



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:

| | |
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| Kent County Council Strategic Commissioning | Christy Holden, Virginia McClane, |
| Kent Planning Officers Group | Rob Jarman |

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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](#).

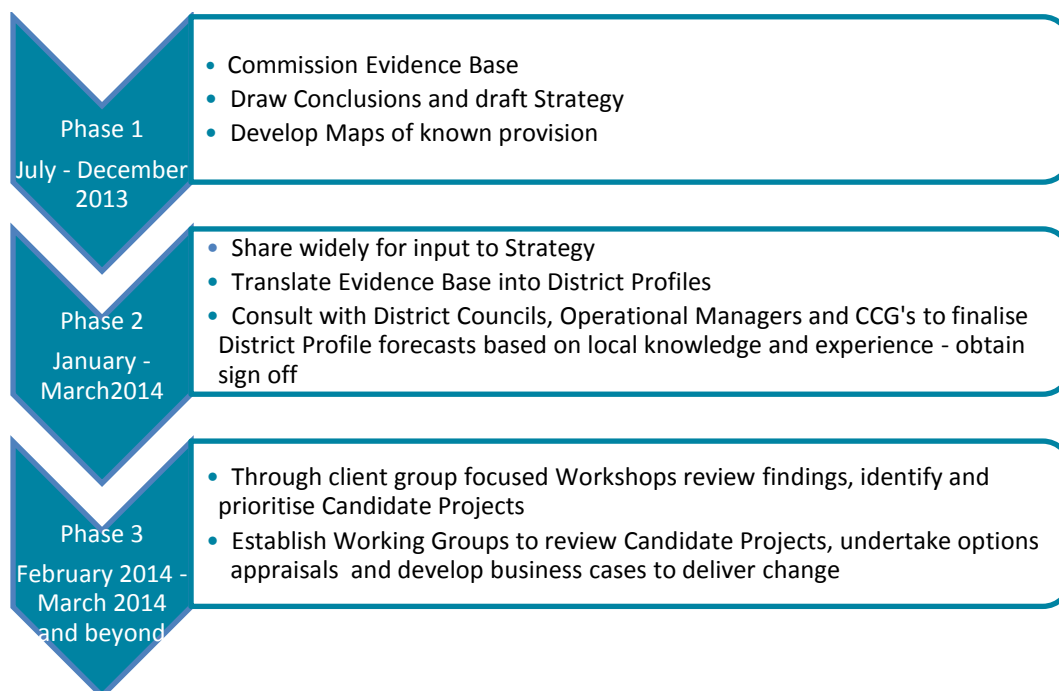
5. Time frame

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.

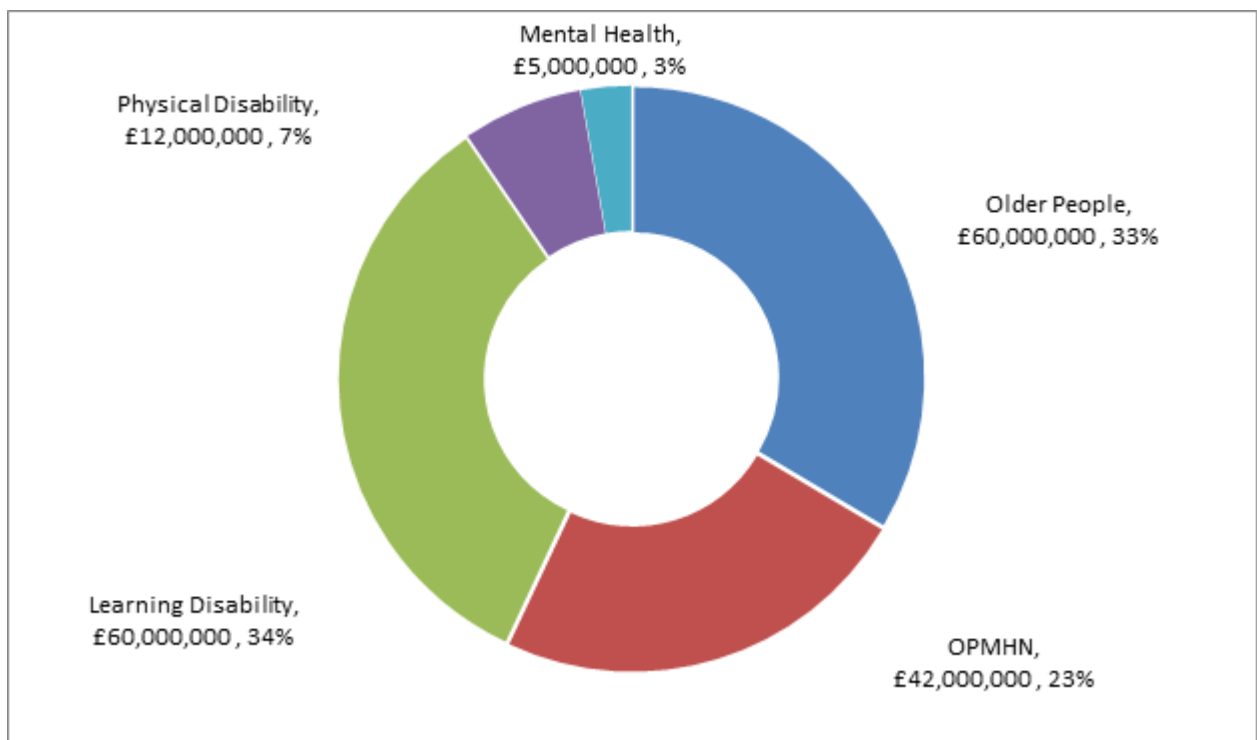


6. Why do we need an accommodation strategy?

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.

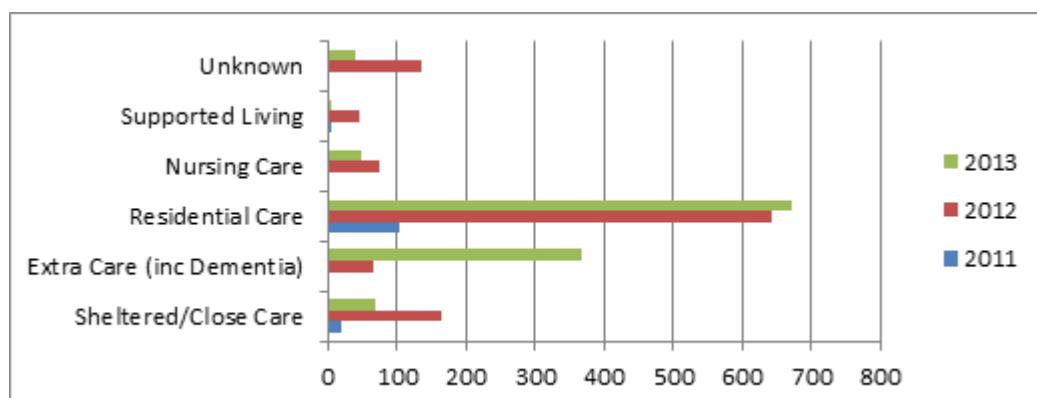
Kent has a growing care market with planning applications being submitted frequently for care homes or housing with support schemes for all client groups. To date this has been largely uncoordinated and has been market led.

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



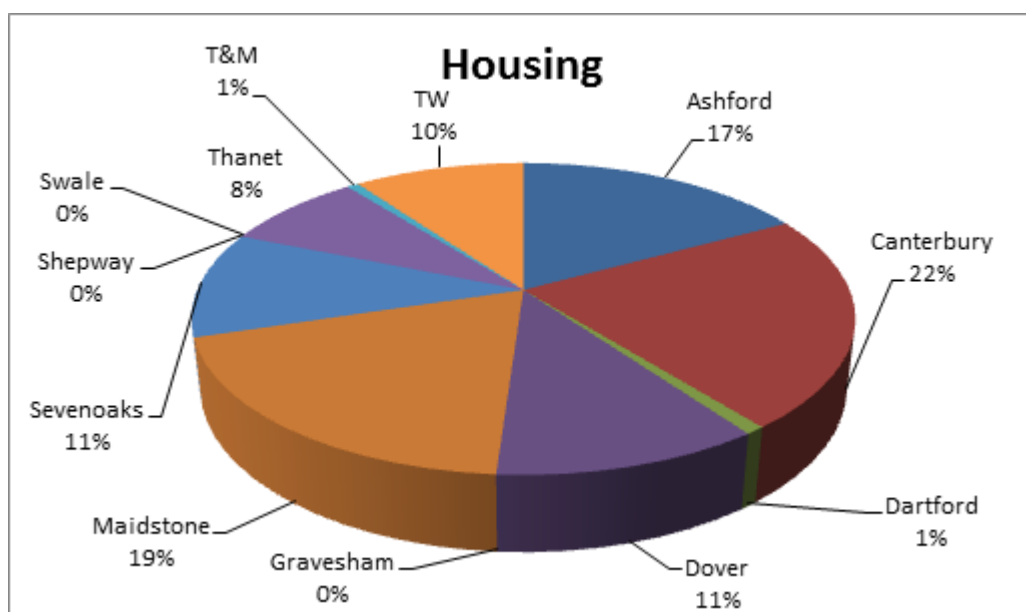
Graph 1 shows the number of applications received from 2010. KCC Families and Social Care (FSC) is asked to comment on planning applications and this has been a difficult task given the absence of a holistic review of needs and demand for the client groups. KCC FSC has known for some time that the direction 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.

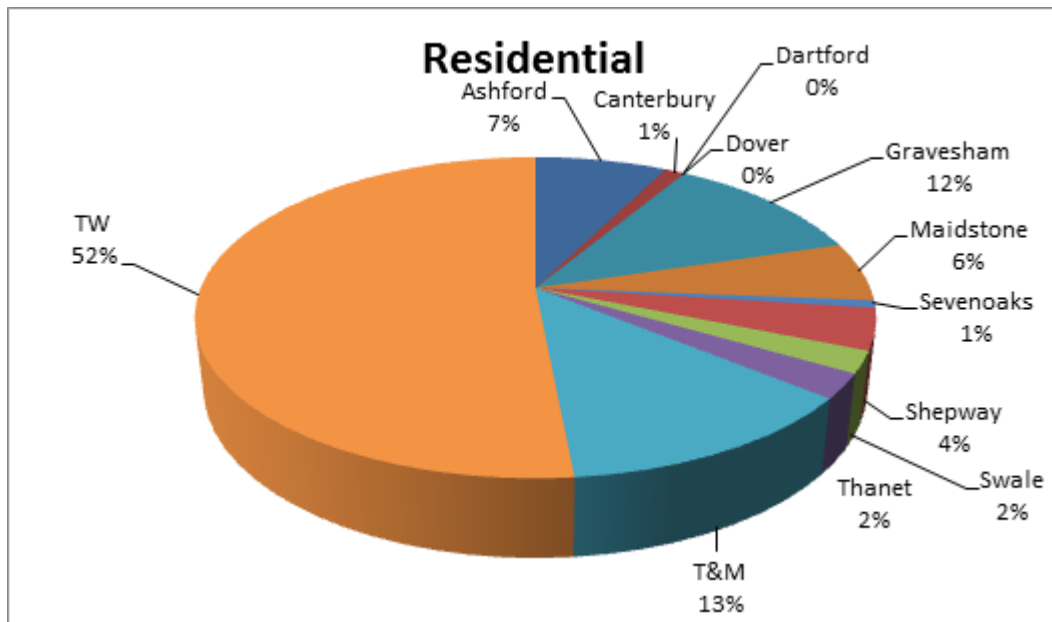
Graph 1: Planning Applications for care provision 2011-2013 = 2445 units/beds



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).

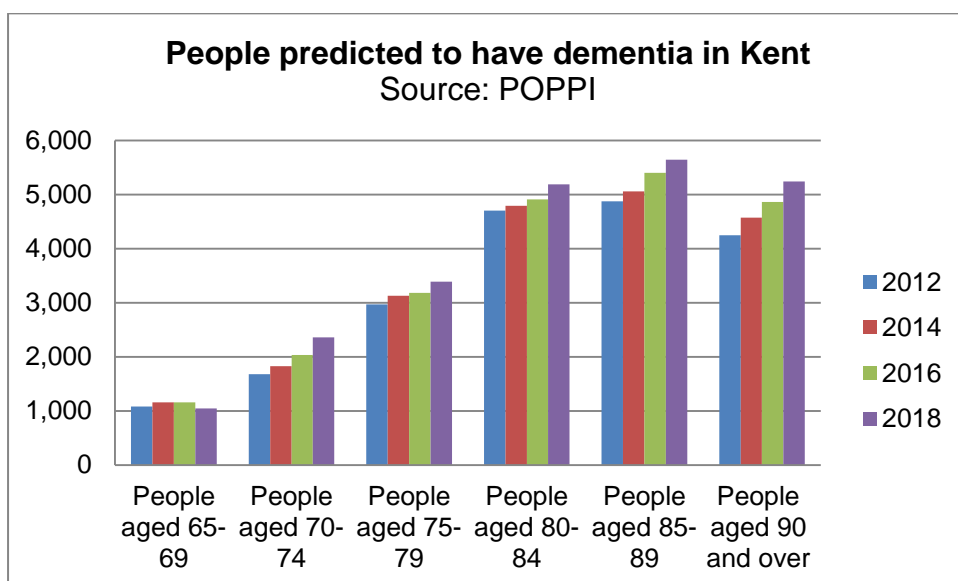
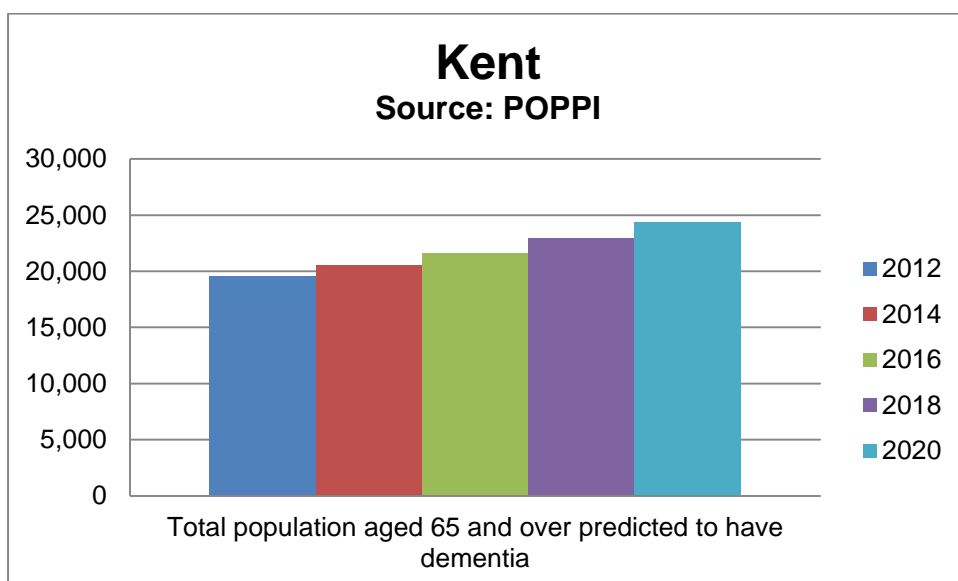
Capital invested in the schemes by the Council was recovered, depending on the scheme and size of contribution, between 1.5 and 3.3 years.”

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 | 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. 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. |
| Local Housing Officers | 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. 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 |

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| | 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 |

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| | 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

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

KCC Sufficiency Strategy:

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

T] Glossary

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| 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. |

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| 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. |

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| 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. |

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| 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 |

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| 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 |

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| | 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 |