£0	19	30	17	47

- 1.1.6 It is important for Members to recognise that even with our county leading position the figures could be seen as to some degree suppressed for this borough. This is because several large schemes with planning consent that feature affordable housing units are not included, as the developer is still in the process of selecting a Registered Provider delivery partner (or were at the point the allocation decisions were made). For example Redrow's sites at Preston Hall in Aylesford and Priory Works in Tonbridge are absent from the bid round, and contain over one hundred and twenty affordable dwellings between them.
- 1.1.7 As detailed in other Reports to this Board, Tonbridge & Malling also saw the highest level of affordable housing delivered in Kent for the last financial period (2013-14), and also the most successful implementation of the Help To Buy product within the County. Therefore the Council has cemented its performance for the provision of affordable dwellings borough wide across a broad and varied spectrum of tenures and units in relation to actual recent delivery, current outturn, future pipeline schemes, and subsidy received.
- 1.1.8 However, it is important to not be complacent moving forward in light of our recent successes. The Council's new independent Strategic Housing Market Assessment (SHMA) clearly describes that ongoing high property prices and affordability pressures, relatively static local salary levels, and historic low levels of provision across all tenures mean that the continued provision of affordable homes must remain a key output of the borough if we are to meet our strategic goals and address our identified housing need.

- 1.1.9 Members will recall that the broad message from the HCA to bidders was one of incentivising smaller units over larger ones in line with the impacts of welfare reform, such as the spare room subsidy. The two tenures sought were Affordable Rent and Shared Ownership only.
- 1.1.10 Members will recall from earlier papers to this Board the challenges Affordable Rent can pose to households in this borough, due to the high rent values it generates. Earlier this year the Council expressed these concerns in a letter from both the Leader and Cabinet Member for Housing to Sir John Stanley MP on the basis that these rental levels set at up to 80 per cent of market value are, in some cases, simply not “affordable”. The Council will continue to monitor this situation and act accordingly, working closely with our partners.
- 1.1.11 As detailed in other reports to this Board, the Council will look to review planning practice in order to ensure the right type, tenure, size, and affordability of units are delivered that meet local needs, alongside continuing to negotiate with our Registered Provider Partners in terms of securing rents that are affordable for economically active households.

1.2 Legal Implications

- 1.2.1 The Council needs to secure a sufficient supply of affordable housing to meet its statutory duties.

1.3 Financial and Value for Money Considerations

- 1.3.1 The Affordable Housing Programme (AHP) is the means by which public subsidy is secured for the delivery of affordable housing. RPs must adhere to strict value for money and design considerations imposed by the HCA.

1.4 Risk Assessment

- 1.4.1 Failure to secure sufficient investment in affordable housing could mean that the Council is unable to deliver its local strategic housing priorities and meet its statutory obligations to the homeless and others in housing need resulting in unacceptable financial and reputational risk.

Background papers:

contact: Chris Knowles

Nil

Steve Humphrey

Director of Planning, Housing and Environmental Health

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TONBRIDGE & MALLING BOROUGH COUNCIL

STRATEGIC HOUSING ADVISORY BOARD

10 November 2014

Report of the Director of Planning, Housing and Environmental Health

Part 1- Public

Matters for Information

1 PRIVATE SECTOR HOUSING UPDATE

Summary

This report updates Members on the following:

- Overview and Scrutiny Committee review of empty homes work;
- Collective Switching scheme;
- Redress scheme for Letting Agents work and Property Management Work; and
- West Kent Landlord Fair

1.2 Overview and Scrutiny Committee review of empty homes work

1.2.1 Members will be aware that the Overview and Scrutiny Committee are currently reviewing the Council's empty homes work. This is being led by the Private Sector Housing Team.

1.2.2 A meeting of the review group was held on 10 September 2014 where Members considered the reasons for empty homes, the benefits of bringing empty homes back into use, the scale of the issue within Tonbridge & Malling B.C. and the Council's current approach.

1.2.3 Members agreed that the current approach to empty homes work should be reviewed with a particular focus on the following:

- identifying one service with overall responsibility for leading and coordinating the issue of empty homes, with other services acting as internal consultants in the process and meetings convened on a regular basis;
- identifying best practice in tackling empty homes;
- improving information sharing across services;

- introducing a systematic way of prioritising empty homes;
- earlier identification of empty properties to enable action to be taken before properties fall into the long term empty category;
- exploring opportunities of working with Registered Providers and Private partners in bringing forward private sector leasing schemes. For example, if interventions such as Empty Dwelling Management Orders are used arrangements are in place for these properties to be managed and let to homeless households and those threatened with homelessness. This would help reduce the pressure on the housing waiting list; reduce the use of temporary accommodation and help secure suitable housing more quickly than otherwise would have been the case;
- exploring financial benefits from bringing more properties back into use through Council Tax and the New Homes Bonus;
- raising awareness of empty homes issues in the Borough; and
- maintaining and improving the accuracy of empty homes data.

1.2.4 A further report will be presented to the review group in early December 2014.

1.3 Collective Switching Scheme

- 1.3.1 Members may be aware that Collective Switching is where a third party negotiates a better energy tariff on behalf of a group of residents. Government has encouraged local councils to take on this role to develop schemes for the benefit of residents. Such schemes enable residents to register an interest in participating in an 'energy auction' and receiving a new energy provider offer.
- 1.3.2 We reported into this Board in November 2013 on four councils in Kent - Dartford Borough Council, Gravesham Borough Council, Sevenoaks District Council and Tunbridge Wells Borough Council who had launched a collective switching scheme called 'Energy Deal Together'.
- 1.3.3 A report to Cabinet on 8 October 2014 on Collective Switching recommended that the Council proceeds to work collaboratively with 'Energy Deal' authorities on a winter campaign from December 2014 using the Local Government Association framework with a February 2015 reverse auction. A new Memorandum of Understanding/Participation Agreement will be developed to bring Tonbridge & Malling B.C. into the existing partnership. The Cabinet report is attached at Annex 1 for ease of reference.
- 1.3.4 We will prepare a briefing note for Members before the Collective Switching scheme goes 'live' so that you can advise constituents accordingly. A further update report will be brought to this Board next year once the outcome of the initiative is known.

1.4 Redress scheme for Letting Agents work and Property Management Work

- 1.4.1 The Redress Schemes for Lettings Agency Work and Property Management Work (Requirement to Belong to a Scheme etc) (England) Order 2014 came into force on 1 October 2014 and district Councils are the enforcing authority with a duty to enforce.
- 1.4.2 The Order requires that a person who engages in lettings agency work or property management work must be a member of a redress scheme for dealing with complaints in connection with that work. The redress scheme must be one that is approved by the Secretary of State or designated by the Secretary of State as a government administered redress scheme. There are currently three redress schemes available to letting agents and property managers to sign up to.
- 1.4.3 Where an enforcement authority is satisfied on the balance of probabilities that a person has failed to comply with the requirement to belong to a redress scheme, the authority may by notice require the person to pay the authority a monetary penalty of such amount as the authority may determine. The amount of the monetary penalty must not exceed £5,000 and there is a set process for imposing the penalty. Sums received by an enforcement authority under a monetary penalty may be used by the authority for any of its functions.
- 1.4.4 In response to this new legislation the Private Sector Housing Team will be sending a letter to all known letting agents and property management companies within the Borough to raise awareness of the Order and request they complete a return to us indicating which redress scheme they are signed up to. We will be able to check this information and also follow up any agent/company that does not respond.
- 1.4.5 In terms of the amount of monetary penalty it is proposed to carry out Kent-wide working on this issue through the Kent Chartered Institute of Environmental Health (CIEH) Housing Technical Group to attempt to get some methodology and consistency in how the penalty can be calculated.
- 1.4.6 A further update report will be presented to Members of this Board.

1.5 West Kent Landlord Fair

- 1.5.1 The annual West Kent Landlord Fair is being held on 21 October 2014 at Tunbridge Wells B.C.
- 1.5.2 The agenda includes speakers on legal possession of properties, landlord accreditation, protecting deposits correctly and a landlord update from the National Landlords Association. Workshops will take place on fire safety, tenancy sustainment and Local Housing Allowance rates.
- 1.5.3 A verbal update on how the Fair went will be given at this meeting.

1.6 Legal Implications

1.6.1 New legislation where the district Council is the enforcing authority is outlined in paragraphs 1.4.1 to 1.4.5.

1.7 Financial and Value for Money Considerations

1.7.1 The Collective Switching scheme may lead to some fuel bill savings for residents of the Borough.

1.7.2 The West Kent Landlords partnership continues to be a cost-effective way of delivering landlord forums for West Kent landlords through the sharing of resources and workload.

1.8 Risk Assessment

1.8.1 None arising from this report.

Background papers:

contact: Linda Hibbs

Nil

Steve Humphrey

Director of Planning, Housing and Environmental Health

TONBRIDGE & MALLING BOROUGH COUNCIL

STRATEGIC HOUSING ADVISORY BOARD

10 November 2014

Report of the Director of Planning, Housing and Environmental Health

Part 1- Public

Matters for Information

1 STRATEGY AND ENABLING UPDATE

Summary

This report updates Members on the progress being made by the Council's Registered Provider (RP) Partners in providing new affordable housing in the Borough and summarises the programmes for 2012/13 to 2014/15. The report goes on to describe the progress on various housing strategy initiatives.

- 1.1.1 The effective negotiation, planning and delivery of affordable housing forms one of the key priorities of the Council and an area of significant activity for the housing and planning services. Allied to this is the need to track and monitor the progress of RPs in delivering new schemes. Failure to secure a steady supply of new homes has a direct knock-on effect on the levels of homeless households placed in temporary accommodation or bed and breakfast. Members will be aware that the Council is under a duty not to house homeless families with children in bed and breakfast except in an emergency and then for a period not exceeding six weeks.
- 1.1.2 While we work with our partners to plan and ensure timely delivery of new housing, the Council also has a role to play in facilitating progress and in tracking performance. This is important to ensure that any difficulties arising on new schemes are highlighted early on and corrective action taken.
- 1.1.3 Set out at **[Annex 1]** is a monitoring spreadsheet showing the completed schemes in the year to date and the development programme to 2014/15. The table identifies:
- the scheme address;
 - RP Partner;
 - start on site (SoS);
 - total number of units to be provided (rent and/or shared ownership);

- detailed split of rent and shared ownership units;
- expected date of completion; and
- information on progress.

1.1.4 Members should be aware that details on some schemes may alter where planning permission has yet to be secured and some may not proceed. The number of units to be provided is therefore an indicative figure for strategic planning purposes, pending confirmation of final scheme details. As new schemes come forward these will be also be added to the schedule.

1.2 Affordable Housing Scheme Updates

1.2.1 Officers have been delighted to attend a number of site visits to schemes delivering affordable housing at the point the homes are being handed over from the contractor to the Registered Provider.

1.2.2 Members will be pleased to learn that the Cannon Lane (Crab Apple) scheme with Moat in Tonbridge has been completed and handed over following delays relating to the recent flooding in the town.

1.2.3 Circle Housing Russet have completed their redevelopment of the Scott Road garage site, into a scheme of fourteen affordable homes for rent and shared ownership.

1.2.4 A selection of photographs showing these schemes approaching completion are set out at **[Annex 2]**.

1.3 Coldharbour Gypsy & Traveller Site Launch Event

1.3.1 To celebrate the completion of the redevelopment of the Coldharbour Gypsy & Traveller scheme at Coldharbour Kent County Council held a launch event in July.

1.3.2 The event was a fine success, and was well attended by existing and new households from the site, local and county members, various contractors involved in the construction and related stakeholders.

1.3.3 The official opening and ribbon cutting ceremony was conducted by David Brazier the KCC Cabinet Member for Environment and Transport. The site was extremely well presented with several and happy to show their new pitches and amenity blocks.

1.3.4 A selection of photographs of the day including some work by some of the site's children are set out at **[Annex 3]**.

1.4 The Help To Buy Equity Loan Scheme

- 1.4.1 The Help to Buy (HTB) Equity Loan scheme was first announced in the 2013 March budget, in an attempt to encourage banks and building societies to offer mortgages. Since the launch in March 2013 641 properties were purchased in Kent, (KCC area), with the help of an equity loan. To put this in context, nationally 27,166 properties were bought.
- 1.4.2 The total value of these loans in Kent amounted to just under £30 million, with an average loan of £467,797. This varied from £91,333 for Sevenoaks to £35,069 in Shepway, with the national average being £41,407. It is estimated that about 85 per cent of these were for first time buyers
- 1.4.3 Members will be pleased to learn that Tonbridge & Malling had (as of the first quarter of 2014) the highest number of equity loans delivered for period up until April this year, but as a cautionary nod to affordability we also saw the second highest average loan cost at nearly £60,000 (second only to Sevenoaks District Council). This amounts to £5,363,502 of equity loans.

1.5 Legal Implications

- 1.5.1 The Council needs to secure a sufficient supply of affordable housing to meet its statutory duties.

1.6 Financial and Value for Money Considerations

- 1.6.1 The Affordable Housing Programme (AHP) is the means by which public subsidy is secured for the delivery of affordable housing. RPs must adhere to strict value for money and design considerations imposed by the HCA.

1.7 Risk Assessment

- 1.7.1 Failure to secure sufficient investment in affordable housing could mean that the Council is unable to deliver its local strategic housing priorities and meet its statutory obligations to the homeless and others in housing need resulting in unacceptable financial and reputational risk.

Background papers:

contact: Chris Knowles

Nil

Steve Humphrey

Director of Planning, Housing and Environmental Health

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TONBRIDGE AND MALLING BOROUGH COUNCIL: AFFORDABLE HOUSING DEVELOPMENT PROGRAMME 2012/13

SCHEME DETAILS		AFFORDABLE HOUSING UNITS											DELIVERY TIMETABLE		
Address	RSL	Tenure	Flats			M'nette			Houses		B'galow		Total Units	Start on site date	Planned completion date
			1 bed	2 bed	3 Bed	1 bed	2 bed	1 bed	2 bed	3 bed	4+ bed	1 bed			
Leybourne Grange	Russet Homes	Affordable Rent											15	Feb-11	Oct-12
		Shared Ownership											2		
Holborough Valley	Southern Housing	Social Rent	27	39	5						14		85	Apr-11	Jun-12
		Shared Ownership													
SomerHill Garages Site	Russet Homes	Affordable Rent										6	6	Mar-12	Mar-13
		Shared Ownership													
TOTALS 12/13												108			

TONBRIDGE AND MALLING BOROUGH COUNCIL: AFFORDABLE HOUSING DEVELOPMENT PROGRAMME 2013/14

SCHEME DETAILS		AFFORDABLE HOUSING UNITS												DELIVERY TIMETABLE		
Address	RSL	Tenure	Flats			M'nette			Houses			B'galow		Total Units	Start on site date	Planned completion date
			1 bed	2 bed	3 Bed	1 bed	2 bed	1 bed	2 bed	3 bed	4+bed	1 bed	2 bed			
Court Lodge Wrotham	Russet Homes	Shared Ownership		3										3	Jan-12	Sep-13
Coldharbour	KCC	Affordable Rent								18				18	May-12	Dec-13
		Shared Ownership														
Ashby's Yard	Town & Country HGrp	Affordable Rent	15	40	5									60	Mar-11	Oct-13
		Shared Ownership	11	21										32		
TGGS	WKHA	Affordable Rent	6	8						8				22	Oct-11	Jan-14
		Shared Ownership	3	4										7		
Leyburne Grange Phase 2 Continued	Russet Homes	Affordable Rent	3	6						5				14	Apr-13	Mar-14
		Shared Ownership		6						6	2			14		
The Red House	Moat	Affordable Rent								7				7	Aug-12	Jun-13
		Shared Ownership								7				7		
K College	WKHA	Affordable Rent								4	3			7	Jan-13	Jan-14
		Shared Ownership		2										2		
Grange Road	Russet Homes	Shared Ownership								1	2			3	Aug-12	Jun-13
The Pinnacles	Russet	Social Rent								2				2	Jun-12	Mar-14
		Shared Ownership		6						12				18		
TOTALS 13/14			38	96	5	0	0	0	28	49	0	0	0	216		

TONBRIDGE AND MALLING BOROUGH COUNCIL: AFFORDABLE HOUSING DEVELOPMENT PROGRAMME 2014/15

SCHEME DETAILS		AFFORDABLE HOUSING UNITS												DELIVERY TIMETABLE		
Address	RSL	Tenure	Flats			M'nette			Houses			B'galow		Total Units	Start on site date	Planned completion date
			1 bed	2 bed	3 Bed	1 bed	2 bed	1 bed	2 bed	3 bed	4+bed	1 bed	2 bed			
Isles Quarry	Russet Homes	Affordable Rent		13					2	10	6			31	May-13	Mar-15
		Shared Ownership								2				2		
Cannon Lane	Moat	Affordable Rent	12	13										25	Apr-13	Oct-14
		Shared Ownership	4	11										15		
Scott Road Scheme	Russet Homes	Affordable Rent							4	2				6	Aug-13	Aug-14
		Shared Ownership		8										8		
Marvillion Court Regeneration	Russet Homes	Affordable Rent		4					1	2				7	Jan-13	Nov-14
		Shared Ownership							1	8				9		
Fen Pond Road	Russet Homes	Affordable Rent								2				2	Jan-13	Apr-14
		Shared Ownership									5			5		
Carnation Close	Russet Homes	Shared Ownership								2				2	Sep-13	Jan-15
Twicken Road	Russet Homes	Affordable Rent							5					5	Feb-13	Feb-15
Lavender Road	Russet Homes	Affordable Rent		4										4	Feb-13	Feb-15
Winterfield Phase 1	Russet Homes	Affordable Rent							4	2	4			10	Feb-13	Mar-15
		Shared Ownership							4	2				6		
Winterfield Phase 2	Russet Homes	Affordable Rent	9	8							2			19	Feb-13	Mar-15
		Shared Ownership	2	14							2			18		
The Mound, Hadlow	Sanctuary	Affordable Rent							2	1				3	May-14	Mar-15
		Shared Ownership														
Shrubshall Meadow, Plaxtol	Moat	Affordable Rent							2	1				3	May-13	Mar-15
		Shared Ownership							3	1				4		
TOTALS 14/15			27	75	0	0	0	2	23	43	10	4	0	184		

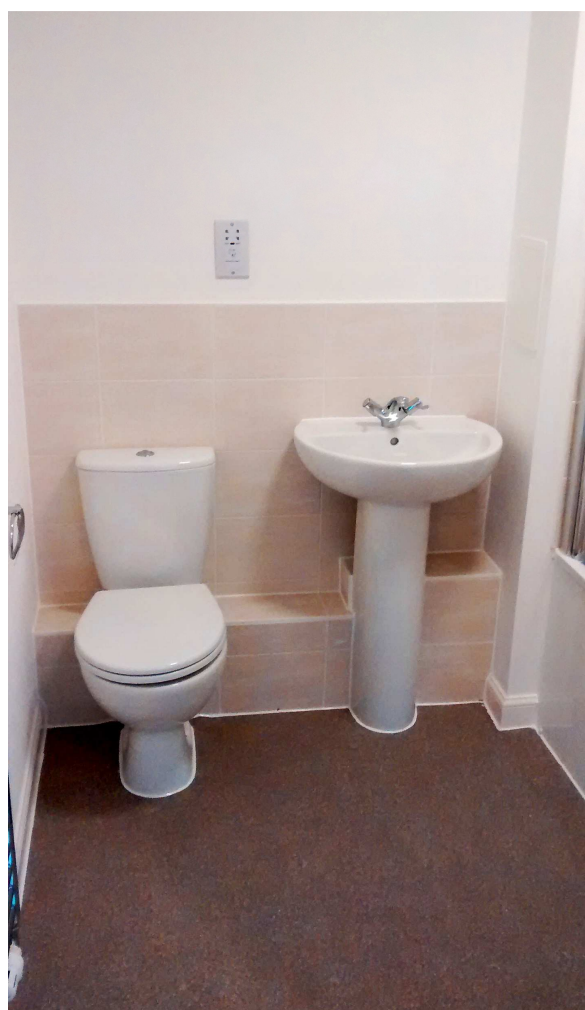
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Annex 2 - Selection of Photographs of New Affordable Housing Schemes

Cannon Lane – Tonbridge (Moat Homes)



Cannon Lane Crab Apple Continued



Scott Road – Tonbridge (Circle Housing Russet)



Scott Road – Tonbridge (Circle Housing Russet) Continued



Annex 3 - Selection of Photographs of the Coldharbour Site Launch Event



Coldharbour Launch Event Continued



TONBRIDGE & MALLING BOROUGH COUNCIL

STRATEGIC HOUSING ADVISORY BOARD

10 November 2014

Report of the Director of Planning, Housing and Environmental Health

Part 1- Public

Matters for Information

1 HOUSING NEEDS UPDATE

Summary

The Council's Housing Options team continues to promote the prevention of homelessness and address the housing needs of local residents. The number of households seeking advice and/or applying to the Housing Register for social housing has remained significantly high as a result of the economic downturn.

1.1 Housing options, Prevention and Homelessness

Month	Contact Made	Homeless Applications	Advice Only	Prevented	Relieved	Open
April 2014	69	3	42	11	0	6
May 2014	74	1	56	11	0	4
June 2014	56	3	44	7	0	4
July 2014	63	6	50	4	0	4
Aug 2014	52	9	35	4	0	8
Sept 2014	64	7	27	1	0	33
TOTAL	378	29	254	38	0	59

1.1.1 The table above illustrates the number of customers seen by the Housing Options Team since the start of the financial year both in person and via the telephone advice service. Members will note that the majority of our customers make contact for advice to help them keep their homes or are seeking assistance to find alternative accommodation. However, as can also be seen, the number of households making homeless applications has increased, as have the numbers that the Council has accepted a statutory homeless duty towards.

1.1.2 This increase in homeless approaches is not unique to Tonbridge & Malling. This trend has been seen across the county with all Kent authorities reporting a significant rise in applications.

1.1.3 The increase in homeless presentations has in turn led to an increase in the use of temporary accommodation as shown in table 1.2.1 below. Not only has the usage increased but the average length of stay has also risen due to a number of factors discussed in 1.2 below.

1.2 Numbers in Temporary Accommodation

1.2.1 The following table gives the numbers of households living in temporary accommodation at the end of each month.

Date	Number in self contained Temporary Accommodation (AST)	Number in self contained Temporary Accommodation (nightly paid)	Number in traditional Bed & Breakfast	Total
30.04.14	3	10	0	13
31.05.14	3	11	0	14
30.06.14	3	10	0	13
31.07.14	3	10	3	16
31.08.14	3	16	4	23
30.09.14	3	16	3	22

1.2.2 As mentioned above, the increase in homeless presentations has led to an increase in the number of households being accommodated pending a decision on their application.

1.2.3 The number of households remaining for longer periods can be attributed to a number of factors. Firstly, over the last four months the availability of suitable and affordable accommodation in the private rented sector has diminished along with the willingness landlords to accept clients referred by the Council. The issue is further compounded as landlords are able to command rent levels well in excessive of the local housing allowance rates.

1.2.4 Not only has this impacted on our ability to discharge our homeless duty in the private rented sector it has also affected the number of households we have been able to assist through our Rent/Deposit Bond Scheme and consequently having an adverse impact on our ability to prevent homelessness. Furthermore, our current Housing Allocations Scheme awards a Band C priority to households to whom we have accepted a statutory homeless duty, resulting in longer waiting times than if they were placed in a higher Band.

1.2.5 There are a number of work streams that we are currently being progressed to help reduce the use of and length of stay in temporary accommodation. We are:

- redirecting existing resources to understand the private rented sector in more detail and source properties appropriately. The Housing Options Team is working jointly with the Private Sector Housing Team to arrange visits to local Letting Agents to gain an understanding of what services would incentivise landlords to work more closely with the Council in securing accommodation;
- working with our Registered Provider Partners, in particular Circle Housing Russet Homes, to make direct offers of accommodation outside of Choice Based Lettings so that we can move some of the households on in a more timely manner into more suitable accommodation;
- having dialogue with our Registered Provider Partners to reach an agreement for a handful of existing general needs, self-contained properties to be used as emergency accommodation as an alternative to Bed & Breakfast;
- assessing the feasibility of the Council procuring accommodation on the open market for use as emergency accommodation; and
- undertaking a joint Procurement exercise with some of our neighbouring authorities to improve standards, drive down costs and increase the availability of local short term emergency accommodation. Currently we are placing some households outside of the County.

1.3 Rent Deposit Scheme

The table below shows the number of households who have been assisted to secure alternative accommodation in the private sector to prevent them from becoming homeless. You will note that the number of cash loans has reduced in favour of our cashless scheme. As well as being an initial saving to the Council, the cashless scheme is clearly a more affordable option for the customer, who would be expected to repay a cash loan. As well as promoting our cashless scheme to private landlords, we are also encouraging customers in receipt of housing benefit to access discretionary housing payments (DHP) to cover rent in advance payments.

Month	Number of Loans approved	Bonds	Customers assisted into a private rented property without a deposit loan or bond	Total
April 2014	1	1	0	2
May 2014	0	2	2	4
June 2014	0	1	1	2
July 2014	0	2	2	4
Aug 2014	1	1	1	3
Sept 2014	0	1	2	3
TOTAL	2	8	8	18

1.4 New Accommodation Scheme for Young People

- 1.4.1 We are delighted to inform members that the Council in partnership with Circle Housing Russet is piloting a shared accommodation scheme for single households aged between 18-25 years.
- 1.4.2 An existing three bedroomed Circle Housing Russet property in Tonbridge has been converted to a house in multiple occupation and will be available as a house share for three sharers aged between 18 and 25 years. These sharers will be applicants who have applied to the Council's housing waiting list along with those ready to move on from the Young Persons supported accommodation scheme on New Wharf Road. The scheme is targeted at those applicants who are in receipt of Job Seekers Allowance, or economically active on low wages who in reality would not be able to afford to sustain a self-contained home. The sharers once selected from a short-list prepared by the Council will be issued with a licence agreement and will be given support from Circle Housing Russet's Tenancy Support Team for help to find training and employment opportunities. Initially, the rooms will be allocated outside of choice based lettings. If successful, Circle Housing Russet has already expressed an interest in extending the scheme. .

1.5 Housing Options Process Mapping

- 1.5.1 We are currently reviewing the way we deliver the Housing Options Service. We are keen to understand our customer's perspective from when they first approach the service to when their housing difficulties are hopefully resolved with our assistance. We want to understand why they come to us for help and what their expectations are.
- 1.5.2 We are very interested to understand our customers' perception of how the housing register and the housing options service work together.
- 1.5.3 The aim of the process is to look in detail at what we do currently with a view to making changes that will improve the customers' journey and inform the future design and structure of the Housing Service.

1.6 Out of Hours

- 1.6.1 Since the Housing Needs Team took over the responsibility for delivering an Out of Hours Service for homeless customers in the Borough on 1 April 2014, there have been 19 calls resulting in five households being placed in emergency accommodation until the next working day. The service is working well and providing continuity and consistency for customers.

1.7 Supporting People Update

1.7.1 Kent County Council are in the process of reviewing the Supporting People (SP) programme in line with their wider transformation programme “Facing the Challenge”. The review has three main strands:

- Strategy & priorities;
- Services and integration; and
- Governance.

1.7.2 Services currently provided through SP have been captured under 4 main client groups:

- Young People;
- Older People;
- People with Disabilities; and
- Socially excluded groups (single homeless, homeless families, rough sleepers, offenders, victims of domestic abuse, gypsy and travellers and ex service personnel).

1.7.3 Under current proposals it has been suggested that the services provided to the first three groups will be integrated into existing County Council structures either within the Children or Adult Directorates. The rationale behind this is to avoid duplication and streamline the commissioning of services for which the County Council has a statutory responsibility.

1.7.4 There are no proposals as yet in respect of the socially excluded groups. A discussion paper will be tabled at the County Council’s Cabinet Committee on 4 December 2014 in respect of future arrangements for services that are currently provided through the Supporting People Programme.

1.7.5 Following the Committee meeting the findings will be presented to the meeting of the Supporting People Commissioning Body in January 2015.

1.7.6 At the time of writing the Leader of the Council and the Cabinet Member for Housing are preparing written representations to the County Council to influence the future of the programme in terms of both service priorities and budget allocations.

1.8 Housing Register

1.8.1 The table below shows the number of applicants joining and leaving the housing register, including home seekers (those applying for their first social tenancy) and transfers (existing social tenants applying for a move).

Month	New Applications Received	Applications Cancelled	Number on Housing Register
April 2014	143	96	1,122 (398 Transfers)
May 2014	107	146	1,178 (426 Transfers)
June 2014	108	95	1,231 (437 Transfers)
July 2014	108	114	1,218 (439 Transfers)
August 2014	83	73	1,245 (451 Transfers)
September 2014	110	72	1,307 (460 Transfers)
TOTAL	659	598	

1.8.2 The following table gives the breakdown of applicants who have been housed through Choice Based Lettings since the beginning of the financial year:

Month	Home seekers	Transfers	Total
April 2014	26 (53%)	23 (47%)	49
May 2014	16 (55%)	13 (45%)	29
June 2014	16 (50%)	16 (50%)	32
July 2014	32 (86%)	5 (14%)	37
August 2014	15 (56%)	12 (44%)	27
September 2014	21 (78%)	6 (22%)	27

1.9 Choice Based Lettings

1.9.1 Following the success of the daily bidding pilot, Swale Borough Council and Amicus Horizon have now fully implemented the new system to allocate their socially rented properties. Other partners of the Kent Choice Based Lettings partnership have been asked to consider the following three options:

- 1) a full rollout of the new system for all partners;
- 2) a partial rollout of the new system; and
- 3) keep the fortnightly bidding cycle, but allow Swale BC and Amicus Horizon to continue with daily bidding

1.9.2 An evaluation meeting was held on 18 June 2014 at which the findings of the pilot were discussed.

1.9.3 The implementation of the daily bidding system was a relatively smooth process; however those landlords not taking part in the pilot continued to advertise homes

using the bidding cycle system which created added complexity. A scheme where all properties within a council area are advertised using the same process (system) would be simpler and less prone to faults.

- 1.9.4 It was reported to the partners that the pilot has shown bidding has not been adversely affected by the new system. The number of bids per property has increased due to higher participation of our customers rather than them potentially having access to more bids.
- 1.9.5 Amicus Horizon has reported they are able to let their homes quickly and that the pilot has reduced void turnaround times. Both management and staff have expressed strong views that the new system is more effective and efficient, and has had a positive effect on workloads.
- 1.9.6 Both Swale Borough Council and Amicus Horizon have made efforts to ensure that vulnerable people get the support they need. With the daily bidding system providing efficiencies there should be more resources released to continue to support vulnerable groups. It was reported to the partners that participation levels for vulnerable people are higher using the new system, with 45.3 per cent of their registered customers participating compared to 41.7 per cent.
- 1.9.7 Implementation of the new system in this borough will be subject to an Equalities Impact Assessment, which is currently being worked on and a further report will be brought to this Board detailing implementation timescales.

1.10 Legal Implications

1.10.1 Non arising from this report

1.11 Financial and Value for Money Considerations

1.11.1 None arising from this report

1.12 Risk Assessment

1.12.1 None arising from this report

Background papers:

Nil

contact: Jane Smither,
Jason Wheble

Steve Humphrey

Director for Planning, Housing and Environmental Health

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TONBRIDGE & MALLING BOROUGH COUNCIL

STRATEGIC HOUSING ADVISORY BOARD

10 November 2014

Report of the Director of Planning, Housing and Environmental Health

Part 1- Public

Matters for Information

1 EXTERNAL CONSULTATIONS

Date of reply	Consultation document	Dealt with by
20 October 2014	DCLG Right to Move Consultation: Consultation on proposals for a Right to Move for social tenants moving for job related reasons	Lynn Wilders

1.1 Legal Implications

1.2 Financial and Value for Money Considerations

1.3 Risk Assessment

1.4 Equality Impact Assessment

1.4.1 None arising from this report

1.5 Policy Considerations

1.5.1 None arising from this report

Background papers:

contact: Lynn Wilders

Nil

Steve Humphrey

Director of Planning, Housing and Environmental Health

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Agenda Item 14

Any other items which the Chairman decides are urgent due to special circumstances and of which notice has been given to the Chief Executive.

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Agenda Item 15

The Chairman to move that the press and public be excluded from the remainder of the meeting during consideration of any items the publication of which would disclose exempt information.

**ANY REPORTS APPEARING AFTER THIS PAGE CONTAIN EXEMPT
INFORMATION**

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted

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Agenda Item 17

Any other items which the Chairman decides are urgent due to special circumstances and of which notice has been given to the Chief Executive.

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