

Kent Adult Social Care and Health Accommodation Strategy

Right Homes : Right Place : Right Support



Contents

Foreword	3
Introduction	4
Progress and achievements (summary)	5
The Local Picture	6
Local Strategy and Policy	7
Current Provision and Demand	11
Future Demand Forecasting	18
Financial considerations and opportunities	24
Future Strategic Priorities	26
Implementation and measuring impact	29
Appendices	31
Progress and achievements (full version)	32
Market Position Statements	38
Case Studies	39
References and Links to other strategies	41
Glossary	44

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Foreword

By: Clair Bell,
Cabinet Member for
Adult Social Care and Public Health,
Kent County Council



Across Kent, all involved in health, housing and social care are reshaping the way services are delivered. There is a greater focus on preventative community-based services community for health and social care to support people to stay living in the community, with their own front door for as long as is 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 significant increase in the provision of care ready housing, with residential and nursing care focusing on services for people with more complex needs, like dementia.

To achieve this, we will need to work closely with the private sector, who deliver the majority of residential care within Kent, along with district councils, housing associations and health partners to ensure we can give people access to the right home to meet their needs, in the right place and with the right support.

This is an opportunity to deliver first class community health, housing and social care services to all. We must work together and seize this opportunity to deliver our strategy in this new decade.

Clair Bell
Cabinet Member for Adult Social Care and
Public Health, Kent County Council

Introduction



The Adult Social Care Accommodation Strategy (originally launched in 2014) is unique in the respect that it sets out a Kent wide position, bringing together the aims of Districts, Boroughs, the County Council and other key stakeholders, to maximise opportunities for integrated approaches, identifying collective demand and projects and wherever possible aim to pool resources and work together to improve the outcomes and life chances for Kent's residents. The strategy will highlight the progress achieved since 2014, examine the local strategies, policies, projects, current market provision, demand for services and future population growth projections that impact on the future priorities.

This updated strategy provides the strategic direction for, and will help to enable the delivery of, suitable housing and care home provision for all Kent County Council Adult Social Care client groups. The Strategy will be supported by Market Position Statements outlining strategic commissioning intentions for the future.

Since the launch of the Strategy in 2014 the Care Act (2014) has been passed into Legislation, which aims to improve people's quality of life, delay and reduce the need for care, ensure positive care experiences and safeguard adults from harm. This legislation along with many other strategies, policies and research have been considered when writing this strategy and formulating Strategic Priorities for the future. All relevant documents are referenced in the bibliography in the Appendix.

Progress and achievements (summary)

In summary the performance against the Strategic Priorities between 2014 and the end of 2018 are highlighted below:



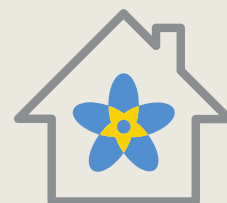
Right beds in the right place

- A number of varying factors across the County by District and Care Group
- Number of Care Homes in areas of largest population growth projects would not at this time appear to be in line with the growth projected.



Increase in extra care housing

- Since 2014 almost 1000 Extra Care homes have been completed
- Extra Care Housing development has been taken up in limited areas, leading to a concentration in some areas.



Increase in dementia specific care homes

- More care homes supporting those with Dementia – though not specifically an increase in care homes for those with complex Dementia.



Increase in nursing homes

- CQC data shows the total number of Nursing beds available has increased.



Increase in supported accommodation

- There has been an increase in use of supported accommodation across all care groups



Less reliance on care homes

- Kent County Council data shows there has been a steady decline in the number of people placed in residential or nursing care homes.

The following table shows several measures used to be able to account whether the progress and achievements have been met.

Goal	Measure	2014	2015	2016	2017	2018	Direction of travel
Increase in housing completions	Housing information audit	3815	4874	7036	7176	7982	▲
Increase number of extra care housing units		429	50.9	898	898		▲
Increase proportion of adult (aged 18-64) social care clients with community services	Adults receiving long term adult social care community services per 10,000 population aged 18 to 64		1.6	54.1	54.2	56.4	▲
Reduce residential and nursing care admissions (aged 18 to 64)	Older people receiving long term adult social care community services per 1,000 population aged 65 or over	1.6	15.8	1.7	0.5	1.8	◀▶
Increase proportion of older people (aged 65+) social care clients with community services	Supported admissions to permanent residential and nursing care per 1,000		6	18.2	16.6	16.5	◀▶
Reduce residential and nursing care admissions (aged 65+)		6.7		5.9	5.7	5.6	▼
Average size of care home in Kent		35				40	▲

The Local Picture

The following section sets out relevant local strategies, policy and projects, and the current demand and population forecasts for Kent.

Local Strategy and Policy

The Kent and Medway Housing Strategy (2012-2015) identified and delivered key objectives regarding older people, including the development of an Older Persons Accommodation Protocol, Better Homes: Housing for the Third Age. The focus of this protocol was to set out a framework to ensure a consistent and positive approach to the delivery of older persons accommodation across Kent and Medway, responding to the existing and growing needs of the aging population across the County. The review and development of a new Kent and Medway Housing Strategy 'A Place People want to call home' (2019-2023) has identified the importance and commitment to meet the accommodation needs of older people, across all tenure types. The emerging strategy builds upon the successful commitment and outcome of relevant partners from the previous edition of the Kent and Medway Housing Strategy, with new consideration of a more flexible approach to the delivery of accommodation for older people, including how the type, tenure, place and designation of accommodation, including access to support and care services, can ensure that older people maintain independent living for as long as appropriate.

Kent County Council launched its Strategic Statement: **Increasing Opportunities, Improving Outcomes (2015-2020)** in 2015, setting out a vision to *"focus... on improving lives by ensuring that every pound spent in Kent is delivering better outcomes for Kent's residents, communities and business"*. The statement articulates the vision and priorities of the council into three outcomes to guide the work of the council in a time of increasing complexity and financial challenge. The three strategic outcomes are:

1. Children and young people in Kent get the best start in life
2. Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life
3. Older and vulnerable residents are safe and supported with choices to live independently

Outcomes 2 and 3 are relevant to this strategy. The strategic statement sets out a mandate for both commissioners and providers across the public, private and voluntary sectors to innovate and redesign services to meet those outcomes. Work has started to refresh the Strategic Statement for 2020 onwards.

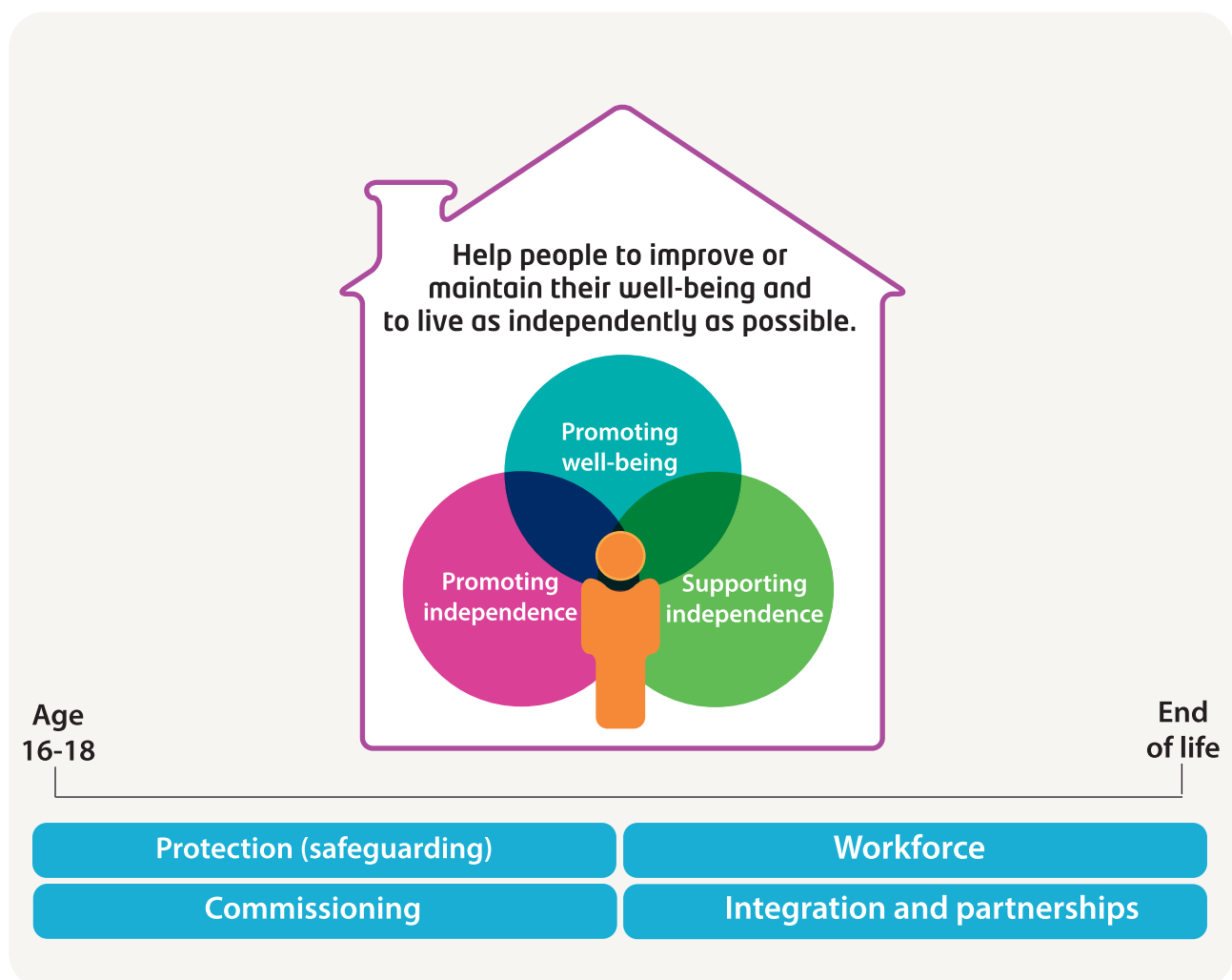
'Your life, your well-being' is Kent County Council's vision and strategy for the future of Adult Social Care (2018-2021). The vision aims to help people to improve or maintain their well-being and to live as independently as possible. The demand for Adult Social Care is increasing, expectations are changing and Council finances are under pressure.

The Adult Social Care vision highlights three themes that cover the whole range of services provided for people with social care and support needs and their carers:

- **promoting well-being** – supporting and encouraging people to look after their health and well-being to avoid or delay them needing Adult Social Care;
- **promoting independence** – providing short-term support so that people are then able to carry on with their lives as independently as possible;
- **supporting independence** – for people who need ongoing social care support, helping them to live the life they want to live, in their own homes where possible, and do as much for themselves as they can.

To achieve this vision, in place must be effective protection (safeguarding), a flexible workforce, smarter commissioning and improved partnership working (see graphic overleaf).

KCC's Adult Social Care Vision



Kent County Council has a statutory duty to provide support to identified vulnerable adults who meet the eligibility criteria for care and support. Statutory responsibility for housing sits with the twelve Kent District and Borough Councils.

The Being Digital Strategy (2019-2021) for Kent County Council Adult Social Care and Health sets out the strategic direction for, and help to enable the delivery of, digital innovation and technology to transform and support the new operating models in Adult Social Care. The vision is to help people achieve the best possible health and well-being outcomes, living independent and fulfilling lives in their own homes and communities by using digital innovation and technology.

The strategy seeks to achieve three high-level aims:

- **Enabled People:** Embedding intelligent information and new technologies that promote individual health and well-being to empower people to self-manage and allow them to effectively access services
- **Empowered Workforce:** Developing a more productive, competent and confident workforce in KCC and in the Care Sector to use the tools and information they need to provide high quality care and support
- **Improved Partnerships:** Working closely with key partners across Kent to ensure we seek opportunities to collaborate, innovate and share information to deliver better outcomes for people

Kent and Medway Transforming Care Partnership (TCP) Housing Strategy launched in 2017 aims to manage and progress the development of accommodation and support needs for the specific cohort of people with complex needs and or significant behaviour that challenges.

The **Kent Sufficiency Strategy (2019-22)** dovetails with Adult Social Care in the period when a child moves from Children's to Adult's services. There is an approach of working with children from 0 to 25 years across social care, health and education. The accommodation needs of this group of young people need to be enshrined within this.

System Transformation

Kent (and Medway), like other parts of England, have the challenge of balancing significantly increasing demand, the need to improve quality of care and improve access all within the financial constraints of taxpayer affordability over the next five years. Health and social care, with partners, have come together to develop the **Sustainability and Transformation Plan (STP)**. The partners have a track record of working together and, increasingly, of integrating our approach to benefit our population by achieving more seamless care, and workforce and financial efficiencies. The emerging integrated health and care model across Kent and Medway is illustrated in the graphic on page 9.

The main priority is to transform Local Care through the integration of primary, community, mental health and social care and re-orientate some elements of traditional acute hospital care into the community, this allows residents to get joined-up care that considers the individual holistically. This transformation aims to:

- meet rising demand, including providing better care for the frail elderly, end of life care, and other people with complex needs;
- deliver prevention interventions at scale, improve the health of our population, and reduce reliance on institutional care.

With the progression towards further integration, and integrated commissioning, the strategy would benefit from further engagement and input from Health partners to ensure a full picture of needs across all health and social care accommodation and support.

Local Projects

In 2015 the '**Your Life, Your Home**' project was launched, focussing on the accommodation needs for people with a learning disability, with objectives that;

- reduce the number of Learning Disability residential placements and the development of supported living options;
- design future cost effective service models to support both existing and future service users to live in the way they want, through a range of housing options.

In 2017 the project principles were extended across services for people with mental health needs with objectives to;

- create suitable supported living options to increase flow through services from acute to complex and forensic care home provision, through fewer placements in standard mental health residential provision;
- design future cost effective service models to support both existing and future service users to live in the way they want through a range of housing options.

The **Kent Integrated Homelessness Support Service** (commissioned by Kent County Council) is comprised of a range of Supported Housing, Floating Support and Rough Sleeper outreach services that enable Adult Social Care and Health to support vulnerable people that are homeless in each District. The service supports vulnerable adults with support needs who are homeless to learn the skills necessary to recover from homelessness (and circumstances that lead to it) and establish or regain their independence.



Integrated Care System (ICS)

NHS organisations, in particular with local councils and others across Kent and Medway take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve. Will take more control of funding and performance with less involvement by national bodies and regulators.

Providing system leadership to bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area.



Integrated Care Partnership

Organisations within a defined geography forming an alliance to deliver services.

Working together to deliver care by agreeing to collaborate rather than compete.

Hospitals , community services, mental health services, social care and independent and third sector providers may be involved.

An example of an ICP has evidence of improved health benefits of joined up working.



Primary Care Network (PCN)

Groups of GP practices coming together in partnership (GP Federations) along with community services, social care and other providers of health and care services typically servicing populations of 30-50,000. **"small enough to care, big enough to cope"** Networks provide a platform for providers of care to be sustainable in the future.

Retain the very best of how Primary Care currently operates. Whilst finding improved ways to deliver care that: a) continues to meet patients' needs with support of the wider health and care system b)Helps GPs and other professionals manage workload c)Attract and retain staff.



Practice

General practice remains the cornerstone of Local Care, providing holistic care to patients and serving the health needs of local communities.

Population growth, aging patient profile with more complex needs and rising expectations is placing ever growing pressure on GPs and staff.

Retains the core values and strengths of general practice and the trust the public has in it, however pressures on general practice will mean it is unsustainable without changes in the whole model.



Person

People are aware of how to look after themselves and are encouraged and assisted to take responsibility for their own health.

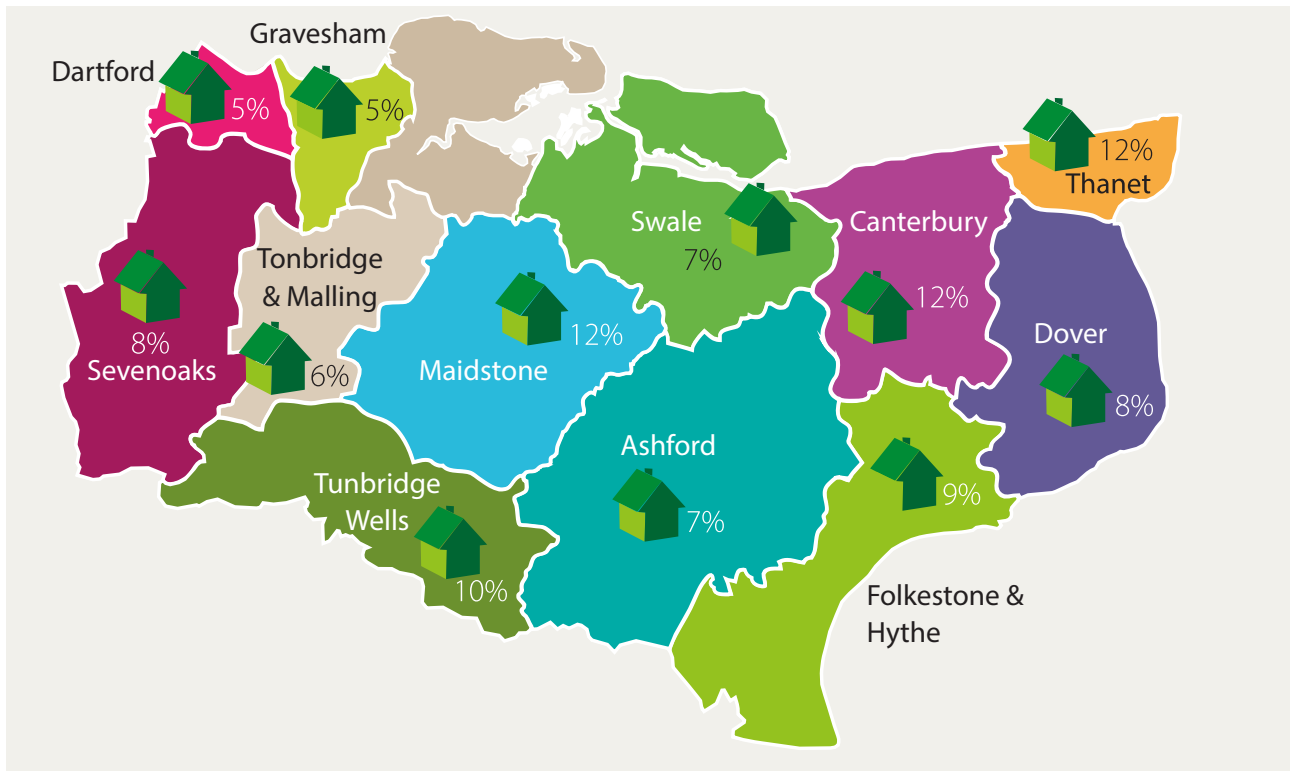
Helping people to stay well - supported to self care and access the right services when needed.

A key element at the heart of the five year forward view is prevention of non-communicable disease, which starts with encouraging behavioural change. Key areas of focus for Kent and Medway; obesity and exercise, mental health, diabetes, maternal health and heart disease.

Current Provision and Demand

There has been some significant change in the Care Home market and the pattern of placements through Social Care teams, since the launch of the strategy.

The chart below shows the distribution of Care Home (all types) beds across Kent.



Care home (CQC registered) places by District and Care group 'specialism'.

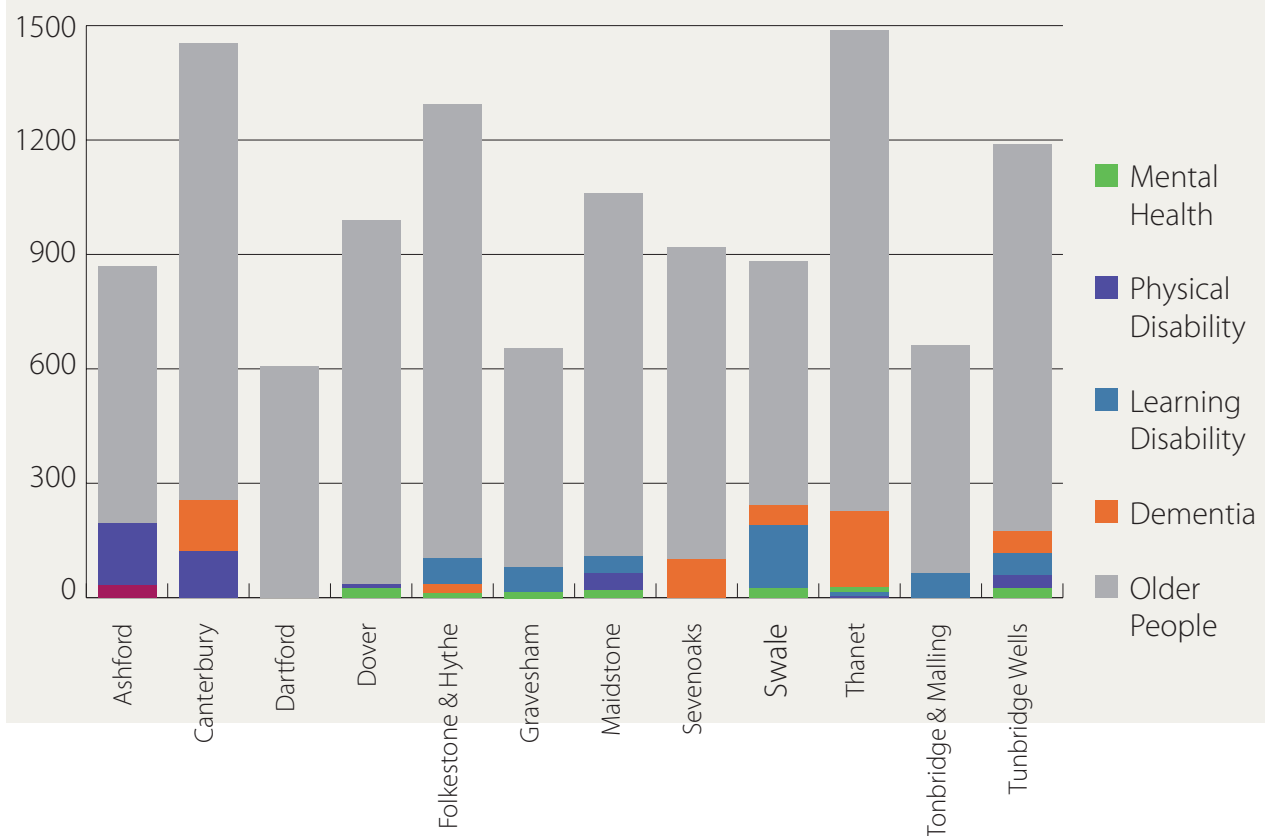
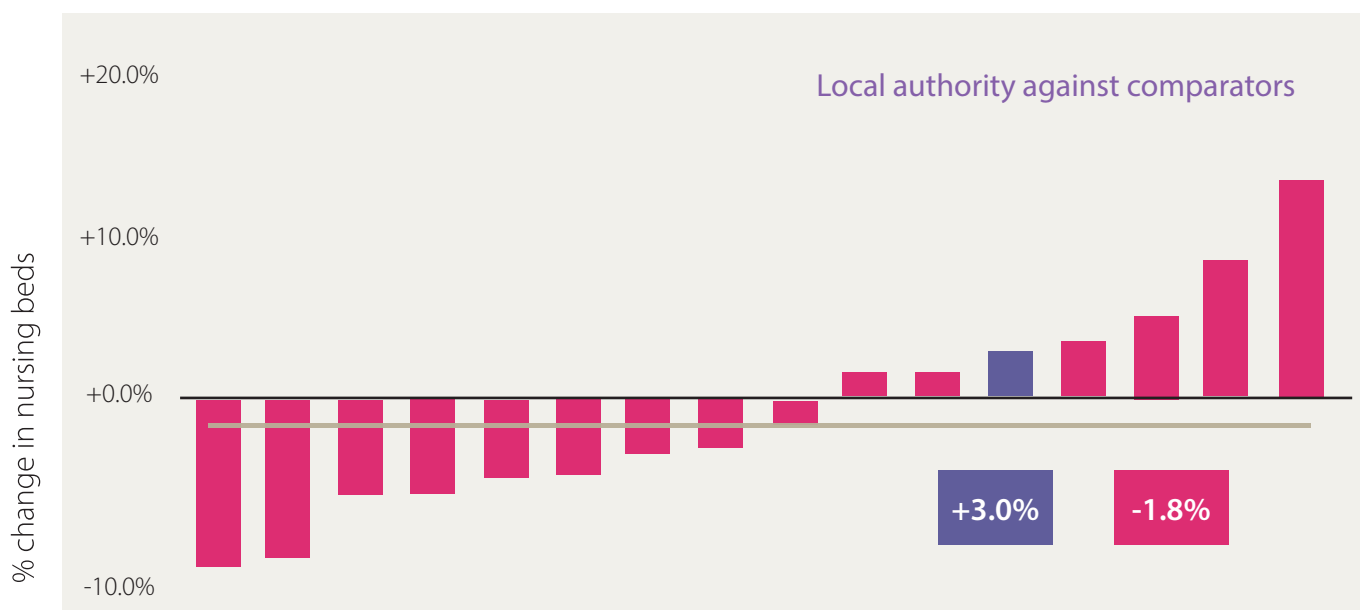
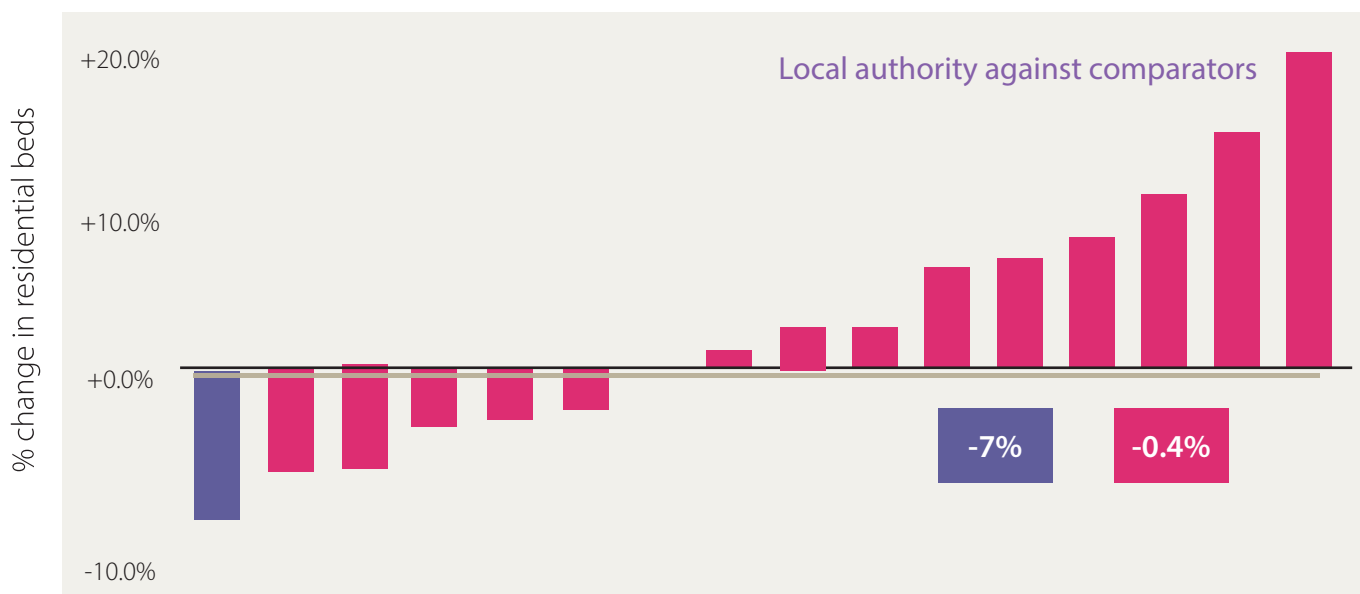


Chart above: Care home (CQC registered) places by District and Care group 'specialism'. NB: Some homes specialise in more than one area – where this is stated the predominant group was used. The chart shows that places for Older People is by far the dominant area, with Learning Disabilities and Dementia the next biggest areas. Three Districts dominate provision; Thanet, Canterbury and Maidstone.

The Care Quality Commission reports Kent has seen a decline in the number of Residential Care beds available (7%) and an increase in the number of Nursing Care beds (3%) since 2015

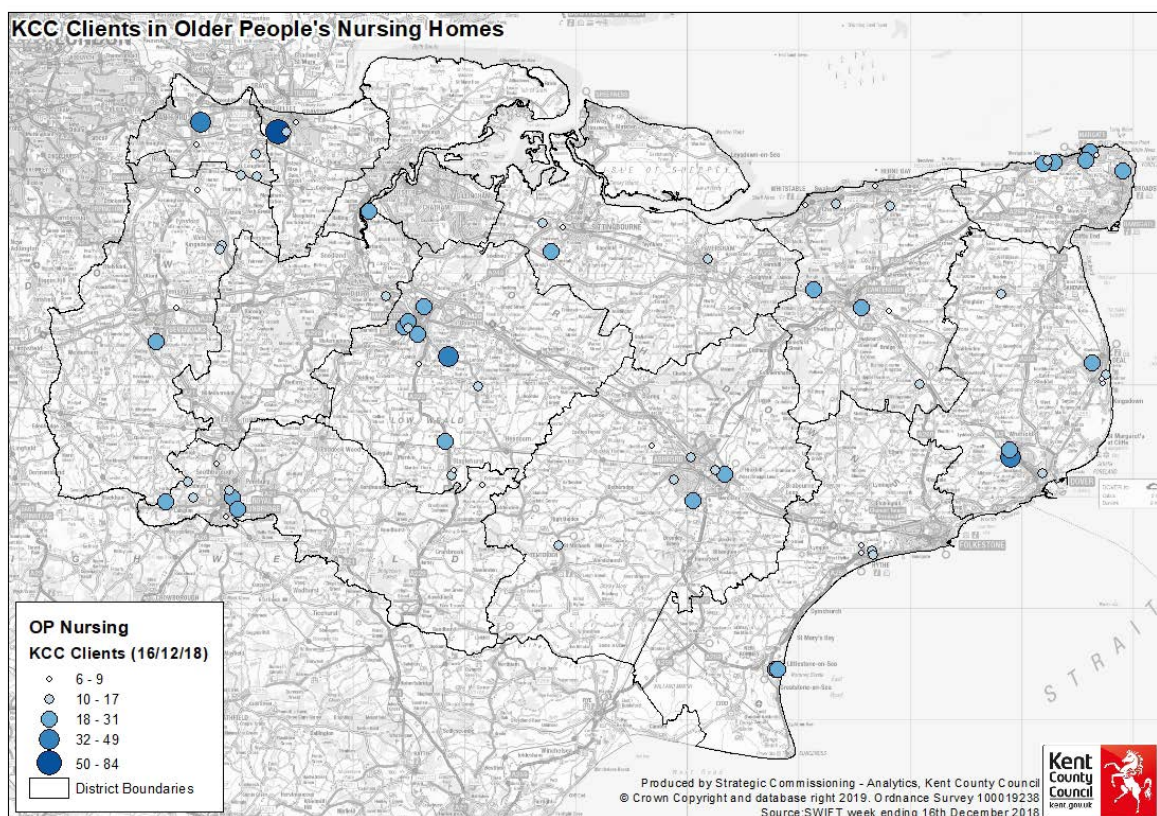
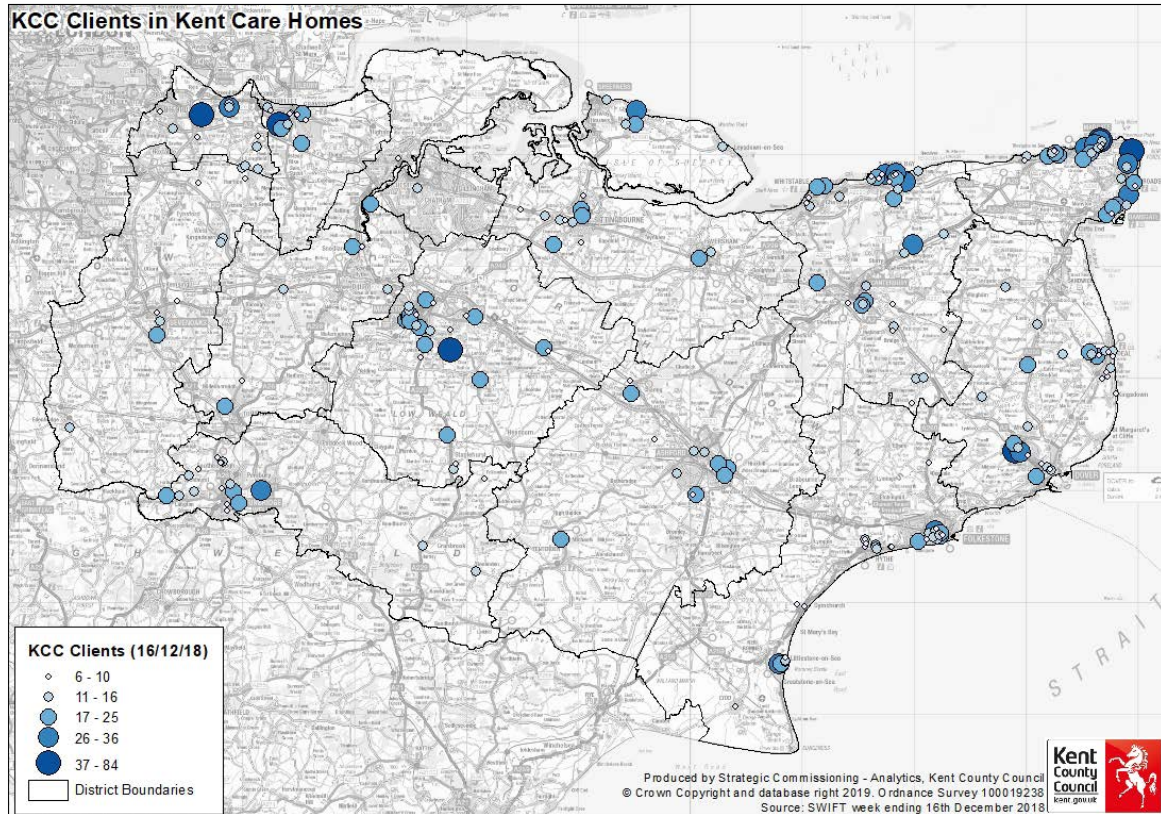
(see graphs below) for Older People. This can be explained in part by Care Home closures (intervention due to poor quality and standards or the market being less stable so providers withdrawing and closing Residential homes) and new developments (Nursing Homes) across the County.

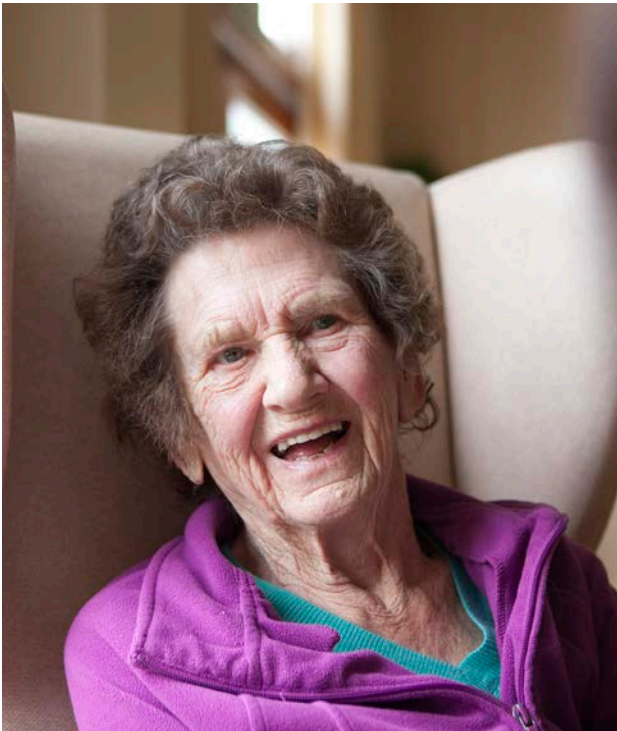
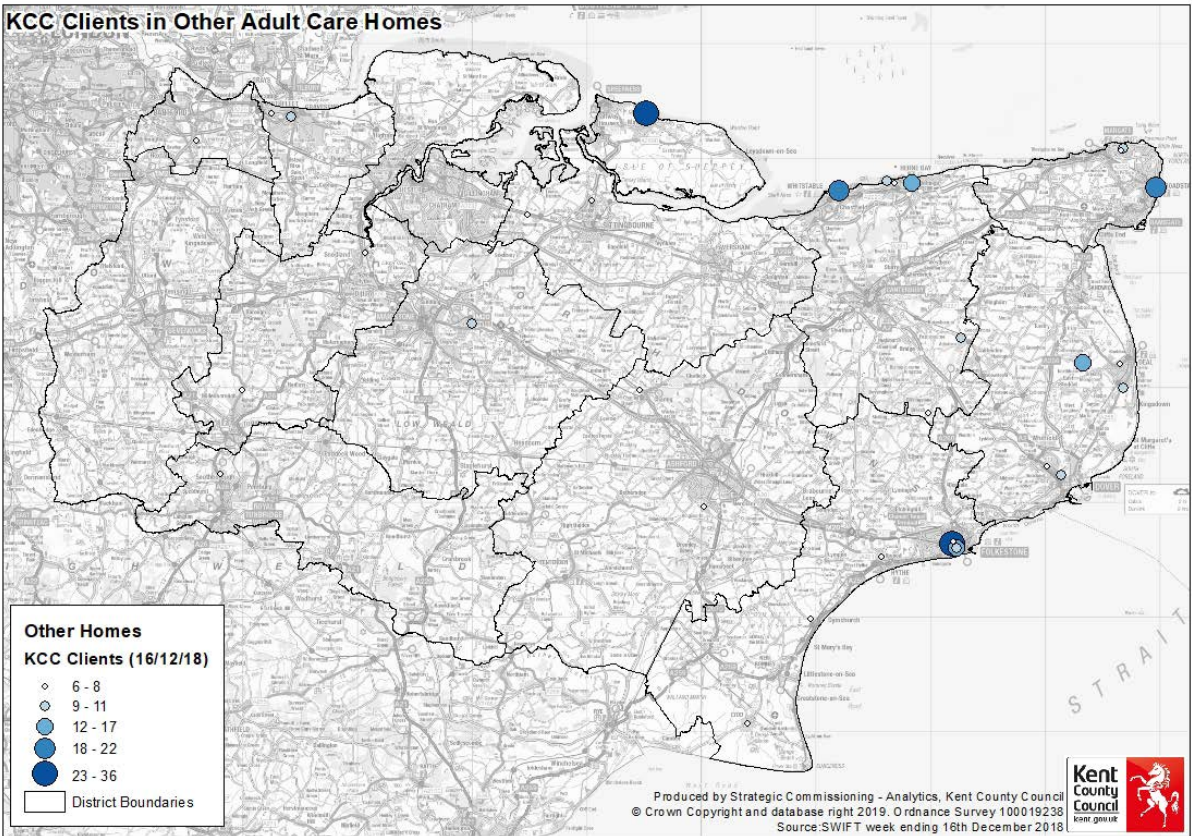
In the same time period Kent has seen a significant increase (almost 200%) in the number of Extra Care Housing units completed and available (see below). The development of these Extra Care homes has not been uniform across the county, with a particular density of development in Ashford.



Care home placements

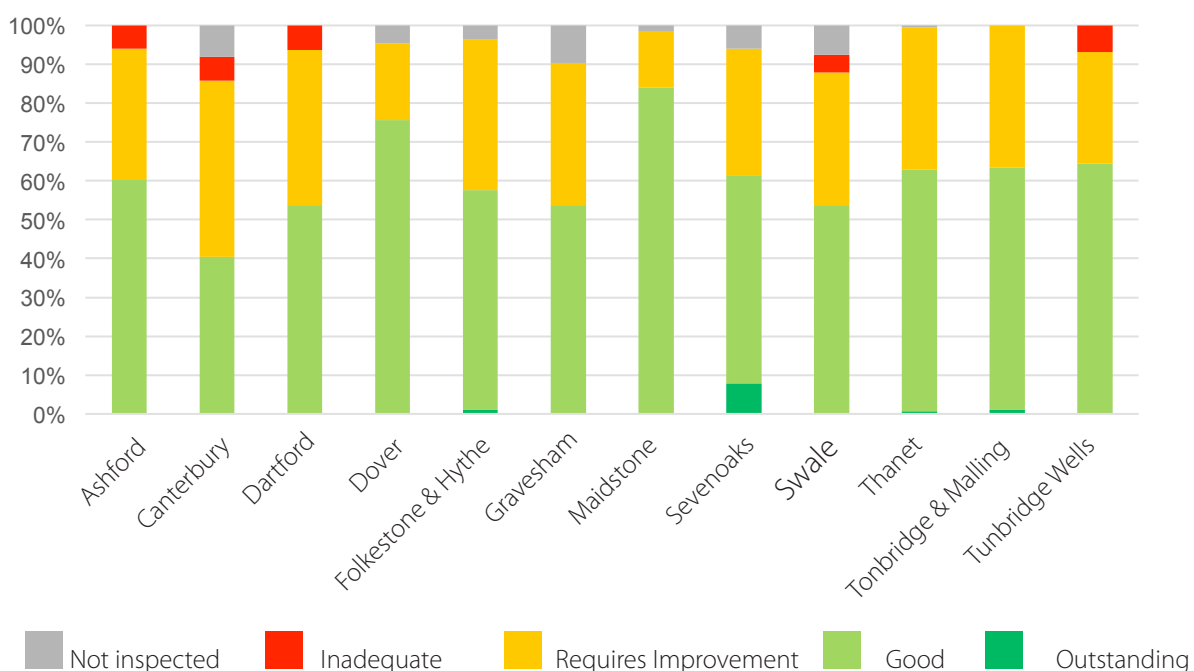
The following maps show placements by care group.



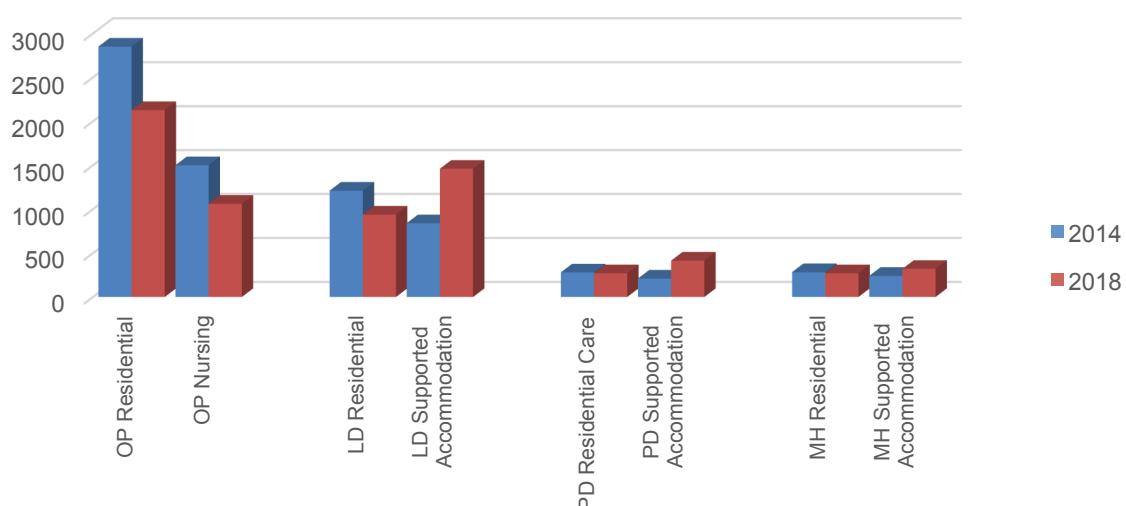


The graph below shows the proportion of KCC placements by care home rating in each District. When looking at number of placements within these homes (in county just over 3200), just under a third of all placements (31%) are currently in homes with 'requires improvement' or 'inadequate' CQC ratings. This proportion differs significantly when looking within each District as a proportion of beds within the District; Canterbury (53%), Dartford (44%), Swale (41%), Thanet (35%) and Tunbridge Wells (33%).

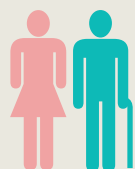
It should be noted ratings can fluctuate, and residents may have been placed in a home when a rating was either 'outstanding' or 'good', and the quality of service has deteriorated while resident in that home. There is also an element of personal choice when it comes to homes also, and residents may well choose to reside in a home that is geographically closer to their family and social networks, regardless of the CQC rating of a home.



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. Looking at the number of placements by KCC in accommodation settings across all care groups the following graph (with figures shown in the following table) shows the trends.



Older People	2014	2018	Travel
Residential Care	2850	2127	▼
Supported accommodation/extra care	260	785	▲
Community Service	6870	8970	▲
Nursing	1500	1061	▼
Learning Disability			
Residential Care	1210	938	▼
Supported accommodation	840	1460	▲
Community Service	1720	2720	▲
Adult Placement	110	184	▲
Physical Disability			
Residential Care	280	270	▼
Supported accommodation	210	414	▲
Community Service	1300	2510	▲
Shared Lives		18	◀▶
Mental Health			
Residential Care	283	270	▼
Supported accommodation	240	320	▲
Community Service	130	510	▲
Shared Lives		8	◀▶



Older People

Reductions in number of residents within both Residential **(25%)** and Nursing **(29%)** Care homes can be seen. A significant increase (over **30%**) has been seen in those supported with Community Services.

Learning Disability

Reduced number of residents in Residential homes **(22%)** and a significant increase in those in Supported Accommodation **(74%)**.

Physical Disability

A small reduction in those in Residential Care **(4%)**, with a significant increase in those living in Supported Accommodation **(97%)**.

Mental Health

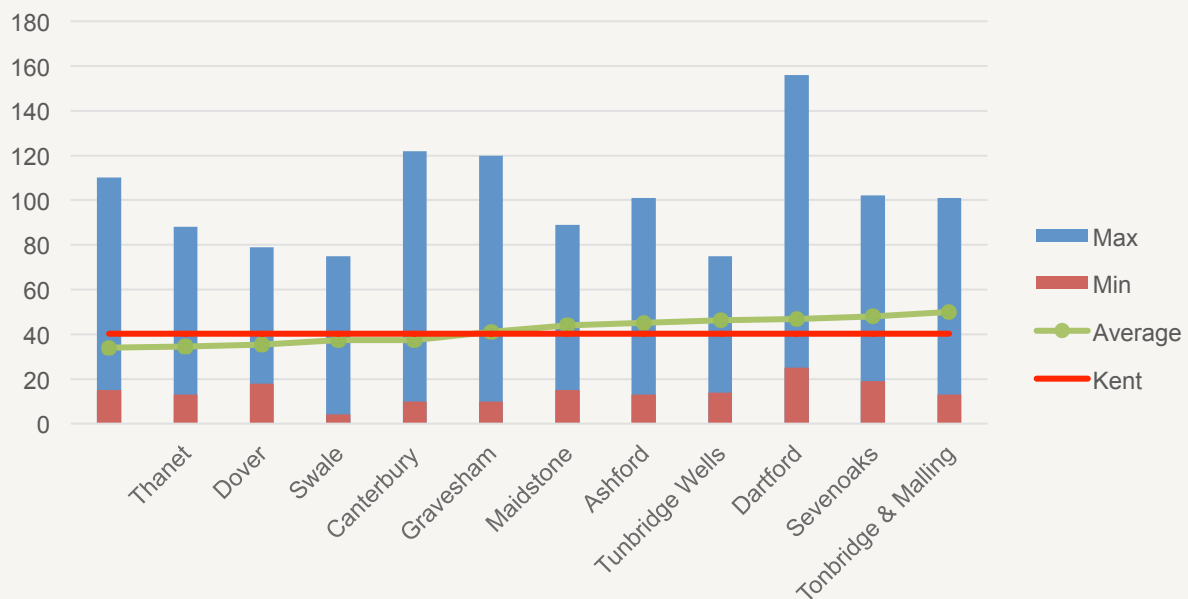
Has remained static, with a small decrease in those in Residential Care **(5%)** and a moderate increase in those in Supported Accommodation **(33%)**.

It should be noted that across all care groups the number of residents supported through Adult Social Care has increased in this time period.

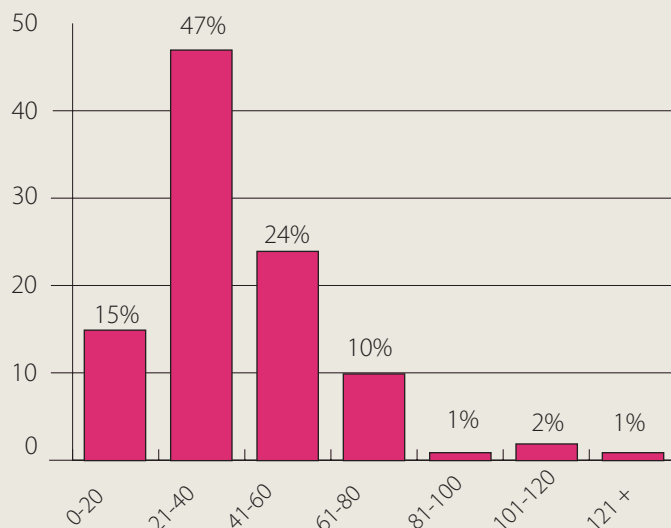
Care Home Size and Sustainability

The following section only deals with Care Homes for Older people (due to the generally smaller size of homes for other specialities). The largest care home (for Older People) has 156 places (Dartford) with the smallest coming in at 4 (Swale). Swale and Tunbridge Wells have the smallest of the larger care homes across all the Districts, for older people with 75 places. The chart below shows the highest and lowest sizes of CQC registered care homes for older people by District, with a line to show the average size, graph is aligned with the District with the smallest average for care homes on the left working to the right as the average increases, with a trend-line showing the Kent average.

Highest and lowest size of CQC registered older person care homes



The average size of a care home (for Older People) in Kent now appears to be aligned with the England average of 40, this has increased over the last 5 years. However, there are still significant numbers of homes of a smaller size, which as demonstrated in the graph above are concentrated in all the Districts in Kent that have a coastal border. Taking the accepted model of care homes (for older people) with over 60 places being more sustainable and operationally effective, the graph below shows that 86% of all care homes in Kent are below the sustainability threshold.

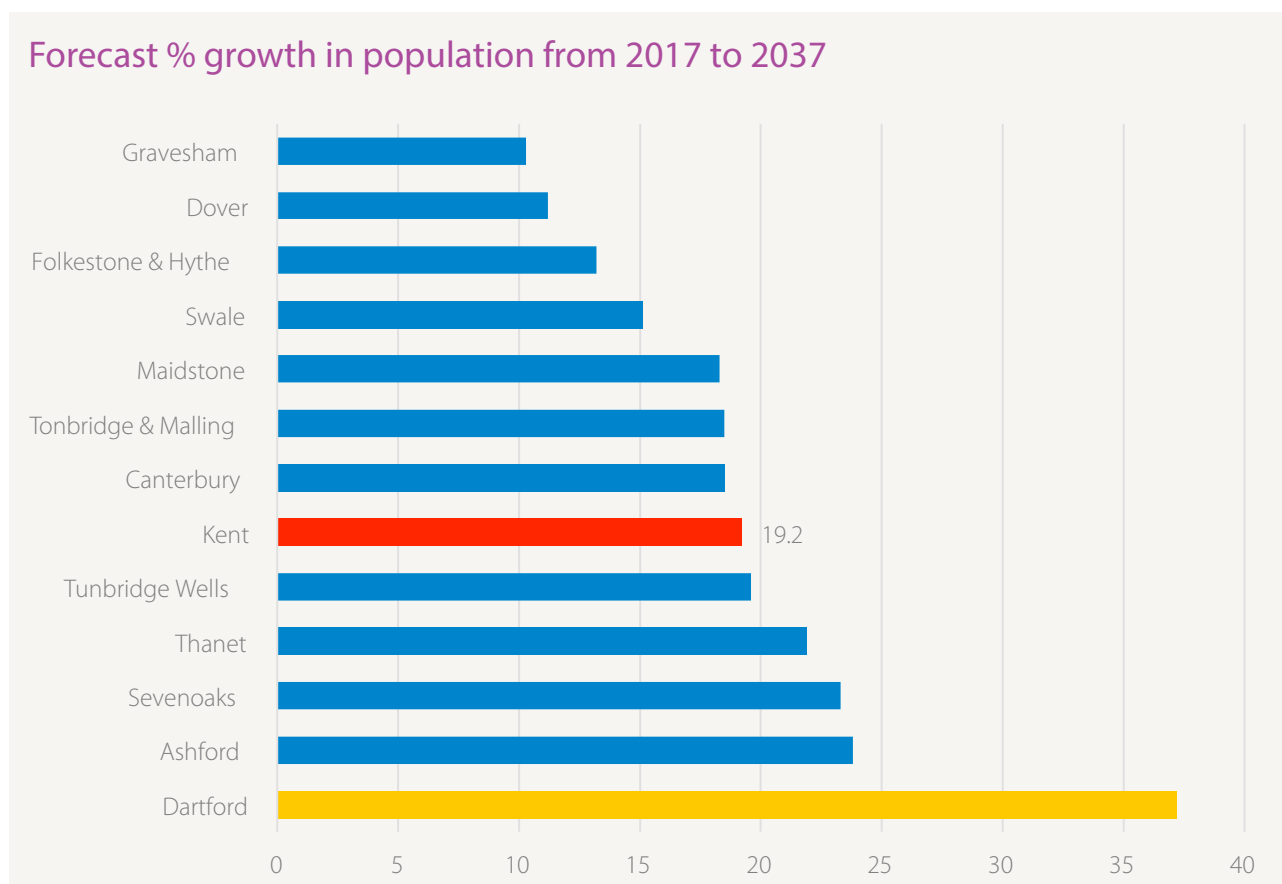


Care homes for people with learning disabilities, physical disabilities and or mental health conditions have not been included in this analysis as generally those homes are of a smaller size, which the data and analysis of Kent's Care Homes supports (87% of all Care Homes for people with Learning Disability are no larger than 20 places).

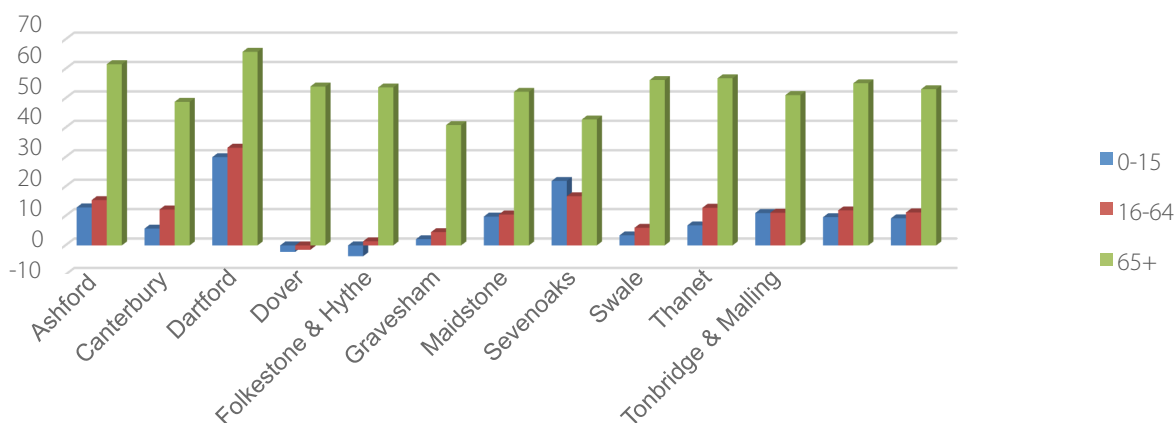
Future Demand Forecasting

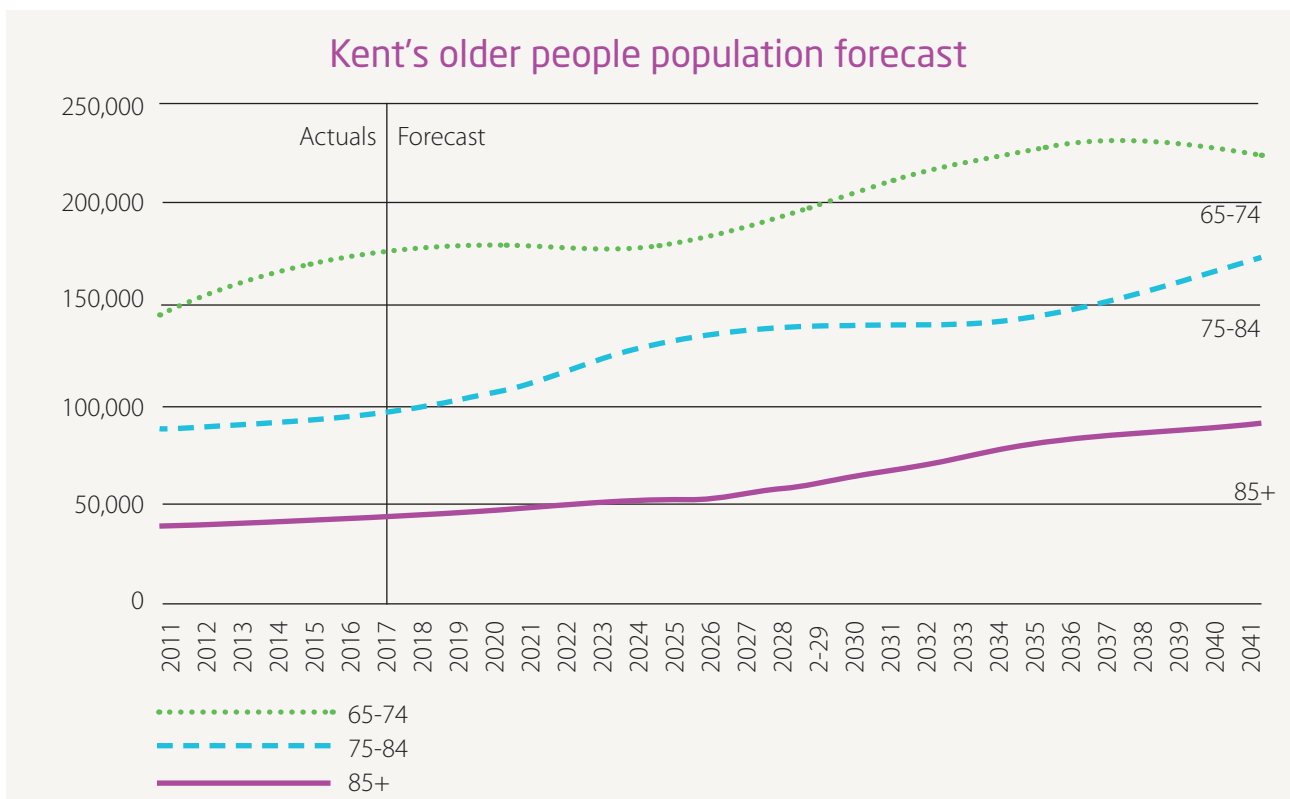
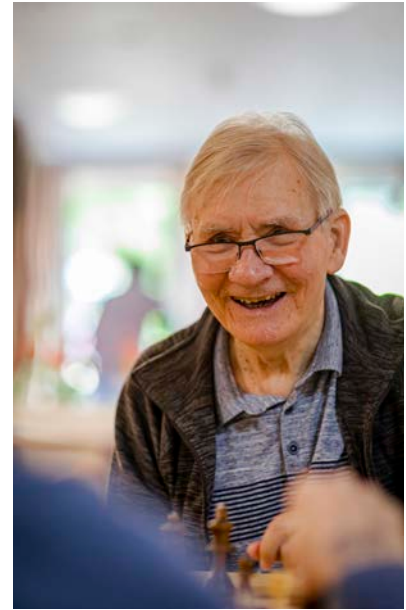
The population of Kent is forecast to grow significantly over the next 20 years (see graph below). There are variations by District – with Dartford's (highlighted in yellow) forecast to grow much quicker than any other area or District in the County (due to the extensive development in the Ebbsfleet area).

Forecast % growth in population from 2017 to 2037



% Population change (2017-2037) by District and Age

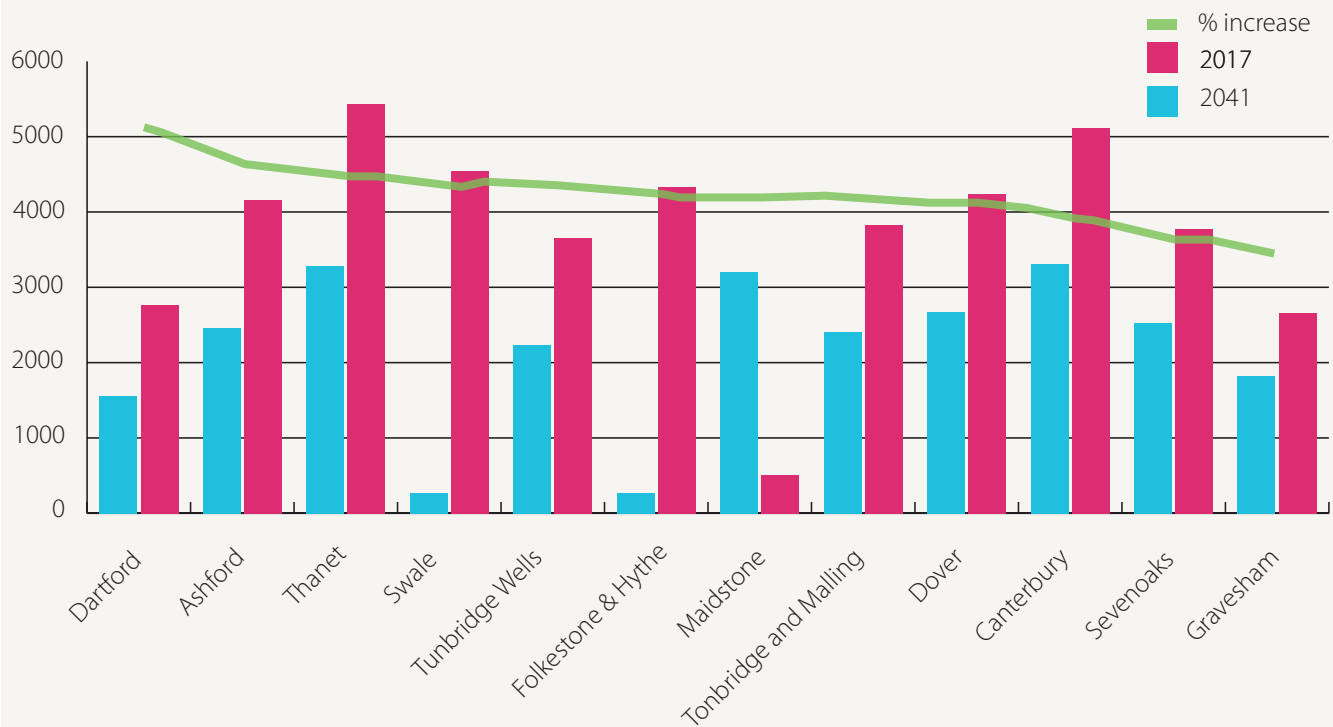




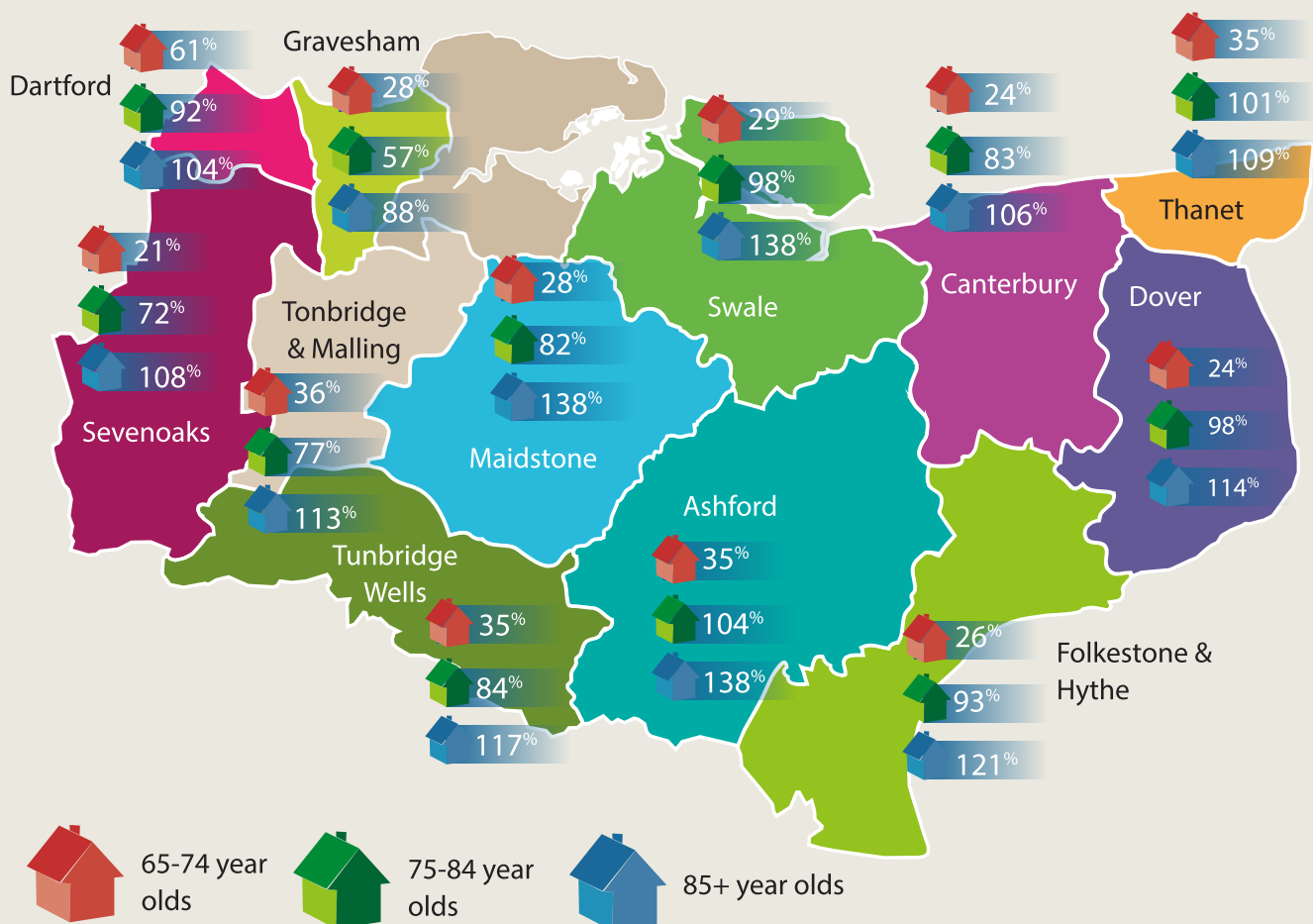
Across all Districts there is forecast to be growth in percentage terms of approximately 40% (Gravesham) and close to 70% (Dartford) in the over 65's. This could have significant implications for Adult Social Care, as the general population is aging and potentially requiring support. The following chart shows the population growth forecast of the older population by District. Thanet shows the largest forecast growth in Kent for people aged 65 and over (by 12,600 people). However, Maidstone shows the largest growth (in numbers) for those aged 85 and over (2,900).

Dartford is forecast to have the largest proportional increase in over 65's by 2041 (a 78% increase), which considering Dartford is forecast to have the largest overall growth in general population is not surprising. However, in terms of actual numbers Dartford's older population is smaller in comparison to areas such as Thanet, Maidstone and Canterbury.

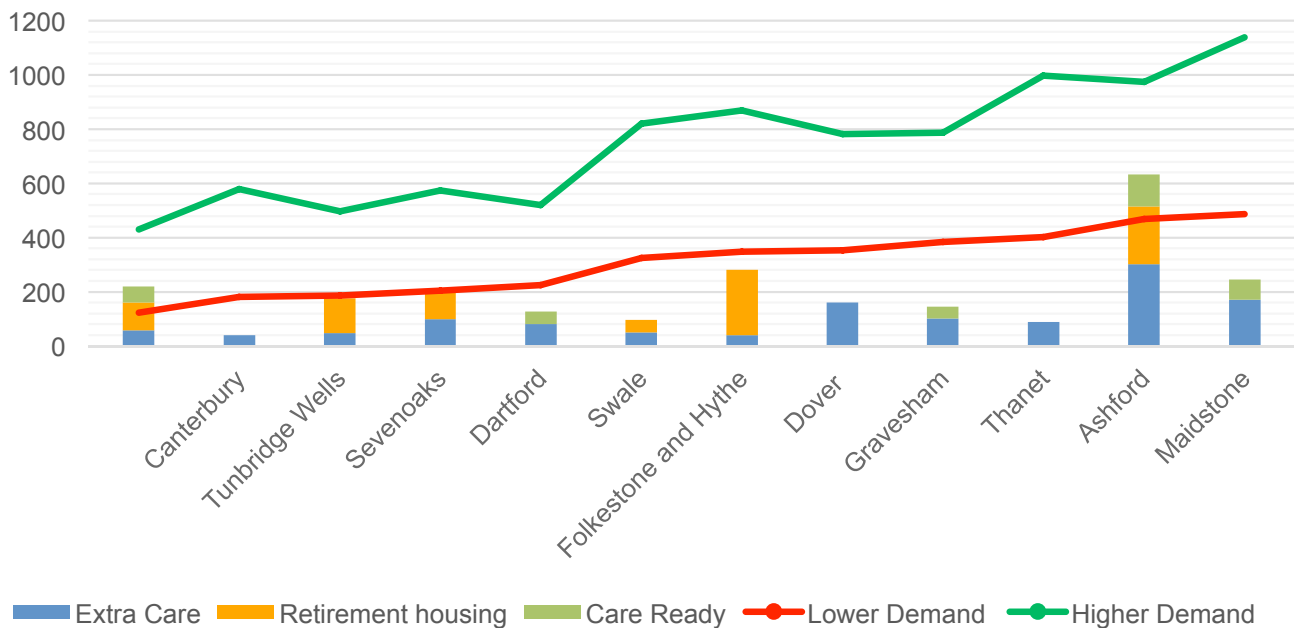
Older people population increase (2017 to 2041)



Area population increase from 2017 to 2041 by age group



Demand forecasting for the potential need for Extra Care housing can be seen in the chart below. Two models have been used to forecast, given current Social Care demand and population growth. The chart below shows what these two models indicate (a lower and higher potential need), current 'housing with care' type homes in existence have been included to show what further progress could be required.



As shown in the chart above, Ashford Borough Council have successfully increased provision of extra care and other housing with care provision supply to be over their potential lower demand forecast. Only Tonbridge & Malling Borough Council, when combining all Housing with Care options, is also within the lower and higher demand thresholds. Tunbridge Wells, Sevenoaks and Folkestone & Hythe District Councils appear close to achieving the lower estimate.

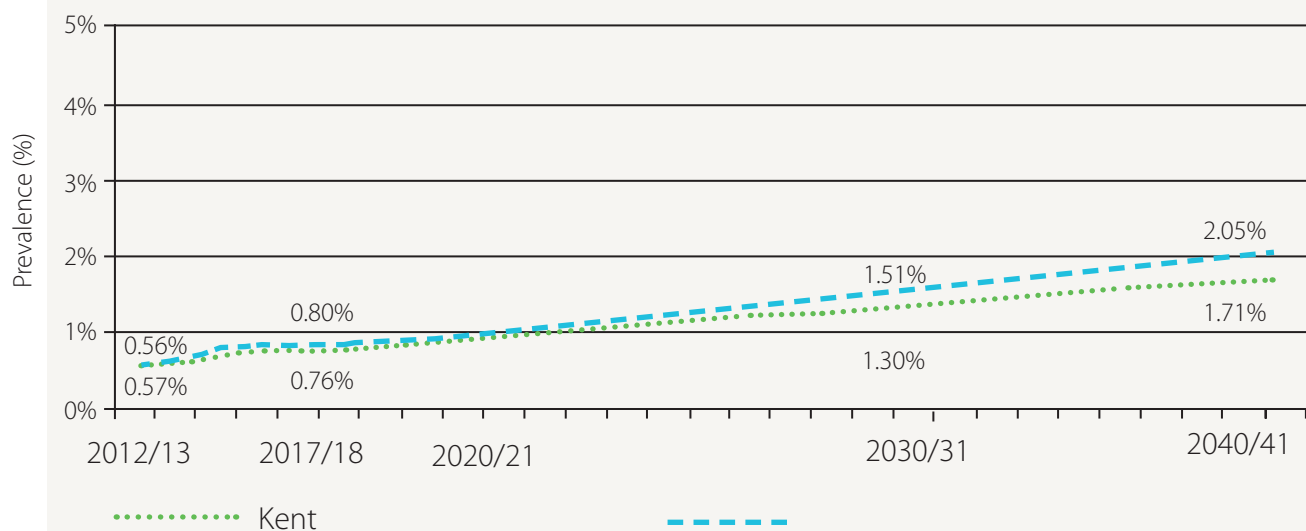
Both approaches suggest that there is a need to expand Housing with Care supply, especially with Social Care placing less within a Residential or Nursing Care home setting and preferring a more independent living style approach to care and support. It is recommended that the lower estimate is used as the target figure and the higher estimate is used as the upper threshold. To keep up with population growth, 2,500 units (4,000 upper threshold) are required by 2031.

In determining the need to meet demand it is important to consider the proportion of self-funders. Analysis of large amounts of complex data would be required to determine this, which is not currently available. In the absence of this data the 2015 IMD - Income Deprivation Affecting Older People was used to understand the 65+ population in deprivation and infer the likelihood of people eligible for Social Care support. It is noted that there are districts that show a high level of demand with a lower level of deprivation e.g. Maidstone. These areas would appear to be the priority districts to target Housing with Care to generate an income or for ownership. There are also districts with a high level of demand and a higher level of deprivation e.g. Thanet. These areas would be priority districts to target Housing with Care to meet the need of KCC's funded residents. Therefore, Districts may be prioritised differently to generate an income, ownership or to meet the need of KCC's Social Care eligible residents.

As people are living longer, Dementia is becoming more prevalent. Dementia is not necessarily linked to old age and younger people are being diagnosed with Dementia. The chart below shows the projected (linear) trend for Dementia prevalence in Kent, which is expected to increase from 0.56% to just over 2% by 2041 (a larger increase than that seen across all of England). This is likely to have a significant impact on the lives of residents, their families and Adult Social Care and Health service provision.

Dementia recorded prevalence: Kent projected trend

Quality and Outcomes framework recorded prevalence, all ages, Kent and England, 2012/13 to 2017/18, with linear projection until 2040/41

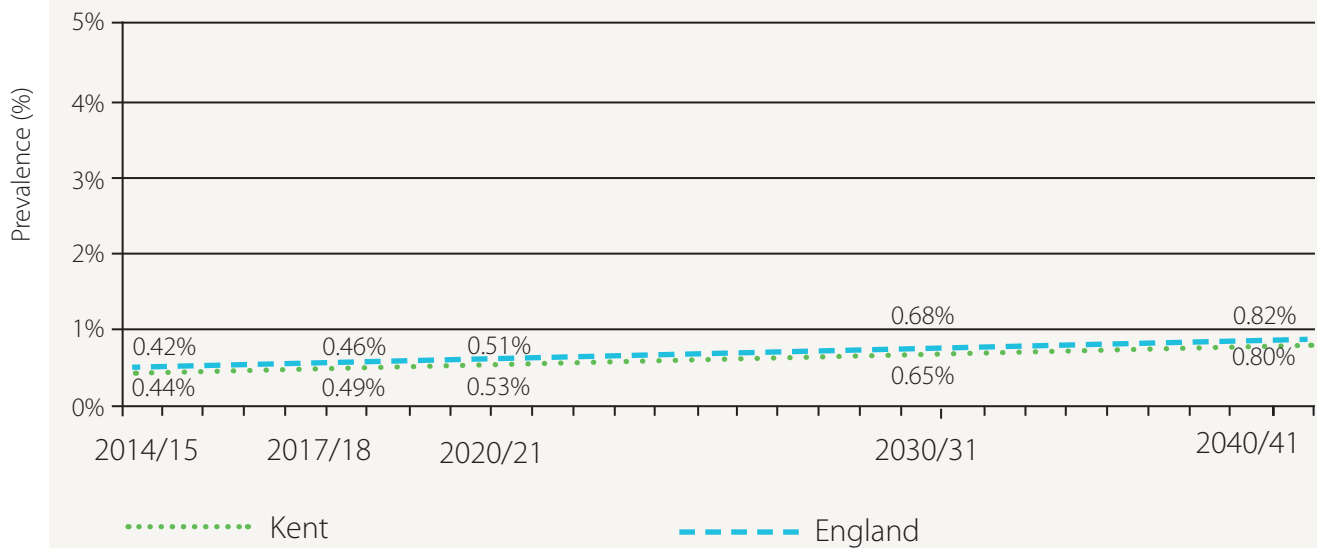


Source: QOF, prepared by KPHO (ZC), updated February 2019

The trend is also for numbers of people with a Learning Disability to increase in the coming years. This can be down to a number of factors, including people with Learning Disability live longer now, than any time in the past. The chart below shows a similar forecast increase to that of the England trend, increasing in prevalence from 0.76% to 1.17%. The impact of this on services is likely to be significant, especially taking into consideration the National Strategy 'Building the Right Support', supporting people with a Learning Disability to remain in local communities and not reside within hospital type settings or institutions.

Learning disability recorded prevalence: Kent projected trend

Quality and Outcomes framework recorded prevalence, all ages, Kent and England, 2014/15 to 2017/18, with linear projection until 2040/41



Source: QOF, prepared by KPHO (ZC), updated February 2019



Financial considerations and opportunities



In a financial climate where sources of funding have and continue to reduce, the challenge is for Kent County Council and its partners to deliver the objectives of this Strategy. This document should be considered as the overarching housing strategy for people who use Social Care services. Specific strategies or commissioning intentions for particular care groups will provide the specific detail. Therefore, when Councils are undertaking housing needs assessments to inform their Local Plans, they and their consultants should have regard to the specialist housing needs identified in this strategy and other supporting documents.

Kent County Council 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 the journey of integration is progressed, 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, additional provision of accessible housing for older people supporting housing strategies and reducing the need for Disabled Facilities Grants and better health and social care outcomes for individuals.

Homes England Shared Ownership Affordable Homes Programme 2016-21 (launched in 2016) aims to increase new shared ownership and affordable homes. The programme welcomes a mix of tenures including Affordable Home Ownership, Affordable Rent and Rent to Buy. The rules have been reformed to make these homes available to the widest possible range of buyers and to make capital grant open to the widest possible range of developers and housing providers.

In 2018, Homes England announced the extension of Phase Two of Department of Health and Social Care's 'Care and Support Specialised Housing' (CaSSH) Fund programme for supported and specialist housing for older and vulnerable people. Details of the programme, and the accompanying prospectus, can be found at: <https://www.gov.uk/government/publications/care-and-support-specialised-housing-fund-phase-2-prospectus>. The review of the Future Funding for Supported Housing saw developments stall in and new developments in this area have slowed. The plans to introduce a "Sheltered Rent", announced through the consultation, provides some reassurance for future funding and it is hoped developments will soon commence accordingly.

Districts in Kent are in varying stages of adopting the Community Infrastructure Levy (CIL). Dartford Borough Council, Folkestone & Hythe District Council, Maidstone Borough Council and Sevenoaks District Council have adopted CIL.

The CIL is a tool for local authorities to help deliver infrastructure to support the development of the area. The levy is charged on new developments. 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. Kent County Council's priorities for CIL are schools, transport and the needs of older people. The levy is intended to focus on the provision of new infrastructure and cannot be used to remedy pre-existing deficiencies in infrastructure provision unless those deficiencies will be made more severe by new development. Also charging authorities cannot use the levy to fund affordable housing. The introduction of 'self-financing' for Local Authorities with a Housing Revenue Account (HRA) and housing stock allowed the retention and reinvestment of income generated locally where appropriate. Local Authorities

in Kent have used this change in subsidy as an opportunity to review business plans and promote investment and development with use of their own assets. Kent Local Authorities, through the Kent Housing Group are continuing to challenge and lobby the Ministry of Housing, Communities and Local Government (MHCLG), asking them to work with Local Authorities that have reached capacity with regards to their HRA debt cap and agree the opportunities to work with them individually to further increase the debt cap limit and therefore deliver more affordable housing.

The Council operates a Deferred Payment scheme in accordance with the provisions of the Care Act 2014. An existing resident privately funded may apply and become eligible for Deferred Payments. In the case where the Council has a legal charge or operates a Deferred Payment on a resident's property and is funding the resident until the property is sold and the resident becomes self-funding the price payable in respect of the individual will automatically revert to the Providers Indicative Price for the relevant category Level of Need. For new placements, where the Individual Placement Process has been followed and an individual is eligible for Deferred Payments, the price agreed is the price determined through the Individual Placement Process.



Strategic Priorities

This chapter outlines how the data presented in this strategy formulates revised Strategic Priorities, encapsulating the aspiration of Adult Social Care goal of maintaining people's independence living in their own homes and raising their horizons and how the strategy supports the priorities in the Adults Social Care and Health Strategy 'Your Life, your well-being' and Kent County Council's Strategic Statement. The diagram illustrates how the priorities all relate and support Kent County Council's overall direction when setting this Strategy's priorities to ensure delivery to the Council's overall strategy:

It is widely acknowledged, and shown by the data, that in the next 20 years, the population will grow and with that numbers of older people, aged 65 years or over will increase and so will those with complex care needs. There will be more individuals over 85 years of age with higher levels of dependency or dementia, and more working age adults with complex needs and behaviours that challenge, that Health and Social Care services must adapt to meet. While the Strategic Priorities in the 2014 strategy remain the general direction of travel, five years on the Strategic Priorities are now set to give a broader more encompassing perspective and fit with the Adult Social Care Strategy 'Your life, your well-being'. While these strategic priorities are set for a county-wide perspective, there are geographical differences within Kent. To understand these differences and therefore the priorities on a smaller geographical footprint see the Market Position Statements that support this strategy.

The strategic priorities (and detailed outcomes) are detailed on page 27.

Kent County Council Strategic Statement Outcomes

Strategic Outcome

- Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life

Strategic Outcome

- Older and vulnerable residents are safe and supported with choices to live independently



Your Life Your Well-being

- Supporting Independence
- Promoting Independence
- Promoting Well-being



Adult Social Care Accommodation Strategy

Right homes in the right place with the right support

- Increase in housing with care schemes
- Increase in dementia specific care homes
- Increase in supported accommodation
- Best use of land development
- Continual improvement in quality of care homes

1	<p>Strategic Priority 1: Right homes in the right place with the right support</p> <ul style="list-style-type: none"> • Investment in Community Services, both health and social care, to support independent living • Greater use of digital technologies across all provision – including development of smart homes • Digital connectivity – roll-out of Gov Roam to Care Homes • Continue detailed review of the needs of individuals with a Learning Disability to determine whether they are in the best place for them • Continue detailed commercial understanding of sector • Develop more supported accommodation with specialist design and tailored care and support services for those with ASD • Through developer contributions, increase the supply of wheelchair accessible housing
2	<p>Strategic Priority 2: Increase in housing with care schemes</p> <ul style="list-style-type: none"> • Increase provision of extra care housing and other similar models • Provision of more specialist residential provision targeted to move people into independent living
3	<p>Strategic Priority 3: Increase capacity for specialist dementia care</p> <ul style="list-style-type: none"> • Increase provision of nursing and dementia care homes that can support those with complex needs and behaviours that challenge due to Dementia
4	<p>Strategic Priority 4: Increase in supported accommodation</p> <ul style="list-style-type: none"> • Develop and increase housing capacity (Supported Accommodation, shared houses, Shared Lives and independent flats) • Greater use of digital technologies – including development of smart homes
5	<p>Strategic Priority 5: Work with the market to foster continual improvement in the quality of nursing and residential care homes</p> <ul style="list-style-type: none"> • Increase fit for purpose modern care homes and as a result reduce older converted care home provision • Reduce reliance on in-patient facilities • Support the market to work, innovate and provide services using digital technologies • Availability of Learning and Development Opportunities through KCC to ensure standards and economies of scale. • KCC systems available for providers to access to enable sharing of information • Assistive and smart technology available in resident's and care homes.
6	<p>Strategic Priority 6: Make best use of land availability for developments of housing that meet the strategic priorities of this strategy</p> <ul style="list-style-type: none"> • KCC work in partnership with District and Borough Councils and NHS Estates to identify land for development opportunities that make best use of opportunities and work toward meeting the strategic priorities of this strategy • Collegiate working across KCC and the NHS to support the Planning Process for Developers working towards meeting the priorities of this strategy

Right Homes: Right Place: Right Support : Action Plan

	RIGHT HOMES	RIGHT PLACE	RIGHT SUPPORT
SHORT TERM	Provision of more specialist residential provision targeted to move people into independent living	Continue detailed review of the needs of individuals with a Learning Disability to determine whether they are in the best place for them	Investment in Community Services, both health and social care, to prevent reliance on long term residential services
	Reduce reliance on in-patient facilities	Continue detailed commercial understanding of sector	Greater use of digital technologies across all provision
	Develop and increase housing capacity (Supported Accommodation, shared houses and independent flats)	Collegiate working across KCC and the NHS to support the Planning Process for Developers working towards meeting the priorities of this strategy	Support the market to work, innovate and provide services using digital technologies
		KCC work in partnership with District and Borough Councils and NHS Estates to identify land for development opportunities that make best use of opportunities and work toward meeting the strategic priorities of this strategy	
MEDIUM TERM	Develop more supported accommodation with specialist design and tailored care and support services for those with ASD	Increase provision of extra care housing and other models	
	Increase provision of nursing and dementia care homes that can support those with complex needs and behaviours that challenge due to Dementia		
LONG TERM	Through developer contributions, increase the supply of wheelchair accessible housing		
	Increase fit for purpose modern care homes and as a result reduce older converted care home provision		

Implementation and Measuring Impact

The Accommodation Strategy is an evolving dynamic document. The strategy has been developed in partnership and collaboration with a number of key stakeholders.

Engagement with those key stakeholders highlighted a lack of reporting on achievements and accountability for partners and stakeholders in delivering against the strategic priorities.

Therefore the following mechanisms will be built into the implementation and measuring impact of this strategy.

Delivery of the Accommodation Strategy will be monitored and governed by Kent County Council Strategic Commissioning team, with a communication strategy developed to report progress to Cabinet Members of Kent County Council (through the Social Care Cabinet Committee) and the Health and Well-being Board on an annual basis), and through Kent Housing Group on a more regular quarterly update basis.

Kent County Council and all relevant partners will come together to consider potential opportunities. 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, or where there are potential opportunities in the availability of land for development that could help meet the strategic priorities of this strategy and the Council and key partners.

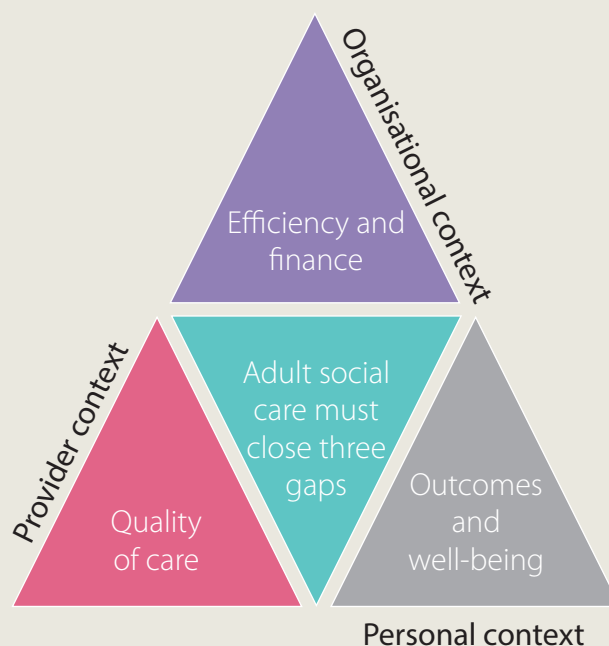
It may well be necessary to create project or task and finish groups from time to time in order to facilitate projects or work to progress against the strategic priorities of this strategy.

How will we know we are delivering the strategy?

The Adult Social Care Strategy sets out a monitoring model that should be replicated within this strategy (see graphic to the left). Three areas need to be monitored in relation to achievements against the strategic priorities:

1. Efficiency and Finance
2. Quality of Care
3. Outcomes and Well-being

Focussing on progress against the strategic priorities in this context will also ensure translation across to the Adult Social Care Strategy and achievements toward the priorities there.





Collecting information in the following ways (also identified within the Adult Social Care Strategy) will again ensure data collection is happening in a co-ordinated way and able to be shared and jointly managed.

The three domains for collecting information are set out in the following graphics, and should feed into regular highlight reports and an annual progress update.

Outcomes Measures

We will base our annual report on the outcome measures identified in this statement, but where other performance or financial measures impact on our outcomes, we will include that information.

Contextual Information

We will draw on reports from inspectors and regulators, surveys by other national and local organisations and evaluations by our own services and programmes to set our progress in the wider context.

Residents, Providers and Partner Surveys

We will regularly survey our residents, service providers and partners across the public, private and voluntary sectors to understand what we are doing well and what we could do better.

This document is available in alternative formats and languages. Please
call: 03000 421553 Text relay: 18001 03000 421553 for details or email
alternativeformats@kent.gov.uk