Kent Adult Social Care and Health Accommodation Strategy

Right Homes: Right Place: Right Support

Appendices





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Progress and Achievements

The following section details what progress has been achieved against the Strategy's goals and aspirations.

To review the progress of this strategy several engagement events were held including a variety of key stakeholders. A summary of the comments and achievements are included in the tables below.

Generic Adult Social Care	Progress Made (2018)
Responsible, flexible and integrated commissioning of services to respond to current and future need	An aspiration made in the original strategy. Commissioning has come together across Kent County Council and now housed within Strategic Commissioning, bringing together Public Health, Adults and Children's Commissioning. There is also an Integrated Commissioning Team working across Health and Social Care.
More people residing in accommodation that meets their individual accommodation and care and support needs, evidenced by cross agency needs assessments	No evidence has been submitted or found that enables this to be answered. However, as Health and Social Care further integrates, this is an area that could be implemented and monitored more robustly. It was suggested that Housing with Care was currently being used to support a housing need as opposed to a social care need 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 Kent County Council strategic direction, the consequences for Kent include increased numbers of empty units, out of County placements and increased resource pressure on all statutory services.
More extra care housing, exploring the opportunities to develop mixed tenure models of extra care housing	Extra Care Housing schemes of various mixes of tenures have been developed since 2014. The number of units available now is almost three times as many as when the strategy was launched. The development of these schemes does vary by District. The immediate requirement for Housing with Care varied from district to district i.e. there were long waiting lists in some areas and none in others. It was felt that this was related to differing operational practice, eligibility criteria and differences in understanding in relation to the purpose of this type of provision. GPs stated that they could readily identify candidates for Housing with Care In phase one of the Care and Support Specialised Housing Fund (CaSSH) Kent was awarded £5,922,000, delivering 119 units across three schemes. Phase two funding delivered 34 units across one scheme. The allocation of this funding was 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.

A greater focus on preventative services designed to keep people at home longer	The numbers of residents supported through Community Services has significantly increased across all care groups since 2014 (OP = 30% / LD = 58% / PD = 93% / MH = 192%) though not all groups are showing as significant a decrease in care home placements (OP = 25% / LD = 12% / PD = 4% / MH = 5%) Need to consider and include isolation and loneliness and the benefits that Extra Care can bring to reduce this, affordability to the resident and the presence of care needs.
Regular review of placements into care homes when this is the immediate appropriate accommodation solution	No evidence has been submitted or found that enables this to be answered. However, as Health and Social Care further integrates, this is an area that could be implemented and monitored more robustly.
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 range of housing options remains available for all Adult Social Care client groups Difficulties in introducing the right cohort to Housing with Care. Attendees noted that it is imperative to ensure schemes are attractive to the resident and that they can have the opportunity to own the property given the right means.
A commitment to avoid isolation and ensure integration within a community	Feedback from engagement with stakeholders would seem to indicate that this aspiration is not being met. Many developments are cited as being too remote from local amenities with little or poor transport links into main towns or services. This has led to an increased isolation of residents that are less mobile and unable to make journeys of too long a distance from where they live. Further consideration needs to be given for applications for developments and where they are located and what local amenities are nearby and or transport links.

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	There have been reviews and recommissioning of Nursing and Residential Care for Older People, with the implementation of a new Dynamic Purchasing System. There has been a review and recommissioning of Housing Related Support Services. There is a current review of the future needs and aspirations for Extra Care Housing for Older People. There are reviews underway for the provision and commissioning of accommodation for residents with a Learning Disability, Mental Health issue or a Physical Disability.
Innovative design and technology ready accommodation	Adult Social Care, before the Accommodation Strategy, was selective on the new care homes it supported based on alternative provision in the market at the cost of new developments with modern design standards. ASC will be actively encouraging new care homes for older people in an attempt to redress the balance of ageing provision.
Partnership working and delivery of accommodation solutions across District and Borough Council boundaries and Clinical Commissioning Groups	Examples of delivery through partnership working can be found in some Districts (Ashford, Gravesham, Ebbsfleet). It is recognised that Housing with Care can play a pivotal role in reducing health costs through creating a community that has access to health services in one place. Health colleagues have highlighted difficulties in accessing capital funding, citing that it is easier to access revenue funding.
Older People (including Dementia)	Progress Made (2018)
Over-provision of residential care for general frailty	There has been an overall decrease in numbers of beds in Residential Care provision. The majority of provision is still focussed on general frailty.
Average size of a care home in Kent is 39 beds	Average size of care home (Nursing and Residential) in Kent is:
Under-provision of dementia nursing care	
Under-provision of extra care housing	There has been a significant increase in Extra Care Housing. Given the population growth forecast, particularly in the over 65 age range, there is forecast to be need and demand. However, the picture differs across the Districts. Provision in Ashford is already over the forecast demand for 2037. All other Districts could benefit from development of Extra Care, Housing with Care or Care Ready housing.

	It was felt that Housing with Care should be aimed at 75+ (with exceptions allowed).
Evidenced efficiencies through extra care housing	
Community hospital provision older and smaller not getting best value	
Inefficient rehabilitation and enablement model for intermediate care	
Learning Disability	Progress Made (2018)
Greater understanding of the care home market, although some homes are still not supported strategically by KCC	There has been considerable work undertaken to get a better understanding of the local care home market. The has been no change in the position regarding strategic support of care homes. However, a significant procurement exercise is due to be undertaken in the near future.
Other local authorities placing people in Kent providing issues for ordinary residence	The Care Act (2014) has resolved this issue in general – placing Local Authorities remain responsible for the individual wherever they are placed. However, this does impact on the Local Authority in terms of Safeguarding as it would fall on the responsibility of the Authority where the individual is living to deal with any safeguarding issues. This also impacts on health services and budgets, as the individual would most likely register with a local GP and therefore become the responsibility of the local CCG and not the CCG from where they came from.
Varying availability of supported accommodation	This position has not changed.
Need further progress in delivering more choice and availability of alternative provision to residential care	This position has not changed. Figures would suggest that there is less reliance now on residential care, and more people supported to live independently.

Needs of more complex	There is some significant partnership working between Strategic
individuals not clearly understood	Commissioning and Social Care Operational staff to fully understand the complexity and spectrum of needs, demands and behaviours in order to ensure a robust and successful procurement exercise in the near future.
Needs of people in residential care currently range from very low to very high	This position has changed through the Your Life, Your Home project. The current position is there are fewer in residential care with low needs. There remains a mix of low and high needs in residential care.
Reliance on in-patient facilities for people with LD and/or autism and people with mental health needs who display behaviour that challenges	
Autistic Spectrum Disorder (ASD)	Progress Made (2018)
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	
Physical Disability	Progress Made (2018)
Some specialist residential provision	Specialist provision remains limited across the county.
across the County	

Wide ranging needs of individuals difficult to predict	Of all Social Care client groups Physical Disabilities is the one group that forecasting and predicting need and demand is challenging. There are limited models and robust data in order to predict need and demand.
Specialist provision developed for access across the country means local provision is impacted	This position remains unchanged.
Mental Health	Progress Made (2018)
The market believes there is a need to develop more residential care, this is not supported strategically by KCC unless for complex/forensic	
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	

Market Position Statements







The figures and forecasts in the Market Position Statements (MPS's) are not designed to be targets for each Local Authority to deliver. The development of different accommodation and services will assist Kent County Council in meeting objectives in terms of the transformation agenda and efficiencies, in line with the vision of this Accommodation Strategy. Kent County Council and its partners have 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.

Maps have been developed by district and client group detailing the current supply of accommodation against deprivation. It is envisaged that these maps will be utilised and supported by SHAPE, an interactive mapping tool, to overlay with other services including GP provision and populations going forward. 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.

Case Studies

HOLD – Home Ownership for People with Long-Term Disabilities

If you have a long-term disability, the HOLD scheme in England could help you buy any home for sale on a shared ownership basis (part-rent/part-buy). You could buy a share of your home (between 25% and 75% of the home's value) and pay rent on the remaining share.

You can only apply for the HOLD scheme if the homes available in the other shared ownership schemes don't meet your needs, e.g. you need a ground-floor home.

You could buy a home through the HOLD scheme if you have a long-term disability and meet the following criteria:

- your household earns £80,000 a year or less outside London, or your household earns £90,000 a year or less in London
- you are a first-time buyer, you used to own a home but can't afford to buy one now or are an existing shared owner looking to move.

Only military personnel will be given priority over other groups through government funded shared ownership schemes. However, Councils with their own shared ownership homebuilding programmes may have some priority groups, based on local housing needs.

Dementia Village Development - Dover

Funding has been secured from the Interreg 2 Seas programme (co-founded by the European Regional Development Fund) which is a 4-year project called CASCADE (Community Areas of Sustainable Care and Dementia Excellence in Europe). The project will see the construction of new facilities for the elderly and for people living with dementia and will create a Centre of Excellence for dementia suffers across partner regions. Medway and Christ Church University are involved in Kent as well as Universities and Care Centres in Belgium, the Netherlands and France.

The dementia facility is a core element of the CASCADE project and will provide longer term and short-term respite care for people living with dementia which will fully engage with the local community. The wider project will be the basis for sharing research results, expertise and knowledge in dementia care for the future. It will support people to live well in therapeutic communities rather than hospitals.

12 Semi-detached 5-bedroom homes that were previously staff accommodation behind Buckland Hospital have been given over to this project and planning permission has been given. The development will provide houses for 5 people in each property, and a Community Centre, the whole area will be gated. The complex will be registered with CQC as a Nursing Home. A guesthouse with 6 rooms to facilitate tourism, where someone who has a relative with dementia could stay for a break whilst visiting the area is also planned. The proposal is for the homes to be based on a non-risk averse culture where they can take advantage of technology to monitor e.g. sound technology which the carers will be aware by noise what is happening e.g. at night. The plan is to arrange the day around the person's preferences e.g. if they want to sleep in or have breakfast in the evening then that will be tailored to the individual hence with a view to keeping anxiety at a minimum. There will be diagnostic services as required and around the clock monitoring instead of acute care. The centre is due to open in Aug/Sept 2019.

Ebbsfleet Development Corporation

"Our Vision for the Garden City as a model development for the 21st Century has HEALTH at its heart including the delivery of an exemplar built environment, served by an innovative model of care services, where citizens are positively encouraged to embrace healthier lifestyles, through the use of our green and blue natural assets, which are open and available to 'everyone."

The working title for the Ebbsfleet bid is, 'The Health and Longevity Community Model.'
The aim of The Health and Longevity
Community Model is to demonstrate that a strong and unified community framework (and the supporting tools which help realise and sustain it) can help its citizens live longer and healthier. And that this model can replicated anywhere to create local and global impact at scale.

Ebbsfleet has already made a name for itself as one of the leading innovators in the NHS's Healthy New Towns programme. Many initiatives have been successfully tested and tried within Ebbsfleet, demonstrating real success in increasing the well-being, connectivity and health of its residents. Being chosen to be part of the industrial challenge around healthy ageing, would allow Ebbsfleet to build upon the success of the Healthy Towns foundational activities and to further develop its emerging community model as a way of increasing the health and longevity of all its older residents.

The diagram below shows how Ebbsfleet is looking at and building in an intergenerational approach to the development.

INTERGENERATIONAL Age Retirement Dementia Adapted/ exclusive Hospital Right sizer village Care adaptable Lifestyle Nursing Extra Alms houses/ Hospice Close care Wheelchair bungalows home Care Residential **Assisted** Level 2 Co-**Sheltered** step up or home Living Accessible housing step down Key workers Disabled and Health students including vulnerable groups and PRS carers

References and other strategies

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

Strategic Kent Documents:

Increasing Opportunities, Improving Outcomes

www.kent.gov.uk/__data/assets/pdf_file/0005/29786/Kent-County-Council-Strategic-Statement.pdf

Facing the Challenge: Delivering Better Outcomes

www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/facing-the-challenge

Your Life Your Wellbeing:

www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/your-life-your-wellbeing

Kent Count Council – Adult Social Care Local Account:

www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/local-account-for-adult-social-care

Better Housing for Better Health, Kent Public Health Report 2016:

www.kent.gov.uk/about-the-council/strategies-and-policies/health-policies/annual-public-health-report

Kent and Medway Housing Strategy

www.kent.gov.uk/Documents/community-and-living/Regeneration/KFHS%20Refresh%20FINAL.pdf Kent and Medway Sustainability and Transformation Partnership: kentandmedway.nhs.uk/stp/

Accessible Housing Strategy:

www.kent.gov.uk/Documents/council-and-democracy/policies-procedures-and-plans/policies/accessible-housing-strategy.pdf

Valuing People Now:

www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/making-valuing-people-now-happen-in-kent

Kent Learning Disability Partnership Board:

www.kentldpb.org.uk/areas/19-kent-partnership-board/index.php

Kent and Medway Transforming Care Partnership: Housing Strategy (2017)

Mental Health Live It Well Strategy:

www.kent.gov.uk/social-care-and-health/health/health-and-public-health-policies/live-it-well-strategy

Looked-after Children and Care Leavers Strategy:

www.kent.gov.uk/search?mode=results&queries_keyword_query=sufficiency+strategy

Children in Care Sufficiency Strategy:

www.kent.gov.uk/search?mode=results&queries_keyword_query=sufficiency+strategy

KCC Sufficiency Strategy:

www.kent.gov.uk/Documents/childrens-social-services/children-in-care/KCC%20Sufficiency%20Strategy%202013-2015.pdf

Kent Housing Group Reports:

Better Homes: Accessible Housing Framework

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

Better Homes: Housing for The Third Age:

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

Housing Mind the Gap:

www.kenthousinggroup.org.uk/assets/uploads/2016/07/ThinkHousingFirstNov13-Final.pdf

National Agency Reports / Websites:

Homes England – Affordable Housing Programme 2015-18:

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

Homes England - Shared Ownership and Affordable Homes Programme 2016-2021

www.gov.uk/government/publications/shared-ownership-and-affordable-homes-programme-2016-to-2021-prospectus

Closing the Gap (Mental Health):

www.gov.uk/government/publications/mental-health-priorities-for-change

Better Care Fund:

www.gov.uk/government/publications/better-care-fund

Transforming Care Programme:

www.england.nhs.uk/learning-disabilities/care/

Housing Learning and Improvement Network:

www.housinglin.org.uk/

Sight Loss, Home and the Built Environment

www.housinglin.org.uk/Topics/browse/sight-loss-home-the-built-environment/

HAPPI 3 Report – Housing our ageing population: Positive Ideas. Making Retirement Living a Positive Choice (2016).

HAPPI 4 Report – Rural Housing for an Ageing Population: Preserving Independence - The Rural

HAPPI Inquiry (2018).

www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Other_reports_and_guidance/HAPPI-4-Rural-Housing-for-an-Ageing-Population.pdf

More Choice, Greater Voice:

 $https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Reports/MCGVdocument.pdf\\$

Glossary

Affordable Housing

Housing either for sale or rent, or a combination, at below current market values provided to specified eligible households whose needs are met by the market. Typically, it takes the form of low-cost home ownership or below market rent.

Affordable Housing Programme (AHP)

Aims to increase the supply of new affordable housing in England.

Better Care Fund

The Better Care Fund provides £3.8 billion to local services to improve local health and social care systems.

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.

Care Home

A residential setting where 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.

Care Ready

Housing designed with the needs of older people in mind and with the opportunity to access varying levels of care and support available locally, that can be delivered in the home to support independent living. Must be designed to HAPPI standards. Different to Extra Care Housing as care not necessarily on site 24/7.

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.

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.

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.

Extra Care Housing

In general terms, extra care housing is related to sheltered housing but with higher level support and care to help residents live independently (for example where the likely alternative might be a residential care home) and could include:

- adaptable accommodation above Lifetime Home standards so the accommodation changes with the needs of the individual (i.e. able to take ceiling track hoists, fully wheelchair accessible with adjustable height kitchen design)
- access to at least one hot meal a day through communal dining whether through full restaurant or bistro café design, depending on local facilities in the area
- access to personal care services 24 hours a day, either on site or within a reasonable response time
- flexible care provision with ability to meet an individual's night time needs as well as emergency or checking in service
- means-tested charges for care including a charge for 24-hour background support (Well-being Charge)
- access via a panel process with an overriding nominations agreement between partners.

Homes England

Homes England is the new housing agency for England, launched in January 2018, the successor of the Homes and Communities Agency, with the purpose of boosting housing delivery.

Housing Needs Assessment

Studies carried out by local housing authorities to assess future local housing requirements, particularly in relation to affordable housing.

Housing Revenue Account

System of local authority housing finance.

Housing with Care Intermediate Care

Services which focus on prevention, rehabilitation, re-enablement and recovery, usually for people aged over 65.

Kent Choice Based Lettings Partnership (Kent

Homechoice) Kent-wide partnership between local housing authorities and private registered providers enabling people on Housing Register to bid for available social rented properties.

Kent Housing Group (KHG)

Kent-wide forum to represent the collective voice of Kent's housing bodies.

Kent Planning Officers Group (KPOG)

Kent wide forum to represent the collective voice of the local authority planning departments across Kent and Medway.

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.

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 Planning Authorities

Authorities with direct responsibility for delivering planning within their areas. In Kent, this is the District and Boroughs.

Ministry for Housing, Communities and Local Government (MHCLG)

Government Department that sets policy on supporting local government communities and neighbourhoods, regeneration, housing, planning, building the environment and fire.

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.

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 that provides relief for the permanent care giver.

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

Sheltered housing is housing designated for occupation mainly by over-55s with lowlevel care and support needs. The majority of residents are above the state pension age, but some are of working age. Their needs are at least in part met by extra housing facilities and services available to residents. This support could be either physical (getting in and out of the property) and/or emotional/mental (emergency help or assurance). Features of a sheltered unit might include: 24-hour emergency help (alarm system); Warden present some of the time; some communal facilities, i.e. lounge, restaurant, laundry, garden; rooms available for outreach services; often accessible buildings designed for communal purposes.

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 and/or poverty.

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.

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