Appendix B

Integrated Accommodation Commissioning

Ten Year
Supported Accommodation Strategy
2017 – 2027

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Introduction

1.1. This ambitious strategy outlines our intention to develop more supported accommodation for the people of Hertfordshire.

1.2. 'Supported accommodation' means any scheme where accommodation is combined with a support and/or social care service, provided with the purpose of enabling a person to live as independently as possible. This could range from nursing and residential care homes through to supported living schemes, Flexicare Housing or short-term accommodation to help people back to independence.

1.3. Hertfordshire already has some excellent examples of supported accommodation, but there is currently not enough to allow everyone across the county to have a full range of choice.

1.4. The County Council is responsible for commissioning adult social care on behalf of Hertfordshire's residents. The ten Districts and Borough Councils of Hertfordshire are the local Housing Authorities. The authorities must work together to ensure the choice and capacity are available for local residents.

1.5. The ten Districts have many diverse characteristics. Different patterns of housing and care will be needed in different areas. We are open to ideas about how best to develop the right services in the different areas of the county, and will talk to a wide range of organisations about this.

1.6. Our first priority is to offer people excellent support at home, adapting their houses to enable that to happen if required. If people need a higher level of support, then we want to offer alternatives in each area so that people get the choice to continue to live as independently as possible.

1.7. By 2027 we want all people that need supported accommodation to have a choice of high quality housing. Hertfordshire County Council is looking for partners who want to help to deliver this. This strategy sets out the way that the County Council will work with new and existing partners to develop both large scale supported accommodation schemes and local initiatives that will benefit smaller communities.

1.8. This strategy compliments and develops upon the strategic intentions set out in Hertfordshire's Market Position Statements which can be found on the HCC website.

1.9. The strategy will be developed in consultation with key stakeholders including:

   i) Hertfordshire County Council Elected Members
   ii) Hertfordshire Adults Supported Accommodation Strategic Board[1]
   iii) Adult Care Services Co-Production Board
   iv) Joint Commissioning Partnership Boards with Hertfordshire's CCGs
   v) Hertfordshire County Council Property Services

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[1] ADD LINK TO TERMS OF REFERENCE ETC

vi) Hertfordshire Care Provider's Association
vii) Public Health Hertfordshire

2. The scope of this strategy

2.1. The table below sets out the scope of this strategy – which is to communicate our intention to commission different types and proportions of supported accommodation, including housing related support in the future. The strategy does not cover care services provided to people which are not linked to their housing agreements.

Nursing care homes	Yes
Residential care homes	Yes
Supported living schemes	Yes
Flexicare Housing schemes	Yes
'Shared Lives' schemes	Yes
Group Living schemes	Yes
Retirement living schemes without care and support	No
Short-term accommodation for specific needs	Yes
Housing Related Support schemes	Yes
Disabled Facilities Grants	Yes
Assistive Technology in people's homes	No
Older people's sheltered housing	No
Care delivered in people's own homes	No

3. The national and local context

3.1. The national adult social care strategy 'Making It Real' was launched in May 2012 to set out what personalisation of care services should look like from the perspective of the people who use them..

3.2. During the development of that strategy, people said that the following was important in relation to supported accommodation:

i) Information and advice: "having the information I need when I need it"
ii) Active and supportive communities: "keeping my friends, family and place"
iii) Flexible integrated care and support: "my support, my own way"
iv) Workforce: "People who support me"
v) Risk enablement: "Feeling in control and safe"
vi) Personal budgets and self-funding: "My money for my care".

3.3. Hertfordshire County Council has done its own work to find out what Hertfordshire citizens wanted in order to have what they consider a "good life". Nearly 300 people from diverse backgrounds gave these as their priorities:

3.4. People said that access to the right accommodation has a direct impact on health and wellbeing.

3.5. It is well evidenced that a lack of access to the right accommodation causes avoidable costs to public bodies such as the National Health Service (NHS) and County/District or Borough Councils. These costs often relate to:

    i)   Delayed hospital discharge and avoidable hospital admission
    ii)   Avoidable and permanent admission to care homes
    iii)   Loss of tenancies, build-up of housing related debt
    iv)   Homelessness and rough sleeping
    v)   Lack of employment or social opportunities

3.6. We aim to focus on keeping people's wellbeing and choice and control at the centre of everything we do. The Care Act emphasises that housing is key to meeting people's needs and means that local authorities must:

    i)   Promote **wellbeing** including around people's accommodation.
    ii)   Treat housing not just as 'bricks and mortar' but include the **support** that is needed to access housing (such as housing related support)
    iii)   Consider housing access as part of an assessment process to **prevent, reduce or delay** in adult social care need
    iv)   Include **information and advice** around housing options as part of a universal service offer (including self-funders)

   v)   Ensure that care and support is delivered in an **integrated** way with cooperation with partner bodies, including health and housing.

4.   Best practice

4.1. There is no single agreed definition of "supported housing", as it is a general term that covers a variety of provision. This strategy will take "supported accommodation" to mean "any scheme where housing, support and sometimes care services are provided with the purpose of enabling the person receiving the support to live as independently as possible in the community"[2].

4.2. There are two main types of supported accommodation within Hertfordshire:

   i)   Accommodation based services; where people live in a specifically designated property in order to receive support
   ii) Non-accommodation based services; where the support available is not dependent on where the person lives.

4.3. We have worked with the national Housing Learning and Improvement Network (Housing LIN) who produced a case study report highlighting good practice across the country.[3]

5.   What we buy today and what we spend

5.1. Some supported accommodation is commissioned by Hertfordshire County Council for people, some people fund their own social care and some care is purchased by the NHS and other public sector bodies. The table below is intended to give a picture of the services currently available in Hertfordshire.

Supported Accommodation Type	In this strategy?	Commissioned by HCC	Paid for by the person (People)	HCC Spend (£million)	Pressure on capacity
Nursing care homes	Yes	Yes	Yes	32.5	High
Residential care homes	Yes	Yes	Yes	126.8	High
Supported living schemes	Yes	Yes	No	31	High
Flexicare Housing schemes	Yes	Yes	No	7.3	High
'Shared Lives' schemes	Yes	Yes	No	0.8	Low
Group Living schemes	Yes	Yes	No	17.2	Moderate
Housing Related Support schemes	Yes	Yes	No	6.1	High

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[2] http://www.thinklocalactpersonal.org.uk/_assets/MakingItReal/MIRHousing.pdf

CaseStudyReport_Pr
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[3]

6.   Future planning[4]

6.1. We know the population is ageing, that disabled people's life expectancy is increasing and that people's expectations of independent living are higher. These demographic pressures in Hertfordshire, like the rest of the country, are set to create challenges for local authorities both financially and with regard to increasing numbers in the care workforce to meet people's needs in the future. Projected demographics will create a surge in demand for support services for older people (specifically within the 85+ age range, which will more than double in the next 10 years).

6.2. For people with learning disabilities, mental health issues, physical disabilities and autism, there is a projected increase in numbers of people requiring suitable accommodation across all age groups, with a growing cohort of over 65s for whom accommodation options are limited at present.

6.3. By 2025, if we continue to commission services for people as we have in the past in line with demography, we would expect to see the following growth in social care funded services across Hertfordshire:

Care group	Predicted growth to meet demand by 2025
Older people	1,200 additional nursing beds
	1,500 additional residential beds
	1,200 additional Flexicare Housing places
Learning disability	700 additional supported living places
Physical disability	175 additional supported living places

6.4. This strategy proposes a fundamental change to our current service models. People say they want to see more accommodation that supports them to live independently but connected to their local communities. The following table shows the alternative commissioning intention from Hertfordshire County Council to achieve that ambition:

Care group	Predicted net growth to meet demand by 2025
Older people	1,000 additional nursing beds
	600 additional residential beds
	1,500 additional flexi care units
	50 short-stay 'step up/down' beds
	700 more older people supported in their own homes
Learning disability	500 additional supported living places
	20 transitional places for people learning life skills
	200 more people supported in their own homes
Physical disability	75 additional supported living places
	100 more people supported in their own homes
Mental health	17 additional transitional places for people in recovery
	100 more people supported in their own homes

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[4] http://www.hertfordshire.gov.uk/your-council/hcc/healthcomservices/hscic/suporcarehe1/

6.5. To inform future demand planning and care models we have developed 'future planning tools' to inform the development of options for accommodation based services. These tools enable us to understand the requirements and expectations of people that we support and commission the most appropriate accommodation offer.

6.6. District and Borough Councils are developing their Local Plans and strategic housing plans. Future accommodation needs for those people who require care and support will feed into these plans. This may result in growth in some areas and reductions in other areas and will be based on the requirements for mixed markets, catering for social and private needs, as well as affordable housing.

6.7. People must be supported around their health and care needs to prevent unsustainable pressure on accommodation services and prevent the avoidable escalation of health or care needs that may lead to permanent admissions into care homes or hospital admission.

7. Older People - Changing models of supported accommodation

7.1. It is our intention to change the proportion of the current long-term models of care being delivered to help more people stay in their own home - and to develop new short-term models of care to manage Hertfordshire's future demand for supported accommodation. To meet demand by 2025, we would like to stimulate the market to deliver:

PEOPLE AGED 65+	HCC's Future intentions
Residential care homes	Slowing growth in residential care home beds and actively reducing long stay placements in residential care. Place a greater focus on supporting older people with dementia in the remaining places.
	Greater investment in short stay, rehabilitation, 'step down' and assessment bedded services to enable people to return home from hospital
	Reduction in overall commissions from HCC.
Nursing care homes	Growth and increased investment across all services within nursing sector.
	Accelerated growth in nursing dementia care
	Integrated nursing services across the NHS, social care, continuing health care and high needs dementia.
Flexicare Housing	Growth in local communities with greater flexibility of care to support a wide range of

PEOPLE AGED 65+	HCC's Future intentions
	care needs
	More Flexicare accommodation for people and couples living with dementia

7.2. Hertfordshire County Council currently commissions 49% of the residential care market and 23% of the nursing market. 16% of the nursing market is commissioned by the NHS for continuing health care. A small number of beds are purchased by other councils; we plan to survey care homes during 2017/18 to quantify this. The remainder of beds are bought by people who self-fund, including people moving out of London and surrounding counties into care homes in Hertfordshire.

7.3. It is our intention to reduce Hertfordshire County Council spend on long term residential care placements by approximately £5m over the next five years (9% of current council spend); approximately £1.5m - £2m will be re-invested to deliver short-stay type residential services to allow people to leave hospital and regain their confidence before returning home. Flexible contracts will be put in place with care home providers to secure capacity, provide market stability, take into account individual service pressures such as private and social funding ratios and incentivise service quality and performance

7.4. In 2029 two substantial block contracts that deliver nearly 700 residential care beds for HCC are due to end. Residential care home block contracts will be reviewed at that time and options to explore new models will be developed and shared with the market.

7.5. Significant pressure in the nursing care home market will be resolved, in the first instance, by investing at least £3m over the course of 2017/18 and 2018/19 to provide additional nursing beds over and above existing capacity, to support hospital discharges. If the market is unable to respond the County Council will explore options for developing its own homes in those areas where additional market competition will have the greatest impact.

7.6. The growth and changes in the nursing care home market will be supported by the commissioning integration of NHS 'Continuing Health Care' placements and Hertfordshire Partnership University Foundation Trust's reduction in their own building-based services, which will bring additional investment into the nursing care market.

7.7. Flexicare Housing accommodation models for older people will be developed further and more housing will be commissioned. Additional investment into that accommodation will result from a review of services that is currently underway in spring 2017. The new model of Flexicare Housing will be aligned to changes in the residential and nursing markets outlined in sections above.

7.8. Flexible accommodation schemes will be developed in close partnership with district and borough councils, taking into account local strategic housing plans. Locally, developments will be supported if they meet both County and

local council needs around care provision and housing, providing mixed tenure models to develop local communities.

7.9.   We will review the use of both HCC leased and owned property where care and support is delivered to ensure the best use of property and leases.

7.10.   There will be consideration of, and recommendations for, the use of county council capital funding to support the development and growth of businesses to secure capacity at competitive rates. Capital investment will be available through an open bidding process and could support a range of investment such as extensions, match-funding of accommodation units to support mixture of tenure or to deliver new builds.[5]

8.   Younger adults with Disabilities or Mental Health Issues - Changing models of supported accommodation

8.1.   It is our intention to change the proportion of the current long-term models of care being delivered, to help more people stay in their own home or tenancy - and to develop new models of care to manage Hertfordshire's future demand for supported accommodation. To meet demand by 2025, we would like to stimulate the market to deliver:

Care group	Future intentions
People with physical and/or learning disabilities or mental ill health, Autism or Asperger's	Actively reducing long stay residential care home places
	Greater investment in supported living type services where people have their own tenancy, for ages 18 – 65 years
	Development of communities with mixed accommodation tenures
	Accommodation separate from flexible care models
	Review of out-of-county placements: – Young people – Transforming care
	Capital contributions requested for key HCC sites where good value accommodation can be provided
	Increased take up of direct payments to fund the care element

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[5] One Public Estate strategy here

Care group	Future intentions
	Flexible contracting models which will enable the market to respond to crisis and planned admissions
	Development of care group specific accommodation for older people with learning disabilities

8.2. A key priority will be to provide accommodation that supports people for as long as their care needs can be met in that setting. This will mean that accommodation should be separated out from care and support needs wherever appropriate, to allow people choice and control over how their care needs can be met.

8.3. Demographic projections show that Hertfordshire will need a minimum of 600 new supported living places for younger people with disabilities before 2025. Critical to this market development will be on building relationships with care providers based on a shared view of the outcomes to be achieved, a common understanding of any constraints and an equitable distribution of risk.

8.4. We want to move to commissioning supported accommodation based on the outcomes being achieved with people rather than contract check-lists. People being healthy, safe and having meaningful occupation in their lives is most important. We will make targeted support available to providers to help them adapt and respond while we continue to develop a local infrastructure that supports people to have choice and control.

8.5. Existing accommodation provision which is owned by HCC will be reviewed continually to ensure it remains fit for purpose and is capable of supporting people as they age or as their needs develop and change. Capital investment by the County Council will be considered and 'One Public Estate' principles will be applied where applicable.

8.6. We will work to increase the availability of Hertfordshire based supported housing options for people that currently live outside of Hertfordshire, including young people placed in other local authority areas or those under the remit of the national 'Transforming Care' programme. Providers will be expected to work with a range of commissioners including the '0-25 Together' service who support adults with disabilities in that age range, transitioning from Children's Services to Adult Care Services.

8.7. In order to ensure the right mixture of tenures and deliver growth in key services, we will take into consideration private sector growth and investment, social and private rental markets and incentives for people 'downsizing'. This will allow opportunities for working with a range of partners to deliver accommodation/housing, beyond the traditional providers. In order to identify

these opportunities, there will be a collaborative approach at a local level with district and borough councils.

8.8. We will work with housing providers to ensure their models of housing management support are aspirational and promotes recovery for people with mental health conditions, so that they can support people to live more independently and encourage people to move away from provision that is no longer suitable for their needs. This approach will alleviate issues such as creating dependency on care services and bottlenecks in care provision that prevents further referrals for support.

8.9. Development of transitional step down services to support people as they prepare to learn to live in the community, and to help prevent the escalation of crisis or out of county placements, is a priority. These types of models will remove pressure off inpatient units and lead to cost-effective delivery of services in a least restrictive environment. Voids risks for any move on placements will be managed with housing providers.

8.10. We will encourage supported housing providers to take a flexible approach in making housing available for people with a wide range of needs and consider new business models to enable this. This will include considering ways of working which could enable providers to invest more flexibly in the right developments and manage tenancy supply more flexibly.

8.11. The Strategy will explore and risk assess the issue of long term affordability for tenants and take into consideration the proposed changes to the Local Housing Allowance.

8.12. The use of capital budgets to support housing associations at the outset of any developments, by way of subsidy, to lower the rents that could be charged going forward. The Strategy will support the feasibility of HCA grants or Recycled Capital Grants to give the ability to have an element of sales and provide cross-subsidy from those sales or from free land

9.   The road to market

9.1. To support, enhance and incentivise the care market across a range of care needs and age groups, we will:

i)   Promote investment in supported accommodation in Hertfordshire in partnership with local councils, providers and the health system

ii)   Communicate and update our predicted demand for supported accommodation in Hertfordshire, recognising and providing options where demand is greatest for social housing, shared ownership and private provision.

iii) Open dialogue with any and all potential partners for creative and sustainable ideas about the best ways to develop and provide the

supported accommodation and services that Hertfordshire needs. To support this, we will:

- Use different and flexible contract models to ensure that both (a) larger national organisations with the ability to mobilise at sufficient scale, and (b) smaller local organisations with innovative ideas and the local knowledge necessary to develop provision that meets local needs will be able to work with the County and District Councils of Hertfordshire to fulfil this strategy.

- Encourage new and innovative approaches to capital finance and mixed tenure development in order to make supported accommodation a realistic choice.

iv) Develop partnerships to identify and secure the funding necessary for the delivery of supported accommodation in Hertfordshire. Potential sources will include private developer contributions, HCA funding, and other assets and capital funding programmes the Council and partner district and borough councils are able to access.

v) Share information about potential sites that the council may have that could be suitable for such developments, and work in partnership with the district and borough councils and developers to identify further appropriate sites.

vi) Take to elected members proposals to make available a capital programme designed to support large and small scale developments

vii) Consider the level of need in smaller settlements, alternative service models and the role of existing supported accommodation alongside any potential new developments.

viii) Actively explore and seek out organisations operating at both local and national levels who are looking to invest in partnership with councils.

ix) Undergo the necessary procurement exercises to secure a range of development and service partners capable of delivering supported accommodation at scale and pace, in accordance with local, national and EU procurement rules, and in compliance with State Aid rules.

9.2. The principles to underpin this strategy will be to make best use of and work in partnership to maximise opportunities for:

    i)   Developing county council and district and borough council owned or purchased sites
    ii)   Encouraging private development and mixed tenure schemes
    iii)   Exploring sites owned or purchased by developers
    iv)   Using existing schemes to realise full potential
    v)   Re-modelling of older schemes to realise full potential
    vi)   Developing supported accommodation in partnership with the NHS
    vii)   Securing S106 funding

10.   Supporting communities

10.1. Care models will reflect the types of supported accommodation and/or support needs people may have. This will include:

    i)   Services that support existing arrangements through rapid response principles to prevent things like tenancy breakdowns or carer breakdowns, for example

    ii)   Non-regulated care which may include funding streams such as Housing Related Support or other floating support type services

    iii)   Regulated care regardless of setting
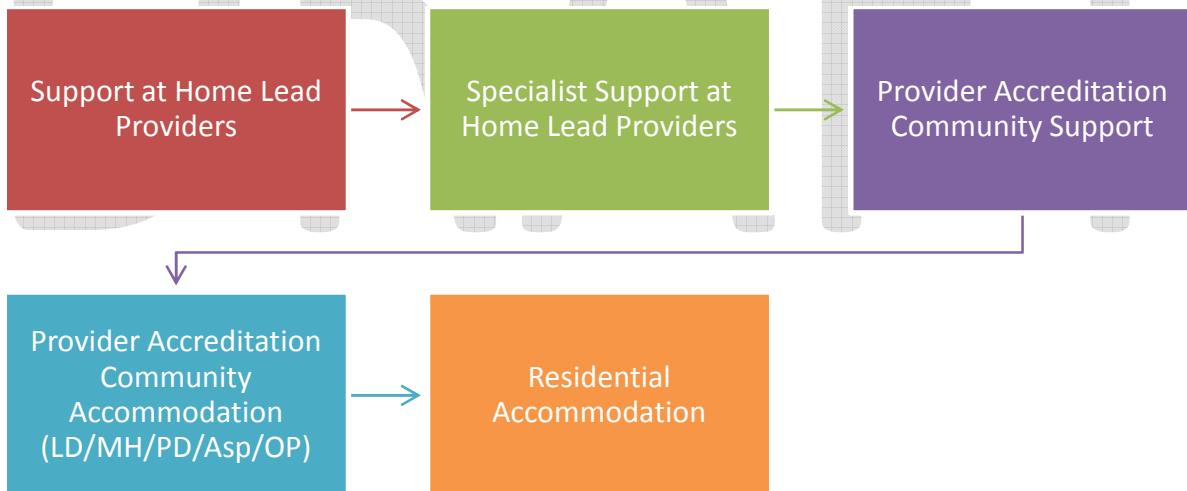
10.2. These models will be set up through accreditation frameworks to allow some support to be independent of accommodation to allow greater flexibility for individuals and the wider system.

10.3. In order to ensure people have independence, are empowered and enabled to make choices about their care and support needs, we will:

i) Actively involve people in the commissioning of care and support services as part of the commissioning cycle and offer a suitable range of accommodation options.

ii) Work with local district planners and property developers (both social and private) to secure an appropriate mix of accommodation allowing for mixed tenures to support the development of communities; this will include nominations rights, social rented and direct purchasing by people.

iii) Aim to significantly alter the market mix for residential and nursing care for older people, as well as residential care for people with LD, by divesting in some areas to achieve growth in other areas. This will be done through a mixture of new contractual vehicles and use of capital investments as appropriate.

iv) Work with local district accommodation boards to develop local opportunities within a countywide framework of responding to accommodation and housing need.

Implementation Plan for xx District/Borough Council

Project ID	Project Name & Intended Outcome	Project Leads	Estimated completion date	Status	Comments/Update